



Safeguarding Adults Boards

Auditing the impact of becoming Statutory



National Network for Chairs of Safeguarding Adult Boards

August 2017

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Cover photo: Southampton SAB development day, Robert Templeton

1. Summary

This report summarises the findings of a survey sent to Chairs of Safeguarding Adults Boards (SABs) on October 2016. The aim of the survey was to assess the impact of the implementation of the Care Act 2014 on SABs and to capture the effects of making SABs statutory partnerships.

This report from the National Network for Chairs of Safeguarding Adult Boards (NNCSAB) is designed to inform SABs, the Department of Health (DH) and other stakeholders about the progress of SABs, the impact of the Act, and to support further development of SABs.

A summary of key findings and resulting recommendations for next steps are outlined below. A summary of key findings and resulting recommendations for next steps are outlined below. These should be seen in the context of the detail set out in the body of this report and are explored again in section 5 which lists recommendations from these findings.

1. Ensuring Effectiveness

Performance and Data

- *Finding:* the audit highlighted a varied approach to data collection, which affected the ability of SABs to consistently evaluate their own performance.
- *Recommendation:* NNCSAB work with NHS Digital, the Local Government Association (LGA) and others to ensure adult safeguarding performance data is developed to enable SABs to evaluate and benchmark performance.

Broadened Remit

- *Finding:* the audit found some SABs were struggling with their broadened remit following the implementation of the Care Act, areas highlighted were: modern day slavery and human trafficking; Prevent; CSE; harmful cultural practices; domestic abuse; suicides and self harm; cyber crime – desk top and door step crime; self-neglect and hoarding; & learning disability mortality reviews.
- *Recommendation:* work be undertaken at through the NNCSAB both nationally and regionally to ensure SABs can meet their broadened remit.

1.2 Roles and Responsibilities

Safeguarding Adult Reviews

- *Finding:* there is a call for a consistent approach to Safeguarding Adult Reviews (SARs) and the level of investment into SAR's, taking into

account the value of outcomes, a cost benefit analysis approach and the development of other methodologies such as Reflective Learning Reviews.

- *Recommendation:* NNCSAB work with the DH and other organisations through the Adult Safeguarding Leadership Group to explore ways of ensuring a consistent approach to SAR's and the development of alternative methodologies.

Making Safeguarding Personal

- *Finding:* SABs were trying a variety of different methods to engage with service users, however greater consistency is needed.
- *Recommendation:* that the NNCSAB work with the Association of Directors of Adult Social Services (ADASS) and LGA to examine which methodologies are most effective in engaging with service users and ensure that SABs play a key role in implementing Making Safeguarding Personal (MSP) across partnerships.

1.3 Key Issues

Funding

- *Finding:* the funding of SAB's and the importance of partner engagement is highlighted in the audit with many Chairs stating there is a need for a nationally agreed formula for contributions.
- *Recommendation:* that the NNCSAB work to agree and recommend a national formula for funding contributions to SABs with and to partners.

Integration

- *Finding:* The audit highlighted the developments in health and care integration and the need to develop stronger and more consistent relationships with Health and Well-being Boards together with the implications of Sustainability and Transformation Plans (STPs) on safeguarding for children and adults.
- *Recommendation:* that the NNCSAB work with regional groups and partners to link the role of the SAB to integration work and share good practice including the learning from Safeguarding Adult Reviews.

Stronger relationships with Quality Surveillance Groups

- *Finding:* many SABs were working well with other strategic partnerships but clarity of how these strategic bodies all related to each other was wanted, particularly in developing stronger relationships between SAB's and Quality Surveillance Groups (QSG's) to promote safe, quality services.

- *Recommendation:* NNCSAB work with NHS England to explore opportunities to achieve ways of strengthening relationships between SABs and QSGs.

Greater collaborations on a national level

- *Finding:* The audit highlights a need for greater collaboration at a national level between statutory partners.
- *Recommendation:* NNCSAB work with the ADASS/LGA Safeguarding Adults Policy Network and the DH Adult Safeguarding Leadership Group to develop greater collaboration at a national level between statutory partners.

2. Background

About the Network

The NNCSAB is a community of practice that aims to support and strengthen both Chairs and SAB partnerships in order to improve their effectiveness in safeguarding adults and to influence and promote best practice for safeguarding adults nationally and locally through effective working. The purpose of the network is to coordinate and provide support to the Chairs of SABs in order to:

- support the implementation of SABs becoming statutory bodies under the Care Act 2014 in a coherent and consistent way;
- share and disseminate knowledge and learning between Boards;
- improve consistency of approaches to safeguarding and contribute to the raising of overall standards of adult safeguarding;
- continue to develop a national voice and resource for consultations and advice on safeguarding matters; and
- provide peer support and networking opportunities.

This report forms part of a sector led improvement initiative within the Care and Health Improvement Programme at the LGA. The final report was shared with the National Network of Safeguarding Adult Boards Chairs and sent to ADASS, LGA and DH.

The current context: Safeguarding Adults Boards

SABs became statutory bodies under the Care Act 2014. Under the Act each local authority must set up a SAB. The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area (see Chapter 14 of the Care and Support Statutory Guidance, 2016¹).

The overarching purpose of a SAB is to help and safeguard adults with care and support needs. 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-centered 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; and assuring itself that safeguarding practice is continuously improving the quality of life of adults in its area.

The SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The SAB can be an important source of advice and assistance, for example in helping others improve their safeguarding mechanisms.

¹ Statutory guidance to support local authorities implement the Care Act 2014, updated March 2016, DH (2016): <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

It is important that the SAB has effective links with other key partnerships in the locality. This will require the SAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in MSP.²:

It should also concern itself with a range of issues, which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- The safety of people who use services in local health settings, including mental health;
- The safety of adults with care and support needs.
- Effective interventions with adults who self-neglect, for whatever reason.
- The quality of local care and support services including how the Mental Capacity Act (MCA) 2005 affects the way services make decisions on behalf of people who do not have the capacity to make some decisions for themselves.
- The effectiveness of prisons in safeguarding offenders.
- Making connections between adult safeguarding and domestic abuse.

² www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal).

3. Methodology

The survey took the form of a questionnaire which was designed to collect background information about SABs and the various aspects of their work (see appendix).

The wording was agreed at the NNCSAB meeting in September 2016 and emailed to individual SAB Chairs in October 2016. Respondents returned the completed the survey via email at end of January 2017. While ethical permissions were not required the data collected was made anonymous on the request of the participants.

