Dorset Safeguarding Adults Board

Bournemouth and Poole Safeguarding Adults Board

Final

Strategic Plan 2018 - 2021

Date: 30.04.18

Contents

Dorset Safeguarding Adults Board and Bournemouth and Poole Safeguarding Adults Board have jointly agreed a second 3-year strategic plan, covering the period April 2018 to March 2021.

Each Board is a statutory multi agency partnership which exists to ensure that effective arrangements are in place across the county to support and safeguard adults who are at risk of abuse and neglect.

Core values and approach

Effective safeguarding means protecting an adult's wellbeing and 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. At the same time there is a responsibility to ensure that the adult's wellbeing is promoted and to have regard for 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.

The aims of adult safeguarding are based on sound person centred risk assessment to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- address what has caused the abuse or neglect
- assist the person to achieve their desired outcomes

The following six Person Centred principles espoused in the Care Act 2014 apply to all sectors and settings including care and support services. The principles will inform the ways in which all staff work with adults:

Empowerment: people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.

Prevention: wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.

Proportionate: Response appropriate to the risk presented; least intrusive response where possible

Protection: support and representation for those in greatest need.

Partnership: local solutions through services working with the individual's communities. Ensure engagement with local communities to prevent, detect and report abuse.

Accountability: transparency and openness in delivering safeguarding

How the Boards work together

The 2 Boards meet as separate entities but agree one annual business plan. This is carried out through the work of member organisations and the 5 joint sub groups of the Board

- Policy and procedures
- Learning and workforce development
- Quality assurance
- Safeguarding adults review and
- An Executive Group which coordinates their work and plans the agendas for the full Board meetings

Safeguarding Boards can operate in a variety of ways:

- Members of the Boards challenge one another and other partnerships to *seek assurance* and *hold one another to account*
- As a multi-agency partnership a key role is to *coordinate* the actions and plans of its members and be a source of advice and assistance
- There will be *projects* that the Boards themselves lead and undertake, which will be set out in the *annual work plans* of the sub groups

The Boards share an independent Chair but each has a separate business unit led by a business manager.

The Boards have agreed that 4 strategic aims should underpin their work.

- Effective prevention
- Effective safeguarding
- Effective learning
- Effective governance

STRATEGIC AIMS

Outcome one: EFFECTIVE PREVENTION

Adults are safe from avoidable harm and avoidable death

Early intervention uses a pro-active approach which reduces risks and promotes safe services whilst ensuring independence, choice and control.

The Care Act 2014 places a duty on Safeguarding Adults Boards to develop a clear strategy around the prevention of abuse and neglect. In its widest sense this involves communicating with the general public to raise awareness of adult safeguarding and to ensure that people know what to do if they are concerned about the safety and well being of an adult at risk. Organisations then need to have accessible systems in place to provide confidence that concerns will be responded to in a timely way and appropriate support provided.

Commissioners of services have a duty to purchase care of sufficient quality to meet the needs of individuals from reliable providers. They should also seek to shape the market so that there are no gaps in provision which may lead to safeguarding concerns.

Providers have a responsibility to deliver quality care and train their workforce to identify and report safeguarding concerns at an early stage. This also involves creating a culture of openness in the workplace.

Adults at risk are given information, support and advice in a form they can understand, which enables them to articulate their choices and decisions about their life and care

Information from quality assurance is used to identify where preventative and/or pro-active work is most needed and will be most effective to ensure services are safe.

The Boards use their websites, posters and opportunities for media publicity to raise the profile of adult safeguarding among the wider public.

Outcome two: EFFECTIVE SAFEGUARDING

Adults know that their concerns about safety will be listened to and dealt with at an early stage and that they are safe and in control with people who work with them

The level of intervention is proportionate to the severity of risk.

Risk is removed or reduced in accordance with the wishes of the individual

When abuse or neglect has been identified partners work together with service users and carers to share information and reduce risk, stop the harm and enable individuals to feel and be safer.

The Boards maintain multi-agency policy and procedures which are person centred and empower professionals to use risk based judgement.

Appropriate information sharing agreements exist to ensure that the needs of the data protection act and safeguarding are proportionate and appropriate and staff are enabled to make defensible decisions.

Making Safeguarding Personal requires that when a safeguarding referral is received individuals are enabled to express the outcome they want from any enquiry. A personalised approach means that they feel they have choice and control during the process.

Adults who have substantial difficulty in being involved, and where there is no one appropriate to support them, should have access to an independent advocate.

Abuse can take many forms. Some initiatives are led by other Boards or organisations, for example domestic abuse, sexual violence and exploitation, modern slavery and Prevent. The Safeguarding Adults Boards contribute to the work of these groups and may ask for regular updates and reports from them.

Outcome three: EFFECTIVE LEARNING

People working with adults are aware of their safeguarding responsibilities and have access to appropriate guidance, procedures and training.

Learning from Safeguarding Adults Reviews and Investigations is disseminated to enable effective learning, learning transfer and continuous improvement.

A robust and well trained workforce is essential to delivery of a quality service. Organisations are responsible for training their staff to the level required for their job role and for understanding their responsibilities in relation to adult safeguarding.

A key staff development responsibility of organisations is greater empowerment of frontline staff to make decisions within the boundaries of the revised Multi-Agency Policy and Procedures so that risk can be effectively assessed and mitigated.

Well developed career pathways can attract potential staff, assist with retention and avoid absences and vacancies which can undermine quality of services.

The Boards seek to identify where there are gaps in learning and lead or promote multi agency and specialist training.

They have statutory responsibility for commissioning Safeguarding Adult Reviews (SAR) and ensuring that lessons learned and good practice from both local and national reviews are disseminated and implemented widely.

Outcome four: EFFECTIVE GOVERNANCE

There is a culture of mutual support and challenge within the Boards.

Partnerships are held to account for their contribution to safeguarding Adults at Risk

There is a commitment to inclusivity and diversity to serve all the communities in Bournemouth, Poole and Dorset.

Organisations will maintain robust quality assurance systems and contribute relevant data so that the Board can monitor the incidence and outcomes of safeguarding episodes. The information obtained will be used collectively to reduce risk.

In conjunction with the regulator, CQC, commissioners will ensure that providers meet required standards and take timely enforcement action when necessary.

The Boards will follow up lessons from reviews to seek assurance that changes and improvements have been made to services as a result.

Members of the Boards will be open to challenge from each other as part of a culture of continuous improvement.

Consultation and participation with service users and carers will ensure that their views are heard during the safeguarding process and are central to safeguarding service provision and development.

Account is taken of the needs of all communities and minority groups in Bournemouth, Poole and Dorset in seeking to shape plans and services.

The Boards coordinate their approach with other multi agency boards so that governance processes are aligned and a comprehensive picture of all forms of abuse and neglect are maintained.

A risk register is maintained to identify current and potential risks to effective safeguarding and take steps to mitigate them where possible.

The Boards publish their annual reports and business plan to ensure accountability and transparency and help to inform the wider public about adult safeguarding.

Strengths and areas for development

In November 2017 the two Boards met together in a support and challenge event. Members reviewed progress against the aims and objectives in the business plan and identified the strengths and areas for development in current adult safeguarding arrangements. These will form the basis of the new strategic plan.