The questionnaire was discussed at regional group meetings where these happen and local decisions made about how to complete them. The options were:

- Pairing up - completing the questionnaire following a discussion with another SAB chair in the region (regional leads arrange this);
- Completing the questionnaire in small groups (e.g. sub-regions, localities, clusters); or
- Completing the questionnaire with the SAB manager where none of the above were available.

The questionnaire was sent to the 110 chairs on the networks database. 72 (65 per cent) were completed and the regional break down of the returns is in the table below:

Table 1: Regional break down of the questionnaire returns

Region	No. of Responses
East of England	5
East Midlands	9
London	11
North East	4
North West	11
South East	7
South West	5
West Midlands	10
Yorkshire and Humber	9
Total	72

4. Findings

The format of this section follows that of the questionnaire sent to SAB Chairs and thus offers a useful set of data across a range of areas.

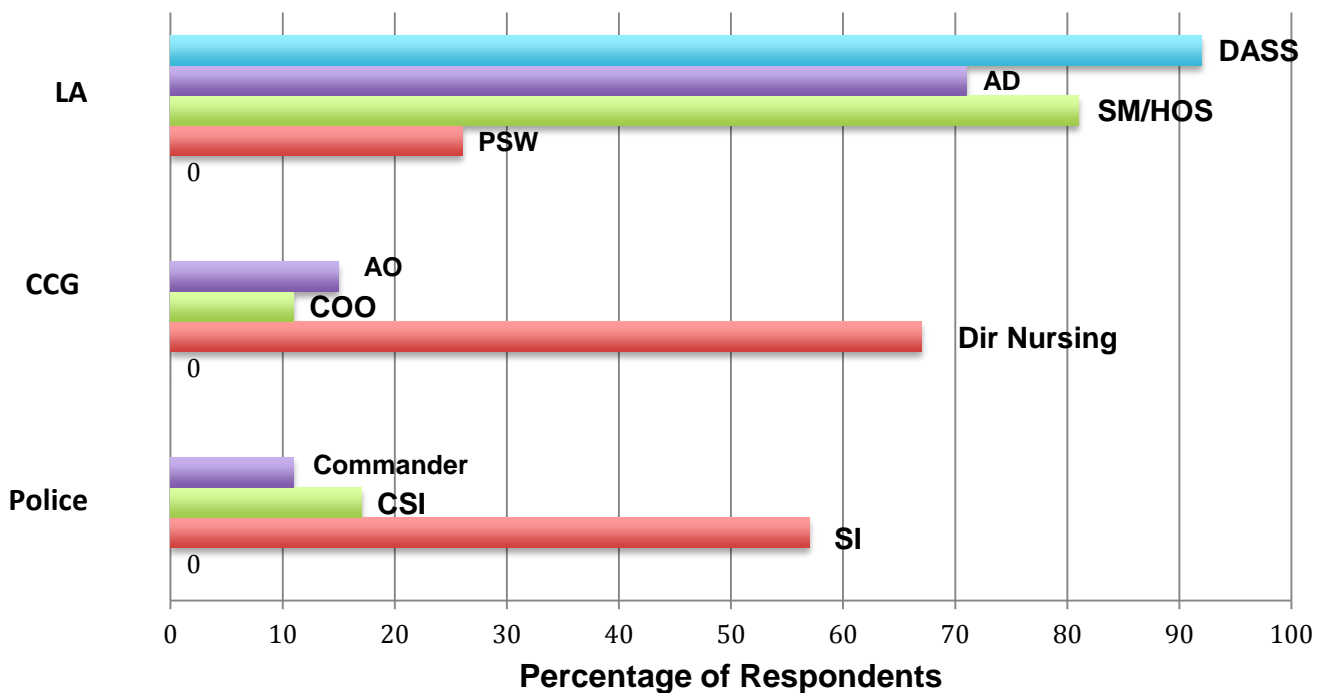
Findings: Ensuring Effectiveness

4.1 Membership

4.1.1 Level of representation

Representations of the three statutory agencies (local authority, health and police) attending SAB meetings were at a high level. The commitment from local authorities was highest. However Clinical Commissioning Groups, and the Police also had strong representation at a senior level. There were also a wide variety of other senior roles across the three statutory partners.

Chart 1: Level of Representation on the SAB from the three core agencies



Key

DASS	Director of Adult Social Services
AD	Assistant Director
SM /HOS	Service Manager/Head of Safeguarding
PSW	Principal Social Worker
AO	Accountable Officer
COO	Chief Operating Officer
Dir. Nursing	Director or Deputy Director of Nursing
Commander	Commander
CSI	Chief Superintendent
SI	Superintendent

Table 2: Other roles on the SAB representing the three core agencies

Local Authority	CCG	Police
<ul style="list-style-type: none"> • Head of Housing • Head of DoLS/MCA • Head of Commissioning • Head of Performance • Head of Workforce Development • Commissioning Lead for LD • Director of Public Health • Legal Services • Lead Member • Director of Children's Services • Fire and Rescue Service and Community Safety Partnership 	<ul style="list-style-type: none"> • Associate Director of Safeguarding • Designated Safeguarding Nurse • Director of Quality and Transformation • GP • Governing Body Member • Medical Director 	<ul style="list-style-type: none"> • Detective Inspector • Chief Inspector • Detective Chief Inspector (DCI) • Assistant Chief Constable • Detective Sergeant, Adult at Risk Unit • Inspector from Public Protection Unit • Assistant Chief Inspector • Local Police Area Commander

4.1.2 Elected members

There is strong representation from elected members. The majority (83 per cent) of SABs had an elected member sitting on the SAB. One SAB reported that the member was not in attendance due to the timetable of SAB meetings but was on a distribution list for information. Another two SABs reported that although the Portfolio Holder did not attend the SAB Meeting they received written updates and met regularly with the Chair of the SAB together with the Chair of the Health and Wellbeing Board.

Table 3: Is there an Elected Member on the SAB?

	Yes	No	No Answer
Number of Respondents	60	12	0
% out of respondents who answered	83%	17%	

4.1.3 Healthwatch

83 per cent of respondents had Healthwatch on their Board. Of the 17 per cent who answered no, 4 reported Healthwatch was named but due to diminishing resources did not attend. This was more difficult when Healthwatch was required to sit on a number of SABs in an area. However respondents also expressed optimism that this would be resolved in the near future.

Three Boards reported that Healthwatch was represented through subgroups and five SAB Chairs had regular meetings with the Chief Executive or Chair of their local Healthwatch, who also attended the Board’s annual strategic away day.

Two Boards reported they had worked creatively with one planned to commission some work from their Healthwatch and another had asked theirs to undertake a piece of work to see what had changed as a result of actions from Safeguarding Adults Reviews.