Effective prevention

Strengths

- Detailed multi agency procedures are maintained and kept up to date in the light of changes in legislation and feedback from users and partner agencies
- These incorporate areas of guidance on key topics, e.g. self-neglect and hoarding
- Communications posters have been given wide publicity
- Leaflets and information for service users and carers are regularly updated and produced in easy-read format

Areas for development

- The procedures may not be applied consistently across all organisations. This is currently being examined via a multi-agency audit.
- There still exists some confusion about information sharing in spite of Dorset wide agreements
- The Boards at present have no measure to assess the impact of any wider publicity
- The prevention and early identification policy is subject to review and will be linked to other strategies such as Prevention at Scale

Effective safeguarding

Strengths

- Making Safeguarding Personal has been embraced at a hearts and minds level
- Information gathering about and oversight of independent providers with known safeguarding issues leads to enforcement or improvement action and is regularly reported to Board meetings
- Access to good quality advocacy is available
- Risk is either reduced or removed in over 90% of cases where there has been a formal enquiry

Areas for development

- A more consistent and robust approach to risk assessment is required and there is scope for better communication between agencies
- MSP to be in place across all organisations and reflected better in performance and outcome data
- More timely identification and disruption of potential perpetrators
- Take up of advocacy could be improved, this is also the subject of an audit

- Measures of success and effectiveness need to be developed further

Effective learning

Strengths

- There has been a good model of a learning event from a Safeguarding Adults Review reaching a wide range of staff
- A conference on self-neglect and hoarding was well attended and received
- 2 conferences on the theme of working with the Whole Family attracted national speakers and were delivered to nearly 500 staff. These were organised jointly with the Local Safeguarding Children's Boards
- Improved action planning and follow up after SARs have been Implemented

Areas for development

- Development of a pathway for earlier transfer of learning from SARs
- Follow up of the impact of learning events on practice, involving better feedback from practitioners and managers
- Concerns re: workforce capability and capacity across both statutory organisations and independent providers in health and social care
- Better alignment of domestic abuse and adult safeguarding training so that practitioners in each field are confident in their knowledge of the two areas

Effective governance

Strengths

- Relationships between partners on both Boards are open and positive
- Board culture is self-critical and shows a commitment to continuous improvement
- A risk register has been introduced and is regularly reviewed
- Board members visit across one another's organisations to improve Line of Sight and provide encouragement to staff
- Closer working with the Local Safeguarding Children's Boards

Areas for development

- The Boards' contribution to transition and preventing adult sexual exploitation needs to be defined more clearly
- Better linkages with MARAC so that communication and information sharing is effective in cases where domestic abuse is one of the causes of safeguarding concerns
- Integrating the service user's and carer's voice into the mainstream work of the Boards
- Better alignment with the objectives of Health and Wellbeing Boards and the programmes being implemented through the Sustainability and Transformation Plan

Context

In 2015, when the Boards' first strategic plan was developed, the challenge was to implement the new statutory provisions of the Care Act 2014 and to embed the Making Safeguarding Personal approach into practice. Each has been tackled successfully (although MSP could be better evidenced in performance data and across all organisations).

The current plan commences at a time when public bodies have experienced successive years of 'austerity'. The pressures of rising demand and budget pressures are well publicised in the NHS, but they have equally affected the other member organisations of the Boards. It is now recognised that adult social care is at a critical point.

Many organisations are responding to this challenge by restructuring their workforce, service model or both. The local authorities across the county are moving to 2 unitary bodies by April 2019 with Christchurch transferring from Dorset into the Bournemouth and Poole unitary. Health provision across the county is subject to reorganisation following a wide public consultation. Dorset Constabulary is planning to merge with its partner Force in Devon and Cornwall. The impact of the Probation reorganisation in 2014 and difficulties in the Prison Service are leading to further changes in the criminal justice system.

Similar changes are occurring in the voluntary sector and it is reported that less work is possible around prevention

Service users' benefits are being affected by the introduction of Universal Credit and many groups no longer qualify for services as a result of changes in thresholds.

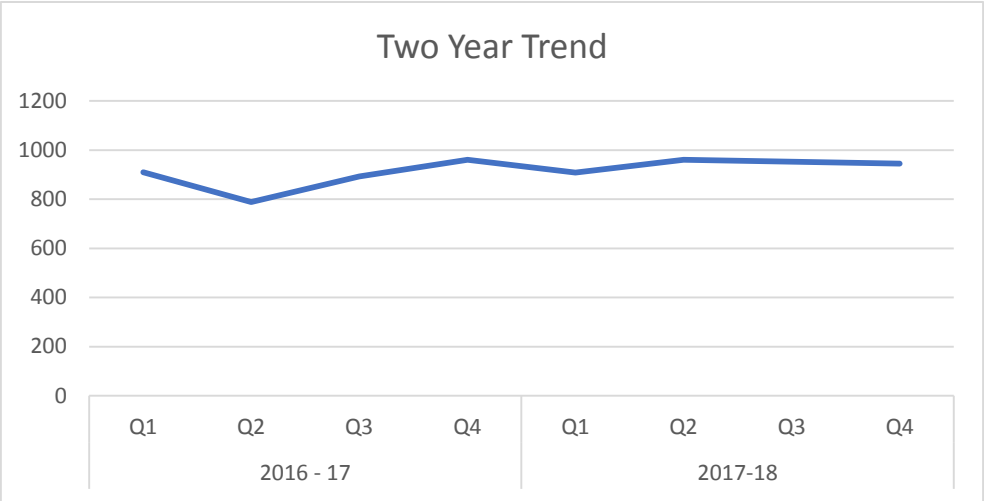
Following the national review of LSCBs (the Wood report) changes are proposed for the membership of Local Safeguarding Childrens' Boards and the way in which they operate.

Taken together this represents a substantial reorganisation of services throughout Dorset in the short and medium term. The Boards will need to monitor the impact upon safeguarding of adults closely over the life of this strategy and formulate plans that are still aspirational but achievable within the current climate.

Strategic needs analysis

Dorset

The diagram below illustrates the two-year trend for the number of safeguarding concerns received by Dorset County Council. Safeguarding concerns have maintained a steady trajectory during 2017/18.



There has been a steady increase in referrals where the concern arises in residential and nursing care homes (currently at 72%). There have been multiple whole home enquiries undertaken during this last year which may account for this increase. This trend will continue to be monitored but may be considered reflective of financial and work force pressures in the care market.

54% of section 42 enquiries relate to 'neglect and acts of omission'. This figure is higher than the national average although it is reflective of the south west region more generally.

Women are twice as likely to be subject of a S.42 enquiry in all age groups. There is however a significant increase for those over the age of 75 and a further rise for women over the age of 85.