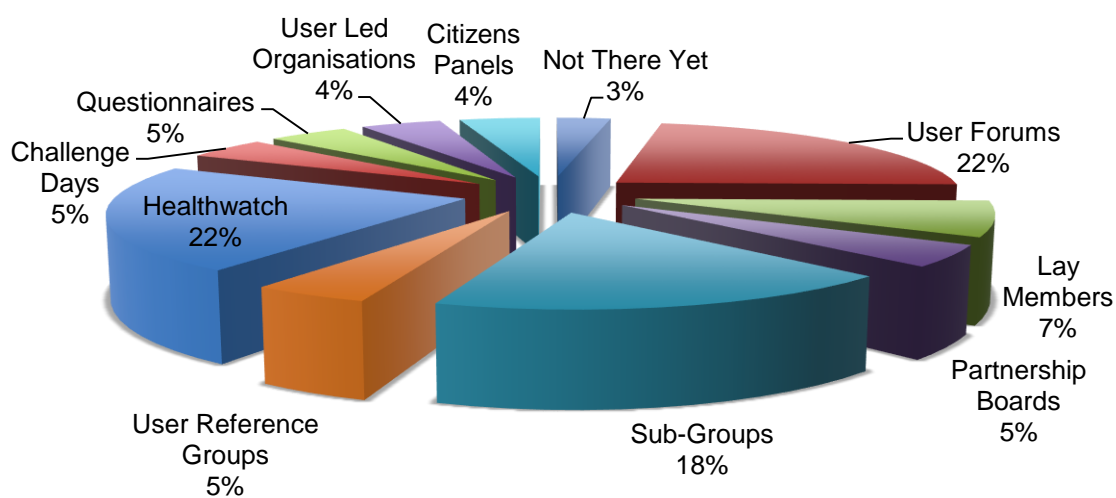
Table 4: Is there a member of the local Healthwatch on the SAB?

	Yes	No	No Answer
Number of Respondents	60	12	0
% out of respondents who answered	83%	17%	

4.1.4 Engaging people that use services

There was broad engagement with service users with SABs trying out different methodologies to achieve this; although 3 per cent of SABs reported they were not there yet.

Chart 2: How are you engaging service users on the SAB and/or in the work of the SAB for example service user representatives on SAB and/or sub-groups or going out to service user groups?



However, it remains to be seen which methodology works most effectively, and there is further analysis underway through ADASS. Boards also used a variety of ways of working with Healthwatch in facilitating service user engagement. The other commonly used methods were the use of Service User Forums (22 per cent) and sub-groups (18 per cent).

A cross section of responses are highlighted below, followed by a word cloud summary:

'We have a "Voices" group made of people who use services, carers and advocates. They have two people who sit on the SAB and we have a standing item on service user issues. We are also in the process of expanding our conversations to include wider local interest groups of people who use services.'

'A representative from a user-led organisation is a member of the Board. The Board is currently engaging voluntary sector organisations who are commissioned through the SAB to deliver a wider engagement piece of work with residents in the borough'

'A database of all service user forums has been established, this allows the Board to engage with the most appropriate forum depending on the subject we are considering. We are currently scoping the possibility of developing a Service User Reference Group'

'We have two lay members on the Board, who contribute to agenda setting and delivery of the Board's workplan. We are developing stronger relationships with the local partnership Boards'

'We are adopting and testing a 'Conversation Café' approach to engaging with the more vulnerable members of our communities on specific topics.'

'We have a Safeguarding Focus Group which includes adults who have been through the safeguarding process, carers of people who have been through the safeguarding process, interested individuals, an expert by experience and a representative from a local ULO. The aim is that this Focus Group will be made up of 75 per cent adults who have been through the safeguarding process.'

'We have established a citizen's engagement sub-group currently Chaired by Healthwatch. Through our annual Board events, service users have been involved in the re-naming of the Board and producing the Board logo'

'The Board has considered the value of having a service user and is not currently persuaded that they could be representative or add value. The Chair does go out to meet service user groups by request. The SAB commissioned Healthwatch to conduct a community survey as part of the preparation for the Strategic Plan.'

'Developing a service user and carer engagement strategy with HealthWatch, accessing their already established Hubs and Networks and supplementing these by targeting 'hard-to-reach' groups including: Victims of Abuse; Domestic Violence; Suicide and Self; Bereavement; and Carers Groups. In addition HealthWatch to promote prevention and awareness raising through their Hubs, Newsletter, and Website.'



4.2 Governance

4.2.1 Wider Governance Arrangements

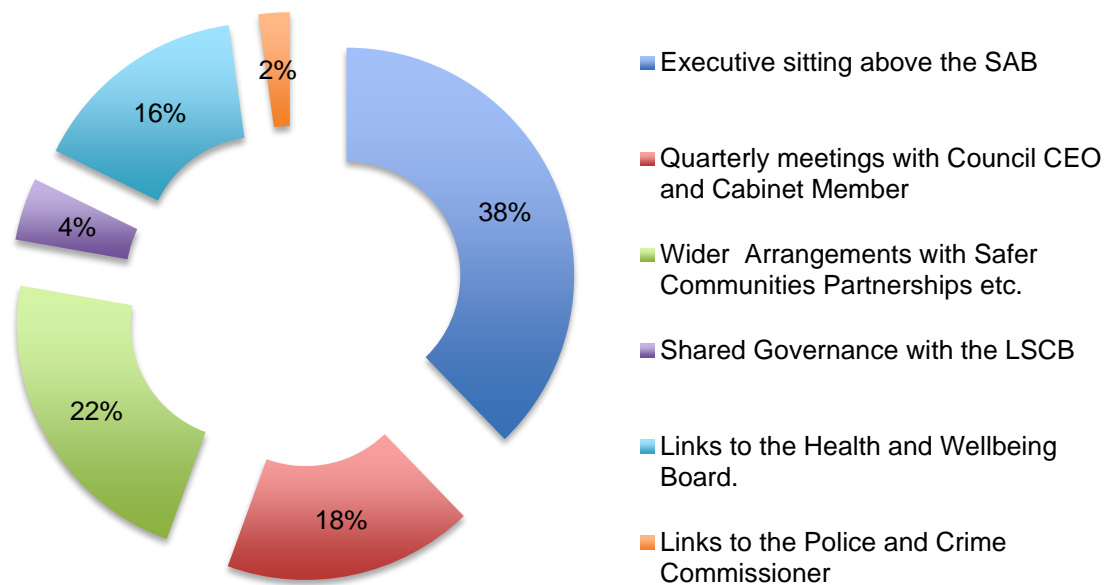
Well over half (63 per cent) of SABs reported they had wider governance arrangements above the SAB. This was most commonly an executive made up of the statutory partners and Chairs of the SABs sub-groups. These executive groups often conducted tasks such as agreeing the agenda of the Boards, checking on progress of the sub-groups and ensuring that statutory partners were happy with the direction the Board was taking.

Other arrangements were wider partnerships with relevant bodies such as Safer Communities Partnerships and the Local Safeguarding Children’s Boards, and regular meetings with the Chief Executive and the Lead Member within the Local Authority. Boards also reported governance links with the Health and Wellbeing Board and one Board reported links with the Police and Crime Commissioner.

Table 5: Does the SAB have wider governance arrangements?

	Yes	No	No Answer
Number of Respondents	45	26	1
% out of respondents who answered	63%	37%	

Chart 3: Wider governance arrangements



A cross section of respondents' comments are listed below:

'The Delivery Group consists of police, NHS and Local Authority plus Chairs of sub groups. Has a focus on delivery plan, risk register, agenda setting. If the question refers to wider partnerships then the Chief Executive has just established a council wide safeguarding governance group'

'There is a Business Executive Group, with chairs of all subgroups, and representatives from the core members. The Board also reports back to the Health and Wellbeing Board. The SAB annual report goes to Scrutiny Board, and the Health and Wellbeing Board.'

'We have in place an Operational Board which is joint with the LSCB. This has a large membership at all levels'

'The Executive Group, comprised of representation from the key statutory agencies and the sub-group Chairs sits alongside the SAB and meets in-between the full SAB meetings to ensure that work progresses.'

'The Leader of the Council and the Chief Executive hold a regular Joint Chairs meeting which comprises the Chairs of the SAB, CSB, Health and Wellbeing Board and the Community Safety Partnership.'

4.2.2 Memorandum of Agreement or Terms of Reference

86 per cent of the respondents had a SAB manager. For those who didn't, this was due to resource or recruitment issues or this role being either part time or part of a wider remit. For example, one responded: *"We don't have a Board Manager or dedicated admin support we currently have a council employee who's role is described as a Project officer who is carrying out the function jointly of Manager and Admin Support"*.

Although thirteen Boards reported that they had a shared SAB Manager across adults' and children's services, this was still felt to be relatively unusual.

Table 6: Is there a Memorandum of Agreement or Terms of Reference for the SAB in place?

The majority (97 per cent) of Boards had a Memorandum of Agreement or Terms of Reference in place.

	Yes	No	No Answer
Number of Respondents	69	2	1
% out of respondents who answered	97%	3%	

4.2.3 Board Management

Table 7: Does the SAB have a Board Manager?

	Yes	No	No Answer
Number of Respondents	61	10	1
% out of respondents who answered	86%	14%	

Table 8: Is the Board Manager shared across Children's Services?

	Yes	No	No Answer
Number of Respondents	13	48	
% out of respondents who answered	21%	79%	

4.2.4 Strategic Plans

The majority of SABs have published their strategic plan on their own dedicated website (69 per cent) and where this wasn't available, the strategic plan was often included in the annual report. Other examples of where the report was published were in the minutes of the Health and Wellbeing Board and other public meetings. Two SABs reported they had developed an easy read version of the strategic plan, 30 per cent developed their strategic plan over 3 years, 28 per cent over two and 42 per cent over one.

Table 9: Has the SAB published its strategic plan?

	Yes	No	No Answer
Number of Respondents	67	5	0
% out of respondents who answered	93%	7%	

Chart 4: Where SABs are publishing their strategic plans

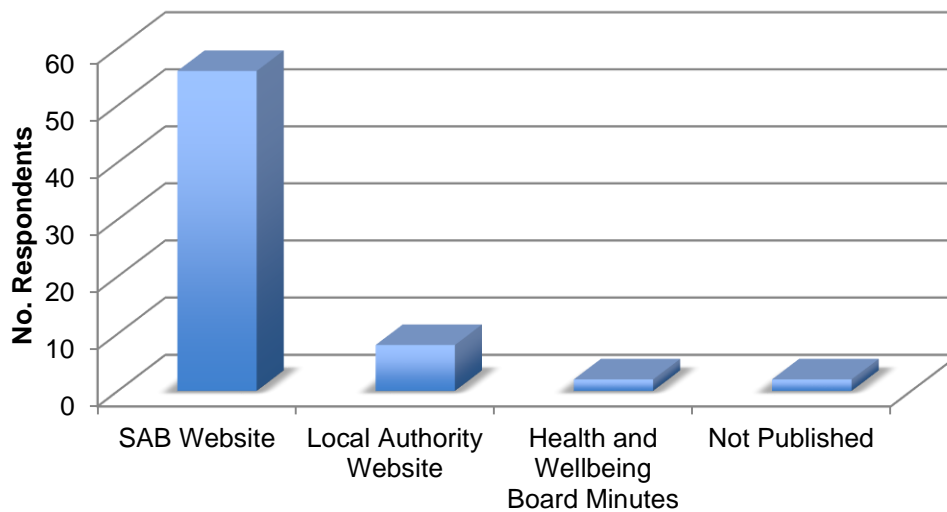
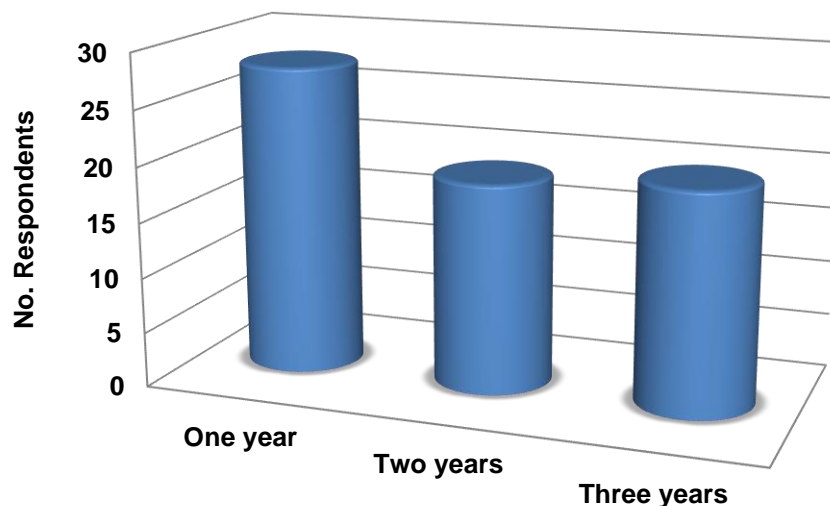