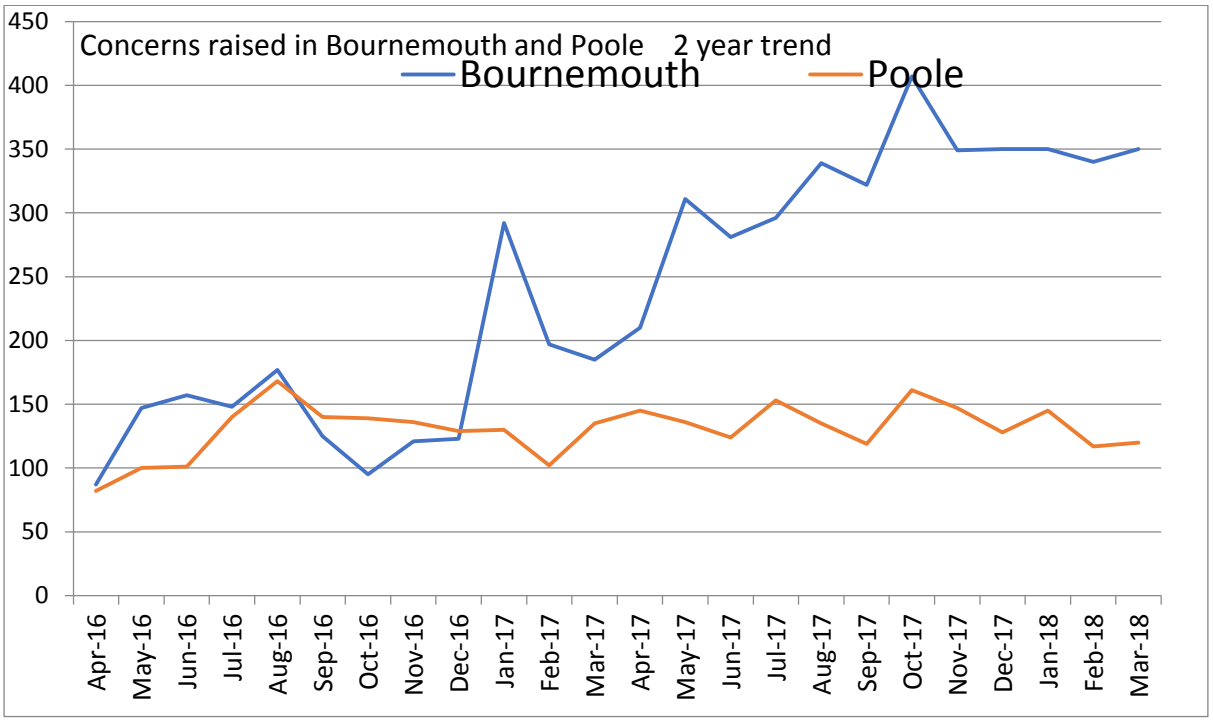
As highlighted in the NHS Digital Safeguarding Adults return individuals of white ethnic origin continue to be the most represented group involved in an enquiry.

The predominant reason a person requires social care services in Dorset is for physical support, which is consistent with national trends.

Bournemouth & Poole

The diagram below illustrates the two-year trend for the number of safeguarding concerns received in Bournemouth and Poole. Safeguarding concerns in Poole have

remained constant. In Bournemouth a spike in early 2017 was attributed to recording methods.



The most prevalent abuse type in section 42 enquiries is also 'neglect and acts of omission' – 49% in Poole and 34% in Bournemouth.

The primary reason a person requires social care were physical support in both Bournemouth and Poole, which is consistent with national trends.

Bournemouth has proportionally more people needing mental health and social support, and proportionally less needing physical support.

Support with learning disabilities and memory cognition is split quite evenly across both authorities

In Bournemouth, 60% of all safeguarding concerns involve adults aged 18-64, compared to 42% for this age group in Poole.

When considering gender there are more concerns involving female than male, though the contrast is not as marked as in Dorset. The male/female split follows a broadly similar pattern in both authorities for safeguarding concerns and S42.

The principles of Making Safeguarding Personal have become part of the day to day fabric of both authorities. In around two thirds of concluded S42 enquiries in both Bournemouth and Poole it is recorded that individuals or their representatives were consulted about what their desired outcomes were. This is similar to the national average of 67%.

National and other local data

Appendix 2 provides more detail of local safeguarding data held not only by the local authorities but also the Clinical Commissioning Group, Health providers and Dorset Police.

There is also a summary of national information collated through NHS Digital.

Overarching strategic issues

The Boards have identified 4 overarching issues which are a priority for organisations to address during the life of this plan. All will involve engagement with other partnerships which have specific responsibilities.

1. Support the development of a more robust independent provider market that leads to fewer safeguarding concerns.

Providers have frequently drawn the Boards' attention to financial and workforce pressures in the care market. It is known that recruitment and retention of nursing staff is extremely difficult and this had led to both the closure of homes (sometimes as a result of safeguarding concerns) and the reduction of available nursing beds. This can create system pressures, for example delayed discharges from hospital owing to bed unavailability.
It has further become clear as a result of a whole home SAR that staff in homes have very limited understanding of the nature of contractures and how to prevent them in residents with limited mobility. Other gaps in the knowledge base around frailty, e.g. pressure ulcers, falls, have been reported.
A significant proportion of safeguarding concerns are reported by care providers. When quality of care falls short, safeguarding concerns rise, particularly in respect of 'neglect and acts of omission'.
The Sustainability and Transformation Plan has a range of measures to improve recruitment, retention and staff development in care and support organisations across the county.
Proud to Care, an initiative to promote the care sector as a more attractive occupation, is operating successfully in Bournemouth and Poole and has just received a grant to develop further in Dorset.
The SABs will work with the Workforce Action Board and commissioners to seek assurance that the needs of the independent care sector are addressed and determine where they may positively contribute to any plans.

Key partnerships: Workforce Action Board; Health and Well Being Boards

2. Reduce the instances of people with care and support needs being involved in domestic abuse and improve the 'interface' between DA and safeguarding

A number of Safeguarding Adults Reviews and Domestic Homicide Reviews have involved individuals with care and support needs where the primary form of abuse was domestic violence, sometimes also involving sexual abuse. These reviews highlighted that there was a need for more education for individuals, for example people with a learning disability, concerning healthy relationships, how to avoid becoming involved in an abusive personal relationship and recognising inappropriate sexual behaviour.
Enquiries also pointed to a lack of clarity concerning staff responsibilities when both MARAC and safeguarding procedures were triggered. Some work in relation to

integration of procedures and safeguarding training has been commissioned in response to the MARAC evaluation review.
It is also being recognised that domestic abuse among older people is more prevalent than previously thought. This can involve complex challenges for practitioners where one person in the relationship is the carer and where the individual subject to abuse does not have capacity.

Key partnerships: Community Safety Partnerships; Pan-Dorset Domestic Abuse and Sexual Violence Strategy Group; MARAC steering group; Health and Well Being Boards

3. Help to establish 'working with the whole family' as standard practice.

Reviews have also highlighted the need to refocus how practitioners work with families. It has been shown that professionals' engagement with families can be fragmented, particularly where individuals within the family have a multiplicity of needs, which are being addressed by several agencies. Often there is not one worker who is able or authorised to see the whole picture and coordinate the efforts of colleagues.
The Boards have organised 2 conferences jointly with the Local Safeguarding Children's Boards to raise awareness of and champion this issue.
It is now important that there is a wider strategic commitment to this initiative across agencies as changes may need to be made to protocols, referral pathways, organisational culture, staff supervision and pre-qualification training.

Key partnerships: Local Safeguarding Children's Boards; Community Safety Partnerships

4. Evidence lessons from SARs and DHRs really have changed the way we work

At the present time the Boards do not have sufficient evidence to demonstrate that their actions have made a real difference in changing the way organisations work. Attention is being paid to improving the way in which learning is transferred into practice. A piece of work to synthesise recommendations from a range of reviews will be commissioned so that practitioners can concentrate upon the critical recurring lessons. Organisations need then to systematically report back on changes embedded in practice so that there is an audit trail of positive outcomes that can provide reassurance to the public and families of victims and help to prevent future incidents.

Key partnerships: Local Safeguarding Children's Boards; Community Safety Partnerships

Sub group plans for 2018-19

Each of the sub groups has set out a work plan for the business year outlining how they will contribute to both the overarching issues and the 4 strategic aims. Key objectives include the following:

Effective prevention

- Update the Boards' communications plan with new actions centring on raising awareness through social media, website updates and relaunch of posters
- Publish updated guidance for Pressure Ulcers, Falls, Nutrition and Hydration
- Update the Boards' whistleblowing guidance

Effective Safeguarding

- Publish a multi-agency protocol for large scale enquiries and ensure that all such reviews are reported to the SAR sub group
- Audit the low take up of advocacy
- Ensure that Making Safeguarding Personal is embedded in all organisations

Effective Learning

- Develop further learning modules on working with the whole family
- Provide training and education to adults with care and support needs to protect themselves from the risk of domestic abuse
- Improve the Boards' data to provide assurance that safeguarding training delivered in organisations is effective

Effective Governance

- Improve liaison with service users and carers so that their views can be represented more effectively in Board discussions
- Maintain a focus on quality audit to provide assurance that plans are in place to mitigate the impact of Local Government Reorganisation and other structural changes upon safeguarding practice
- Review the operation and funding of SABs in the light of any changes being made within Local Safeguarding Children' Boards

Equality Impact Statement

The Equality Impact statement is designed to improve and promote the equality of all individuals. The Boards' are committed to anti-discriminatory and anti-oppressive practice by upholding Human Rights and empowering each individual to have choice and control over their lives whilst remaining safe from harm. There continues to be a developing focus on the profile of Safeguarding Adults with strategic partnerships being a critical component to sustaining this and improving the lives of individuals who have care and support needs, as defined by the Care Act (2014). The Boards' strategic plan sits alongside several other important documents, as highlighted in the main body of this plan, which outline and direct the responsibilities of partners to protect and empower individuals at risk of or experiencing abuse and neglect.

The strategic plan continues to be based on the four identified aims to ensure there is a positive and measurable impact on adults at risk and their carers living in Dorset. The Boards' are committed to taking the action required to increase its effectiveness and ensure that **'safeguarding is everyone's business'** in order to deliver positive outcomes for people who use services. This will be achieved through collective accountability and the commitment from partners to this shared aim. By working together with communities and individuals we can ensure that there is a fully imbedded culture of not tolerating abuse and neglect, and that people know what to do and where to report abuse when it occurs. The Safeguarding Adults Boards are committed to working with other strategic partnerships to improve health and well being in the context of the wider safeguarding preventative agenda. This will both improve outcomes and reduce the risk of silo working.

Safeguarding performance continues to be monitored and reviewed quarterly through the Quality Assurance sub group and identifies themes, trends and areas of specific concern across social care, health and emergency services. This enables the Boards to focus their attention and develop specific work areas to tackle some of these issues as outlined in the overarching aims detailed within this strategic plan. The Boards' are committed to ensuring all service user groups are supported effectively to prevent harm occurring.

There continues to be a year on year increase in the number of safeguarding concerns received. Ongoing analysis of these concerns indicates that women in all age groups are more likely to be the subject of a Section 42 Enquiry; with a further rise for those women aged over 75 years of age. It is therefore important for the Boards to understand the factors contributing to this to enable them to support the measures necessary to assist in reducing the risk to these groups.

The Boards also require a greater understanding of ethnic diversity within Dorset's communities as those of white origin continue to be the highest group of individuals involved in Section 42 Enquiries. This is a trend reflected nationally and It is important for the Boards to reassure themselves that the under-representation of any ethnic groups does not indicate that they are being disadvantaged. Ensuring information and support is available about where individuals can report abuse and request support in an accessible and alternative language format is imperative. Consideration of this will be given in the Boards' communication and engagement

plan to ensure there is an increased safeguarding awareness within our communities.

The strategic priorities outlined aim to ensure that adults at risk are therefore -

- Safe, protected and able to protect themselves from abuse and neglect
- Able to identify, report and access the right support at the right time.
- Supported effectively with dignity and respect by enabling service user and carers voices to be heard (Making Safeguarding Personal principles)

The Boards maintain a Risk Register which details, manages and monitors risk, the potential impact and consequence to its ability to effectively deliver the strategic priorities. It also identifies what action is required to mitigate or reduce such risks both at a strategic level and for individuals with care and support needs to ensure they are not disadvantaged.

APPENDIX 1: BOURNEMOUTH & POOLE AND DORSET SAFEGUARDING ADULTS BOARDS

RISK REGISTER - 2017-2018

Risk Description	Current Risk Impact (across bottom)	Current Risk Likelihood (down side)	Current Risk Score	Control mitigation (Internal Controls)	Control mitigation (other)	Risk Action
Board Governance						
Leadership of the Board is undermined because local government and health re-organisation prevents senior managers contributing regularly to the Board its sub groups	H	H	9	Raise in Board member appraisal meetings Adjust frequency of meetings to ensure business covered efficiently. Use of teleconferences when appropriate.	Seek assurance that major change projects take account of need to maintain Safeguarding 'business as usual'.	
Sub groups of the Boards are ineffective because turnover in chair and vice chair roles leads to lack of continuity and momentum.	M	M	6	Board members to be prepared to take on leadership roles. Recently agreed document re support to sub group chairs and their responsibilities. Risk level reduced		

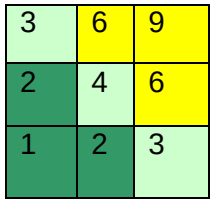
Risk Description	Current Risk Impact (across bottom)	Current Risk Likelihood (down side)	Current Risk Score	Control mitigation (Internal Controls)	Control mitigation (other)	Risk Action
				because all roles now filled.		
Sub groups of the Boards are ineffective because work plans do not sufficiently reflect current Safeguarding priorities	H	M	6	Regular consultation with Board members. Business plan reviewed quarterly and at Executive Group meetings which incorporate chairs of sub groups.		Support and challenge event planned for November/December to review business plan and prepare next 3 year strategy.
Members of the Board feel marginalised because their knowledge and skills are not sufficiently used	M	M	4	Use appraisal process to consult members and identify how they can be better engaged.		
Partnership Working						
The relationship with other governance Boards is not clearly defined leaving gaps or causing duplication in partnership working.	H	H	9	Cross Board representation. Business manager links. Identification of shared		

Risk Description	Current Risk Impact (across bottom)	Current Risk Likelihood (down side)	Current Risk Score	Control mitigation (Internal Controls)	Control mitigation (other)	Risk Action
				priorities with other Boards.		
The Board does not engage sufficiently with providers and service users leading to a loss of confidence in its role.	M	M	4	Links with LDPBs and Healthwatch. Healthwatch represented on both Boards Annual provider consultation events.	Board member stakeholder consultation processes.	Further develop engagement strategy as part of business plan, inc. making use of Board member stakeholder forums.
Finance and Resources						
Competing priorities undermine sub group attendance and availability of members to undertake the work involved.	H	H	9	Work plans are SMART and manageable. Sub group chairs organise business efficiently.		
It is not possible to fund the structure and business plan of the Board adequately	H	M	6			Resource review commenced in conjunction with LSCB currently on hold