Chart 5: Length of Strategic Plans



4.2.5 Annual Reports

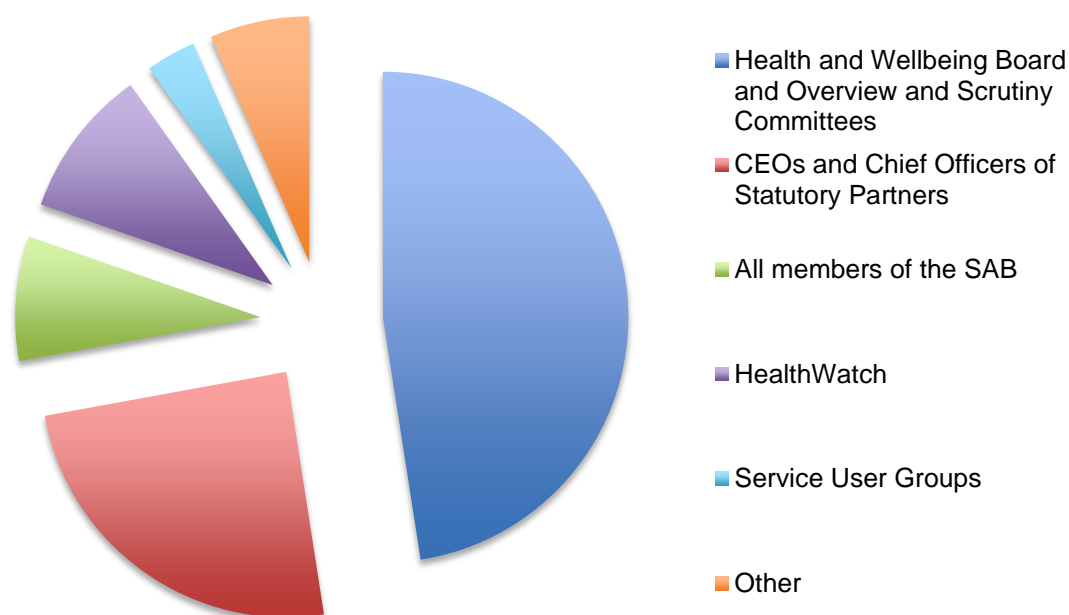
Most SABs had published their annual report on their website or the councils' website. In addition the annual report was often presented to the Health and Wellbeing Board or the Overview and Scrutiny Committee (43 per cent). SABs also reported sending their reports to Healthwatch, service user groups, Chief Officers of the statutory partners or simply stating that they complied with the statutory requirements within the Care Act.

No one reported issues around transparency and for those SABs who had not published their annual report (6 per cent), some were planning to publish in the near future but were delayed due to resources, absence of SAB Manager or competing claims with the LSCB.

Table 10: Has the SAB published/going to publish its annual report for 2015/2016?

	Yes	No	No Answer
Number of Respondents	68	4	0
% out of respondents who answered	94%	6%	

Chart 6: Who receives the Annual Report



4.2.6 Safeguarding Boards finances

Perhaps surprisingly only 62 per cent of respondents had or were going to publish their annual budget. It seems likely that this is due to the difficulties Chairs were experiencing in agreeing budgetary contributions with the statutory partners.

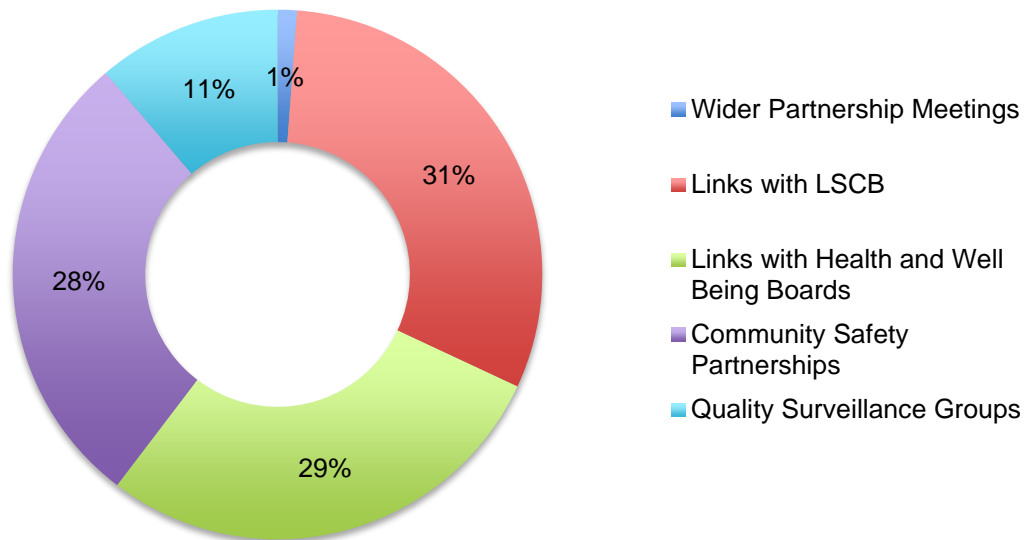
Table 11: Has the SAB published its annual budget or is it intending to?

	Yes	No	No Answer
Number of Respondents	44	27	1
% out of respondents who answered	62%	38%	

4.2.7 Wider Partnerships

All of the SABs reported that they had substantial links with other partners, predominantly with LSBCs, Health and Wellbeing Boards and Community Safety Partnerships. Some Boards described having a mechanism for joining up partnerships concerned with keeping all children and adults safe across a local authority area. The weakest links were with QSGs with nine Boards specifically mentioning poor or no links as highlighted in the comments below.

Chart 7: Have you made links with other partnerships i.e. Local Safeguarding Children’s Board, Health and Wellbeing Boards, Community Safety Partnerships, Quality Surveillance Groups?



Comments from respondents on links with other partnerships included:

‘Effective working relationships and commitment to each other’s priorities/joint working where possible to improve efficiency, less effective working with QSG a matter being tackled by the regional chairs network’.