Risk Description	Current Risk Impact (across bottom)	Current Risk Likelihood (down side)	Current Risk Score	Control mitigation (Internal Controls)	Control mitigation (other)	Risk Action
Demand for SARs and DHRs cannot be met within the resources available.	M	M	4	Bank of suitably skilled and experienced independent authors and panel chairs established.	Contingency of £20k for SARs incorporated into each Board's budget.	Costs of DHRs now to be met by CSPs.
Quality of Practice/Service delivery						
A lack of quality care at affordable rates to the public sector leads to increased Safeguarding episodes.	H	H	9	Improved partnership between Boards and providers.	Commissioners to attend to market development and maintenance. Board to receive update from commissioners x 2 yearly.	
Lack of integration with the LSCBs leads to increased Safeguarding risks for young people during transition.	H	M	6	Business Manager and Chair regular joint meetings.		Joint conference on 'whole family' approach planned for February 2018. Paper published in September to

Risk Description	Current Risk Impact (across bottom)	Current Risk Likelihood (down side)	Current Risk Score	Control mitigation (Internal Controls)	Control mitigation (other)	Risk Action
						respond to DHR recommendation.
Organisations fail to embed changes in practice following SARs and DHRs leading to further serious harm and neglect to adults at risk.	H	H	9	Risk level raised because of high number of SARs/DHRs being prepared. SAR sub group to ensure that recommendations adequately address findings of SARs and DHRs. Better action planning approach implemented.		Further work on effective transfer of learning. Consider short term piece of work to synthesise findings and recommendations

RISK EVALUATION MATRIX



Appendix 2: Adult Safeguarding - A National Perspective

The NHS Digital report (published November 2017) provides the key findings from the Safeguarding Adults Collection (SAC) for the period 1st April 2016 to 31st March 2017. Each local authority has a statutory obligation to contribute towards this collection, 152 Local Authorities submitted data for all categories in 2016-17. The collection includes demographic information about adults at risk and distinguishes between enquiries that met the criteria under Section 42 of the Care Act (2014) and those where the adult did not meet the Section 42 criteria, but the local authority considered it necessary and proportionate to have an enquiry.

Findings highlight that during 2016/17, 364,605 safeguarding concerns were raised in England, equating to an average of almost 1,000 per day. Of this number 109,145 led to a Section 42 Enquiry representing a 6% increase on the previous year (250 adults per 1,000 from 238 per 1,000 in 2015-16).

The national conversion rate (inclusive of those deemed 'other enquiries') gives a combined figure for England of 41%. Regionally the conversion rate varies from 31% in the West Midlands to 64% in the North East. For the South West region, which is inclusive of Bournemouth, Poole and Dorset, the conversion rate was 35%. However, this figure is not reflective of comparator authorities for each of the 3 local authorities in Dorset as these are geographically more widely spread. It is acknowledged there are variations between regions which could reflect local practice, demand and demographic factors, particularly how enquires are defined. Dorset for example is not a comparator authority for Bournemouth or Poole and Section 42 conversion rates vary across Pan Dorset and is a work area currently being focused on to understand the differentiation.

Of individuals involved in a Section 42 enquiry in England, 60% were female with 63% of these being over the age of 65 years. Section 42 enquiries are more likely to involve older people particularly those aged 85 years and over who account for 1 in every 42 adults in this age group in comparison to 1 in every 855 aged 18-64 years.

Those of white ethnic origin continue to be the most represented group involved in an enquiry, accounting for 84% of individuals. The predominant reason a person requires social care services is recorded as being due to a need for physical support, which is reflected across all regions in England.

Proportionately Neglect & Acts of Omission account for the majority of risk types, accounting for 36% of all risks in 2016/17 with 57% of these apportioned to a social care support provider. Nursing and residential care homes account for 36% of the location of incidents between them. This is a trend which is also reflected across the south west region. However, all risks types saw an increase throughout the year.

In considering risk outcomes, in 65% of cases in England, risk was identified and action taken. The South West had the lowest proportion of enquires with identified risks at 59% and the highest proportion of enquires with no identified risks at 24%. Conversely, Yorkshire and Humber had the highest proportion of identified risk

(86%) and the lowest proportion of no risk identified at 10%. Regardless of whether risk was identified, some form of action was taken in 77% of cases.

Mental Capacity is an important factor as it assesses the person's ability to contribute to making decisions about their protection, including their ability to participate in the safeguarding enquiry, as well as their mental capacity at the time of the incident. The proportion of adults recorded as lacking capacity was 29% in 2016/17, an increase of 2% on the previous year. There was also a drop in the number of enquires where capacity was not recorded or marked as 'don't know' from 14% to 6%. This is likely to reflect an improvement in data quality and understanding of the principles of the Mental Capacity Act (2005).

Where an adult was deemed to lack capacity, in 73% of enquiries they were supported by an advocate, family member or friend, an increase of 11% on the previous year.

2016/17 saw a 22% increase in the number of Safeguarding Adults Reviews (SARs) held in England. Regionally London accounted for the highest proportion of SARs (36%) in comparison to the South West at 10% which is in line with other areas of the country including the South East of England, West Midlands and East of England.

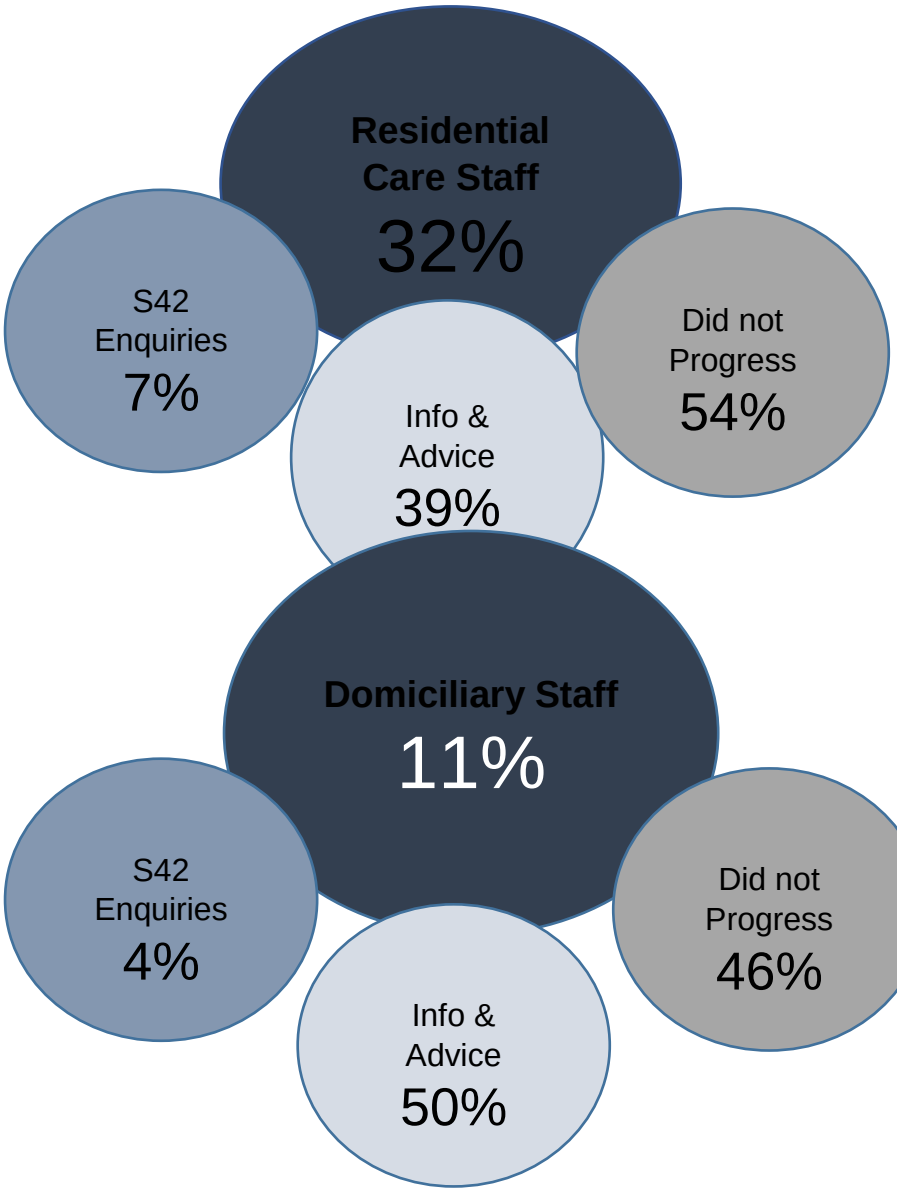
Making Safeguarding Personal lies at the heart of Adult Safeguarding, ensuring that conversations take place with people about how to respond in safeguarding situations promoting choice and control throughout the process enhancing wellbeing and safety. During 2016/17, data submitted nationally evidences that in 67% of cases the adult at risk was asked their desired outcomes. Where outcomes were expressed by the individual, in 69% of cases these were fully met and in 26% partially met. In only 5% of cases was the desired outcome recorded as not met. The South West region evidenced that 88% of people were asked about their desired outcomes, the highest proportion in England which is a positive reflection of the region's commitment to the Making Safeguarding Personal agenda. *(Information taken from NHS Digital Safeguarding Adults Collection for England 2016-2017)*

A summary of Dorset, Bournemouth and Poole's quality assurance data is detailed below and highlights the number of concerns received, enquiries undertaken and key demographic information. Dorset Police and the CCG also provide an analysis of key themes and trends as part of their contribution to the Quality Assurance sub group of the Boards. This is an important area of work which continues to evolve to ensure that all areas identified are captured and can therefore be acted upon in work plans. Key aspects of this information is also detailed in this section.

Dorset County Council

The diagram below illustrates the two-year trend for the number of safeguarding concerns received by Dorset County Council. Safeguarding concerns have maintained a steady trajectory during 2017/18.

Primary referral routes



The current primary referral routes to the specialist safeguarding team in Dorset are highlighted in these diagrams. These referral routes account for nearly half of all referrals. A lot of work has been undertaken throughout the year with the emergency services to improve the quality of their referrals ensuring that those received are appropriate. This work is ongoing and will be replicated with providers.

Location

72% of S42 Enquiries
Occur in the client's
Occur in the client's own
(Residential and

There has been a steady increase for 'Social care support/Service Provider' (currently at 72%), which is concerning. There have been multiple whole home enquiries undertaken during this last year which may account for this increase. This trend will continue to be monitored but may considered reflective of financial and work force pressures in the care market. Difficulties with recruitment and retention of staff can create significant system pressures.

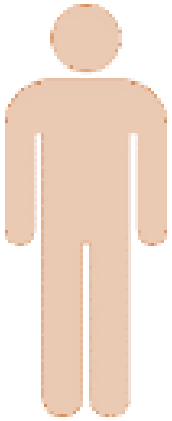
25% of S42 Enquiries
Care Home
home
Nursing)

Type of Abuse

54% OF SECTION 42 ENQUIRIES RELATE TO NEGLECT & ACTS OF OMISSION

This figure is higher than the national average although is reflective of the south west region more generally

Gender, Age and Ethnicity



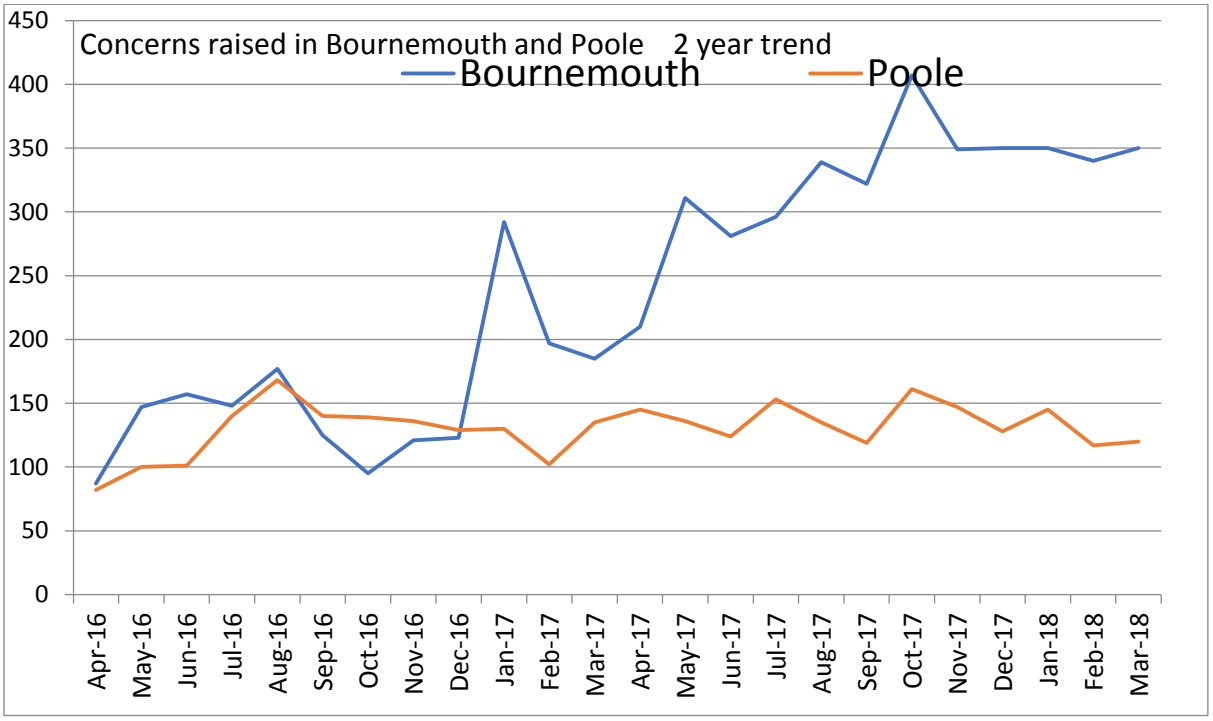
Women are twice as likely to be subject of a S.42 enquiry in all age groups. There is however a significant increase for those over the age of 75 and a further rise for women over the age of 85.

As highlighted in the NHS Digital Safeguarding Adults return individuals of white ethnic origin continue to be the most represented group involved in an enquiry.

The predominant reason a person requires social care services in Dorset is for physical support, which is

Bournemouth & Poole Data

The diagram below illustrates the two-year trend for the number of safeguarding concerns received in Bournemouth and Poole. Safeguarding concerns in Poole have remained constant. In Bournemouth, a spike in early 2017 was attributed to recording methods.



Type of Abuse

THE MOST PREVALENT ABUSE TYPE IN SECTION 42 ENQUIRIES IS
NEGLECT & ACTS OF OMISSION

34% BOURNEMOUTH

49% POOLE

The national average is 36%

Support reason

The **primary support reasons** where known were physical support in both Bournemouth and Poole, which is consistent with national trends.