‘Currently working through with LSCB how to make more meaningful links other than representation on each others Boards. We have some good ideas to pursue that should lead to enhanced and meaningful mutual engagement. Strong links with CSP are underlined in our strategic plan (especially around principles of working with risk and specific areas of risk). The Chair of the Health and Wellbeing Board sits on the LSAB. Strengthening these links will follow from the work underway with the LSCB. No formalised and explicit links with QSG except by common membership LSAB and QSG and discussion of the cross cutting agenda of intelligence around quality. ‘

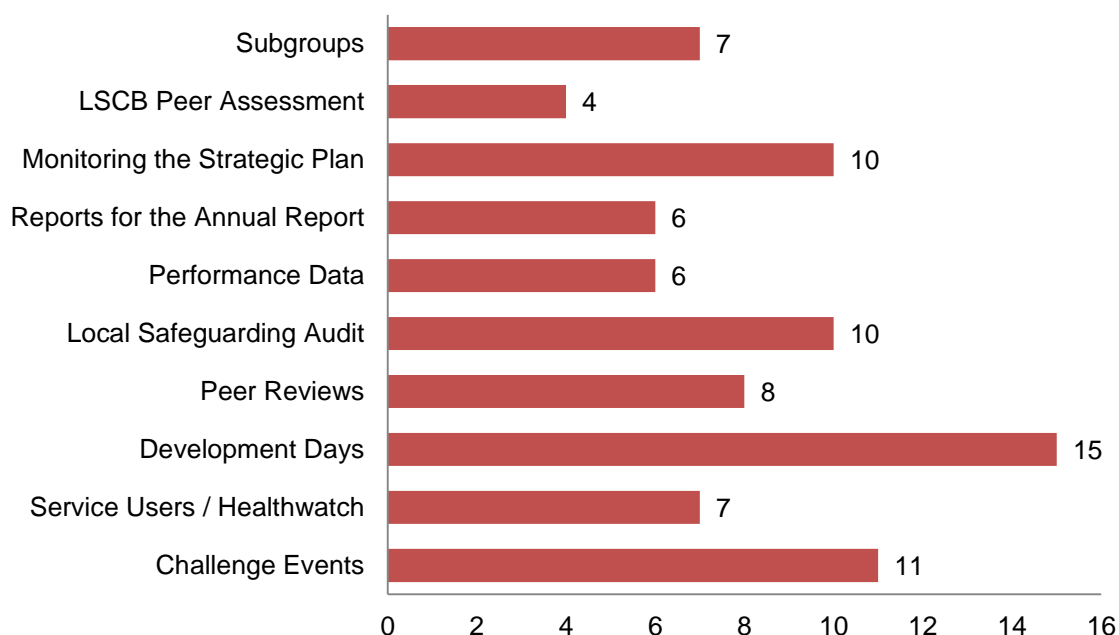
‘LSCB - a priority for the Board. Joint development of website and a discussion with the Lead Agencies in hand on 'integration' of supposed functions and sub-committees with the option of a joint Board under consideration. Health and Wellbeing Board - formal reporting and informal briefing of Chair QSG's - with numerous efforts to engage on a local and regional basis have failed. Reliant on CCG leads in this regard. Community Safety - working on improving DHR links, which have been poor and assessing the potential for a combined SAR/SCR/DHR case assessment panel’

‘Strong links to all except QSG. Links to QSG via Board representatives.’

4.2.8 Measuring Effectiveness

Boards reported a variety of activities to measure their effectiveness. The majority described holding development days, challenge events and local audits (including case file audits) as well as monitoring of their strategic plan or a mixture of activities. Eight Boards used Peer review to measure how effective they were and to inform their strategic plan.

Chart 8: How does the SAB measure its effectiveness?



Comments from respondents on measuring effectiveness:

'Annual self assessment using the SAB Audit Tool Feedback from those whom use services and challenge from the Service User, Carer and Patient sub-group'

'Through the strategic plan; through annual Board development day including discussion of challenges and achievements across the partnership and input from Healthwatch. we are developing a quality assurance framework to enhance our understanding of effectiveness.'

'Performance data and regular multi-agency audits, along with agenda items at Board meetings, We have also just started a log of challenges, following some cross learning with the children's safeguarding Board.'

'There is a Q & A work group which also completes dip-sampling of Sec 42 enquires as well as benchmarking with SAC figures.'

'There was a peer review of adult safeguarding governance arrangements in 2014 that shaped the current SAB arrangements, along with the Care Act; the Board annually reviews its functioning and plans, holds a regularly reviewed Risk Register and is driven by a Business Management Group that aims to ensure effectiveness. The Board will be part of the regional peer review arrangements.'

'At the end of all routine business meetings we take 15 minutes Reflection time when everyone is asked - "Were the right things on the agenda for today? Will what we have discussed have an impact? How?"

'In addition once a year we hold a Risk Register Workshop where we do a zero base review of the SAB risk register.'

'Twice a year the Board sets aside a whole day for Board Development. In October we do a half year review of the current priorities and performance indicators and carry out a review of the Boards effectiveness for continuous development. In January we identify Board and partner agencies priorities and targets for the following year.'

'In 2015 we carried out an assessment of how well organisations and the Board has embedded and implemented the Care Act and we carried out an in-depth evaluation of the Boards Performance Indicators.'

'In 2016 we carried out a comprehensive review of Making Safeguarding Personal.'

Findings: Roles and Responsibilities

4.3 Inter-agency Relationships

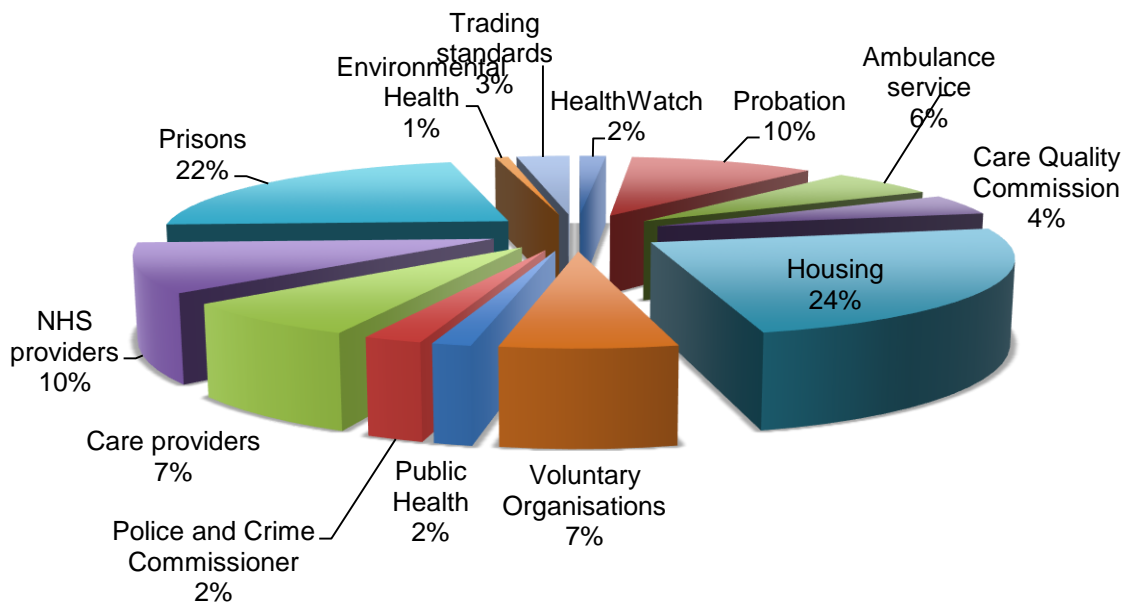
4.3.1 Links with other significant partnerships

The overwhelming majority (94 per cent) of respondents had reported strong links with wider partners. Most commonly this was housing, prisons, probation services and NHS providers.