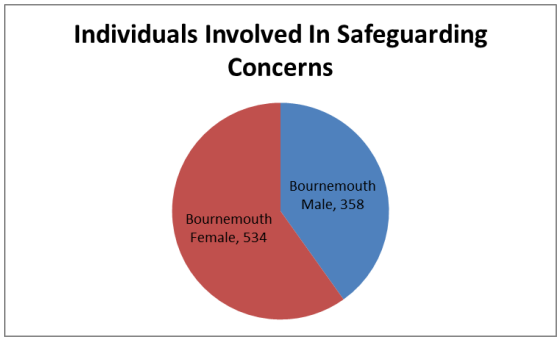
Bournemouth has proportionally more people needing mental health and social support, and proportionally less needing physical support.

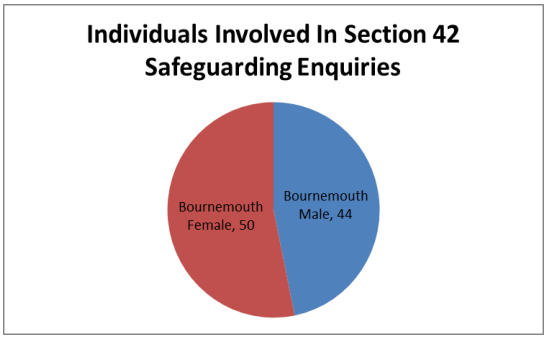
Support with learning disabilities and memory cognition is split quite evenly across both authorities

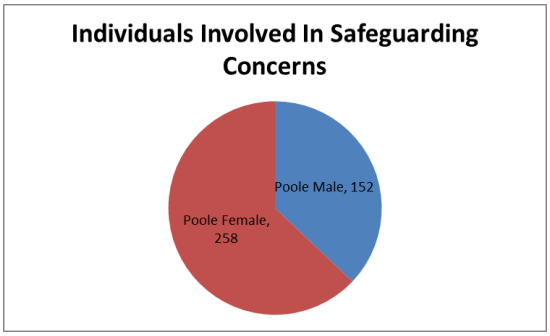
Gender, Age and Ethnicity

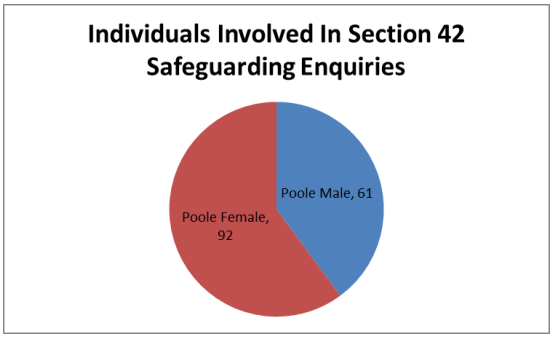
In Bournemouth, 60% of all safeguarding concerns involve adults aged 18-64, compared to 42% for this age group in Poole.

When considering **gender** there are more concerns involving female than male, though the contrast is not as marked as in Dorset. The male/female split follows a broadly similar pattern in both authorities for safeguarding concerns and S42.





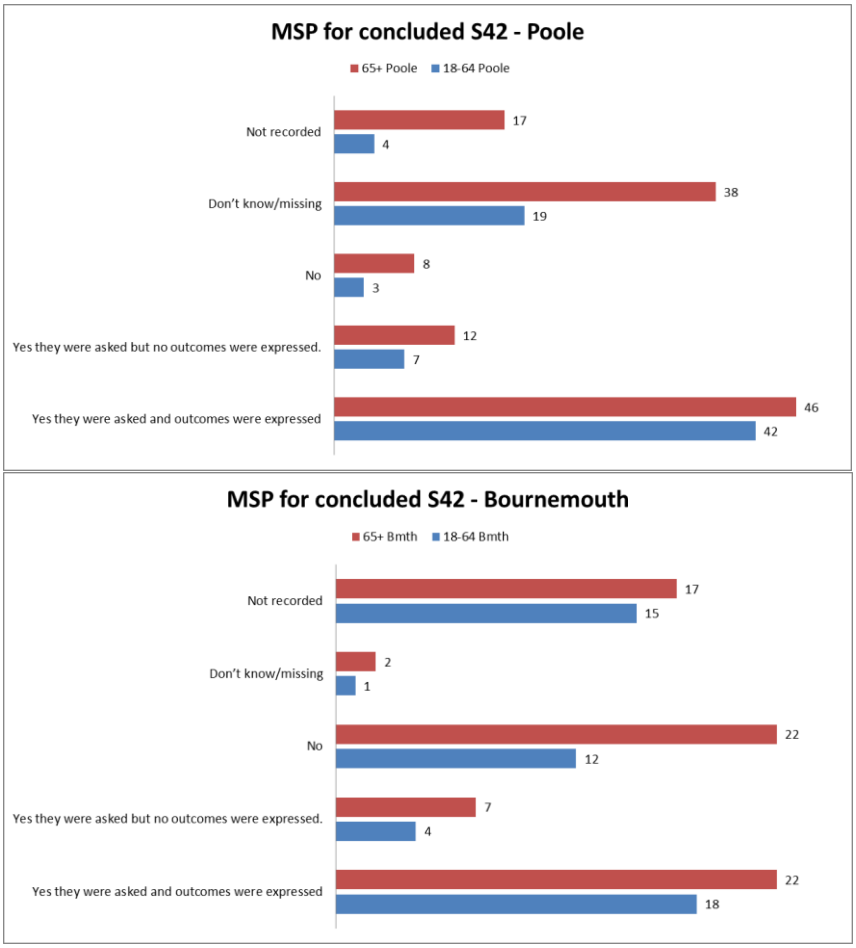




The majority ethnicity of the local population of both Bournemouth (93%) and Poole (95%) is white and this appears to be reflected in the ethnicity of those involved in safeguarding concerns and enquiries, although in each area a number of people did not declare ethnicity or it was not recorded.

Making Safeguarding Personal

This principle has become part of the day to day fabric of both authorities, in around two thirds of concluded S42 enquiries in both Bournemouth and Poole it is recorded that individuals or their representatives were asked what their desired outcomes were.

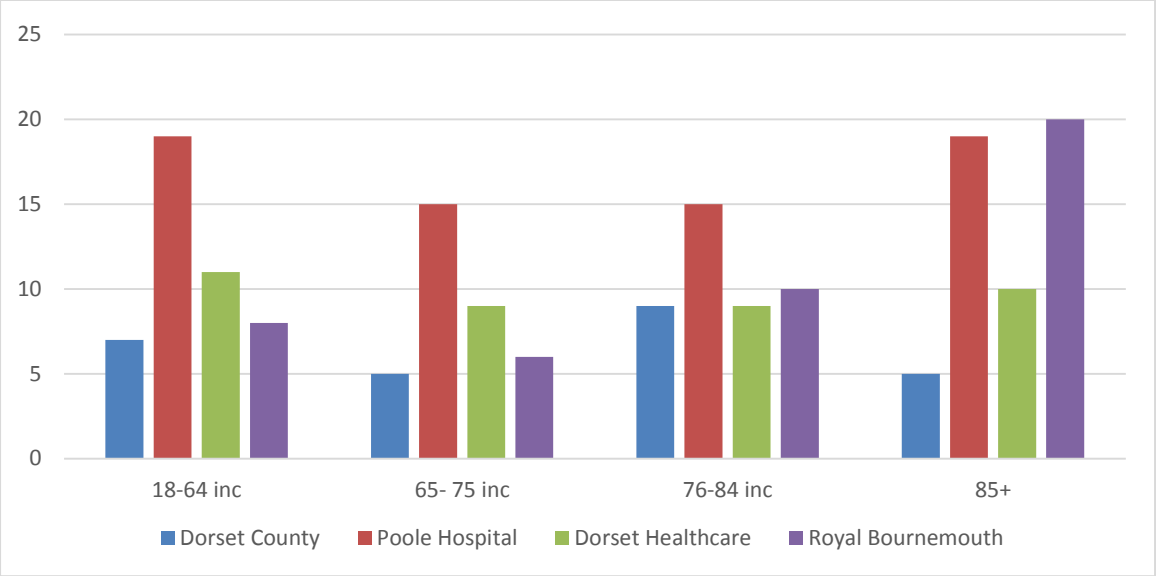


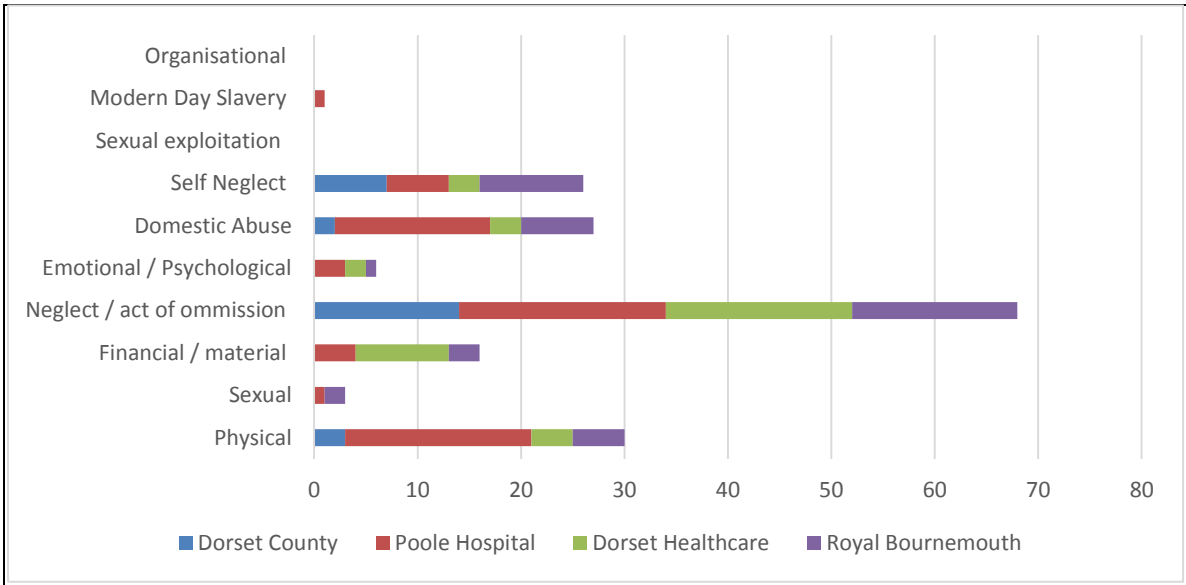
Dorset Clinical Commissioning Group

The Dorset Clinical Commissioning Group summarises the safeguarding activity of all the NHS providers to provide an overview report to the Boards' Quality Assurance Sub group.

Approx. 80 % of concerns raised by the NHS provider continue to occur within the service user's own home prior to being in receipt of NHS provided care. The age groups for concerns raised this year are highlighted in the graph below –

Identified Safeguarding Themes





Key themes highlighted by the CCG continue to be neglect and acts of omission followed by Domestic Abuse.

Work will continue to consider how the NHS providers can present data around the number of self-neglect, hoarding and Multi Agency risk meetings they are involved in to ensure these areas of complex work are captured effectively.

Dorset Police

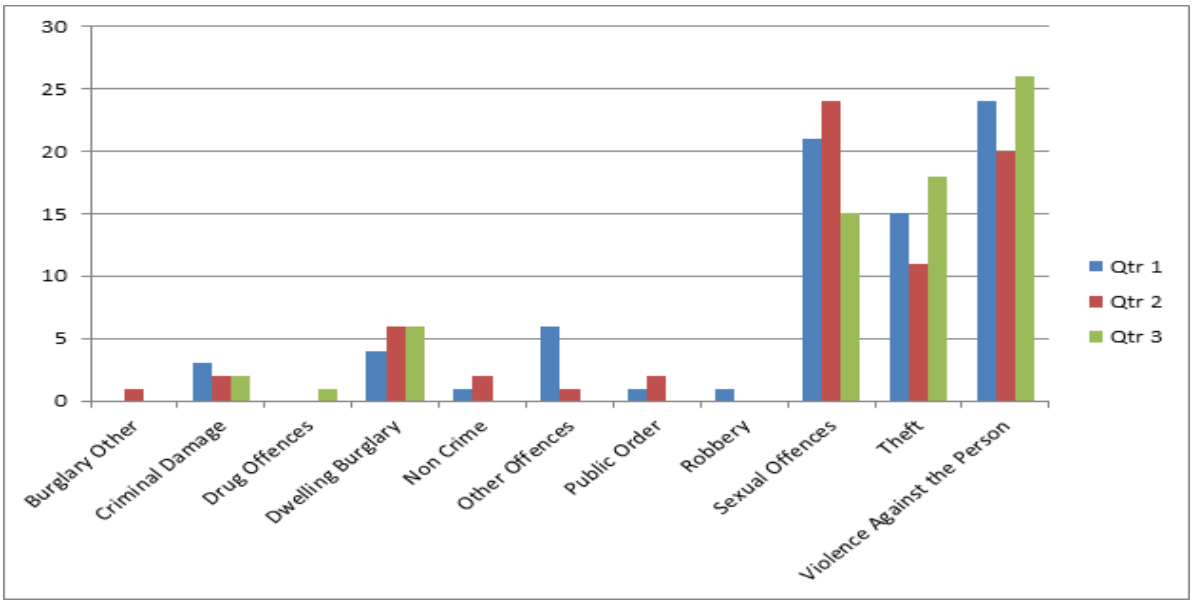
Dorset Police Public Protection Unit contains 13 strands of public protection. Within this approach are a number of strands focused on safeguarding and crime investigations for adults at risk. Dorset Police currently has 4,692 adults at risk

flagged on our systems; all of these persons are graded for risk through a QA process within the adults at risk team and are graded as high, medium or standard. An independent quality assurance review of these flags has been completed. Dorset Police looks to proactively quality assure investigations and incidents relating to the most vulnerable members of society.

The adults at risk team review all Public Protection Notice's (PPN) from officers attending incidents; the number of PPN's received is approx. 500 per month. A recent dip sample of PPN's identified that in **18%** of the cases the PPN was not suitable for any action and was therefore not shared, in **78%** information was shared electronically with partner agencies, as officers identified potential vulnerabilities that needed to be addressed. In **4%** of them the threshold for Section 42s was believed to have been met and/or a crime had been committed which necessitated the creation of a crime record and further work. Work continues to improve the information captured and quality of PPN's.

Identified themes throughout 2017/18 are highlighted in the graph below -

Crimes against victims flagged as 'Adults at Risk' (not section 42 threshold)



Across all areas of business Dorset Police are seeing a steady increase in demand. There is no specific information currently to indicate any particular negative crime trend relating to adults at risk. However public awareness and reporting is generally on the increase for these types of crime and Dorset Police have run numerous campaigns within the press and social media during 2017 to highlight issues such as modern slavery and domestic abuse. It is expected that demand figures will steadily increase throughout 2018.