Table 12: Have you made links with other significant partners?

Number of Respondents	Yes	No	No Answer
	69	3	0
% out of respondents who answered	96%	4%	

Chart 9: Links with other significant partners



Comment on links with other partners from respondents:

'Attendance by Board Manager and HOS at key strategic meetings such as Making Every Adult Matter (reps from probation, housing, health, police, secure services although no prisons in XXX), Care NHS Foundation Trust Safeguarding Committee, Pan XXX meetings (policies & procedures, managers, adults safeaguridng group, CCG safeaguridng assurance group), Health & wellbeing Board, Domestic Abuse Strategic Board)'

'We have a close relationship with the Prison service and the local prison governor chairs the SAB SAR sub group. Relationships with providers and housing are in place through participation in sub groups and task and finish groups related to delivery of the annual work programme.'

'Although there is no concern about representation from police, health and local authority it is noted that for some partners engagement has not been good.'

'Attendance rates have some concerns and whilst less easy to measure, participation rates appear on a number of occasions to be impacted upon by workload pressures upon staff who are required to undertake substantial pre-reading and inconsistencies in attendance.'

'We have representation on the Board from National Offender Management Service and the Fire Service, as well as provider representation and Community Rehabilitation Company.'

'We have a Districts' and Boroughs' Subcommittee engaging the 5 local authorities the Chair of this is on the Board and Governance Group as well as the SAR Sub. Housing reps. are on Training Sub and Policy and Procedures Sub.'

'We are developing links in 2 ways - associate membership via sub groups, and our virtual network of wider partners.'

4.4 Activity

4.4.1 Increase in concerns as a result of the Care Act

Although just over half of respondents reported an increase in safeguarding concerns a surprisingly high number of SABs said they had not seen an increase.

Table 13: Is the SAB seeing an increase in concerns as a result of the Care Act?

	Yes	No	No Answer
Number of Respondents	35	31	6
% out of respondents who answered	53%	47%	

Many respondents reported they found this question difficult to answer as reflected in the comments below:

'Question 14 and 15 are difficult to answer because any increase or decrease in reported cases can not be directly linked to the Care Act being implemented'

'We believe that the reasons concerns have not increased is because the Council has done a lot of awareness raising re S42 criteria and have also changed the pathway for reporting lower level care quality concerns, have re-routed issues that are complaints rather than safeguarding, and removed routine reporting of pressure ulcers unless there are also safeguarding concerns. It isnt possible to compare enquiries with the old style alerts due to changes in practice and greater flexibility (linked to MSP).'

'We saw rises in safeguarding concerns (formerly categorised as alerts) prior to the Care Act. There was a continuation of this in 2015/16, but in line with previous increases. This year so far the numbers have levelled out, so it is not possible to say that the Care Act has caused an increase.'

'Unable to evidence why there has been an increase in safeguarding concerns hence not answered.'

'In 2014-15 data was 1,765 referrals and 975 investigations. In 2015-16 data was 2,362 enquiries and 261 interventions An increase in concerns being reported to the local authority of nearly 600. It is impossible to be certain that this increase directly resulted from the Care Act.'

4.4.2 Changes in the pattern of Section 42 Enquiries

Just over half of respondents reported a change in the pattern of Section 42 enquiries.

Table 14: Is the SAB seeing a change in the pattern of section 42 enquiries compared to investigations before the Care Act?

Number of Respondents	Yes	No	No Answer
	31	29	12
% out of respondents who answered	52%	48%	

Some Boards reported they needed to further audit in order to understand what these changes were as reflected in the headlines below:

‘Change in pattern of Sec 42 enquiries compared to Investigations pre Care Act.

Anecdotally there does not appear to be a change in the number of cases requiring intervention, which was pre Care Act referred to us a Safeguarding Investigation’

‘A reduction in the number of cases leading to intervention which we believe is through a new timescale implemented by the Care Act of 5 working days to information gather at the enquiry stage. This means a lot more cases are resolved at this stage as the citizen does not require ongoing protection planning’

‘We have seen an increase in the number of enquiry reports since the implementation of the Care Act in 2014. A future audit will be able to verify the impact of the Care Act on those numbers.’

‘Since the Care Act Safeguarding is less intrusive and following alternative pathways (20 per cent).

4.4.3 Safeguarding Adult Review Protocols

The majority of SABs (94 per cent) reported they had a protocol in place. None of the other respondents offered an explanation of why there was a lack of a protocol.

Table 15: Is there a SAR protocol in place?

Number of Respondents	Yes	No	No Answer
	67	4	1
% out of respondents who answered	94%	4%	

4.4.4 Number of Commissioned Adult Reviews

The majority of Boards (58 per cent) had either not commissioned or commissioned one SAR since April 2015 with the highest number being between 6 and 7 SARs. Some Boards reported they had been using an alternative to SARs, including shared learning and one day challenge events.

Table 16: How many SARs have the SAB commissioned since April 2015?

No. SARs Commissioned:	0	1	2	3	4	5	6	7
No. SABs	20	22	13	10	1	2	3	1

4.5 Practice

4.5.1 Impact on Safeguarding Practice

The majority of Boards (91 per cent) reported that the Care Act had an impact on safeguarding practice, particularly the impact of MSP. See examples below:

Table 17: Has the Care Act had an impact on safeguarding practice?

Number of Respondents	Yes	No	No Answer
	64	6	2
% out of respondents who answered	91%	9%	

4.5.2 Assuring the Quality of Practice

Below is a selection of comments highlighting how Boards are assuring the quality of practice:

'Quarterly file audit applying standards based upon the principles of MSP. LA submitting scrutiny report to Board Scrutiny and Governance Committee. Pressing for fundamental change of culture across all professions in applying and understanding what MSP means across the Board. Annual statements (responses on our website) on how everyone is rising to the challenge of the Care Act responsibilities.'

'Through the Board Committees and reporting within these -QA, Workforce development, Comms & engagement. Specific planning included around audit activity. Reported through operational plans to Business group and then Board Adult Safeguarding strategic plan launched in 2016 to be audited in 2017.'

'LA have conducted a specific MSP local audit published September 2016, performance and quality sub group has a series of planned audits.'

'Multi agency audits are being planned as part of the development of the QA framework. A review of audits is taking place... multi agency audits are not currently being undertaken by the SAPB . The QA framework is developing to ensure that it considers the extent to which the 6 safeguarding principles are reflected in practice.'

'We have recently employed a 'Quality Monitoring Practitioner' on a yearly contract through the SAB who will be visiting service users involved in the safeguarding process to get their views on the partnership response and MSP. This will hopefully provide information that can be acted upon.'

'Regular audit of practice will be undertaken, some audit of practice has already been undertaken but this needs to be further developed. The intention is that these will be within agencies and across agencies. Themed reviews of practice will be examined quarterly. Following SARs and other lessons learned reports, the learning will be disseminated via briefings and safeguarding adult training. The impact of this will be audited by the Performance and Intelligence subgroup. Training will be reviewed to ensure that current learning is reflected. In the region a SCRs and SAR thematic review process is being developed and will also be used to ensure learning is disseminated.'

'This is in an early stage of development. There has been an emphasis on staff training by agencies and the use of internal case audit & review processes to identify concerns and issues to ensure that practice can improve. We have developed the Performance & Quality Framework and now collect data & intelligence from all agencies plus CQC to provide assurance and identify any concerns. We have a commitment to develop annual multi agency audits that focus on areas of practice that we have identified as requiring further assurance.'

'The SAB has received and will seek ongoing feedback specifically on development in Making Safeguarding Personal; putting the wellbeing principle and six safeguarding principles into practice. The Board QA framework is currently under review alongside neighbouring Boards. In essence this is an approach that seeks to answer some key questions through collecting and presenting/using qualitative as well as quantitative data. It seeks information based on the way in which safeguarding empowers people as well as impacts on safety. Key Questions that form the basis of the new QA approach are:

- How safe are local people?*
- Are local agencies working effectively internally and together to safeguard?*
- Does the person feel safer as a result?*
- Are people involved and empowered in safeguarding support*
- Are local agencies sharing relevant information effectively*
- Are local agencies communicating effectively, including the provision of feedback*

The key ways of securing answers are/will be:

- Key Performance Indicators / integrated performance dashBoard
- Qualitative feedback
- SAPB desktop review
- Partner self-audit tool and case file audits'

4.5.3 Multi-agency activity audits

Just over half of respondents reported that they were undertaking regular multiagency audits of activity. Of those who had answered no, a number had reported they were planning to do this in the near future.

Table 18: Is the SAB undertaking regular multi agency audits of activity?

	Yes	No	No Answer
Number of Respondents	37	35	
% out of respondents who answered	51%	49%	

4.5.4 Personal impact of the Chair's Role

61 per cent of respondents reported there had been an impact. Of those who added additional comments, one Board reported that being made statutory had enabled the Chair to raise the profile of the Board and its work

Table 19: Has there been any personal impact on your role as a SAB Chair?

	Yes	No	No Answer
Number of Respondents	44	28	
% out of respondents who answered	61%	39%	

Below is a selection of comments:

'I was appointed as the first independent Chair of the Safeguarding Adults Board in September 2014. The timing of my appointment alongside the implementation of the Care Act enabled us to re-engage with all partners and raise the profile of adult safeguarding as we moved into becoming a statutory Board. As SAB Chair I now have levers I can use if necessary to ensure we fulfil our statutory responsibilities.'

'As a new Chair it is too early to measure impact.'

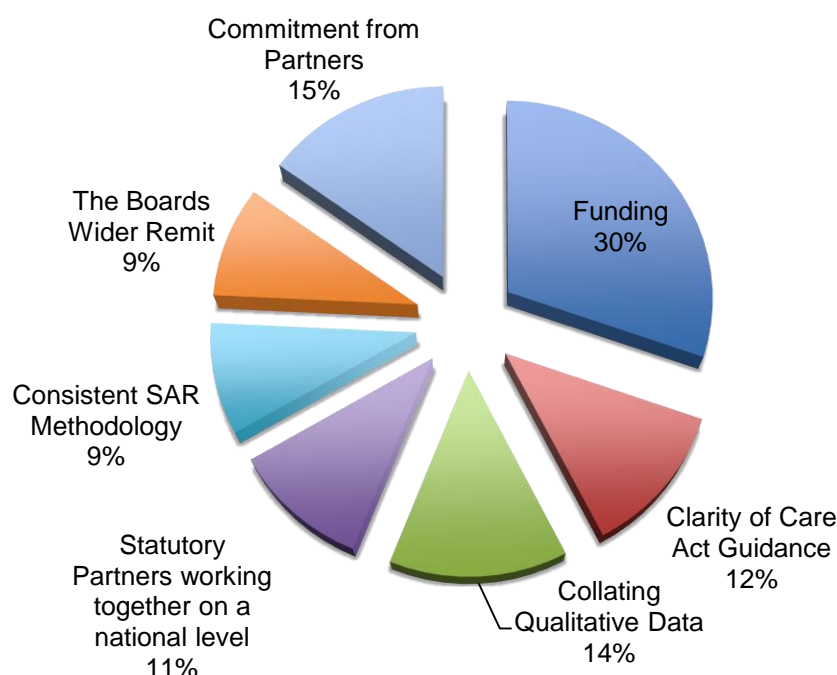
'The impact of the Care Act has perhaps had less of an impact than some Boards as the Board in XXX was virtually conducted on a statutory footing since the independent Chair was appointed in 2011 and so the business has not really changed.'

Findings: Key Issues

4.6. Issues

The predominant issue, which reflects a theme throughout the survey, is funding followed by commitment of both statutory and non-statutory partners on the SAB to the Partnership. Other issues were ensuring consistency of methodology in both collecting data and conducting safeguarding adult reviews. A number of respondents called for more collaboration between the statutory partners on a national level. Clearer Care Act guidance was also a theme.

Chart 9: Is there a particular issue facing your SAB as a result of the Care Act that you would want escalating to a national level?



Comments on the particular issues facing SAB Board Chairs included:

'Lack of proper finance offered by the police. This still feels like an enterprise run by the LA and supported at a distance by the other agencies. Joint training and information sharing require further work.'

'Non-regulated accommodation and who is responsible for what locally and nationally. Also large increase in adult safeguarding referral activity levels. How should SABs be funded? Clearer mandatory / guidance is required we are still not on a par with LSCBs and this can not be right - we have no separate fund of money for SARs.'

'It is important that SABs need to carefully manage peoples expectations and the boundaries in relation to PREVENT, FGM, Modern Slavery and Sexual Exploitation - but this is not necessarily a result of the Care Act but due to safeguarding being seen as the only platform for multi-agency working.'

'As we move toward Local Authority Social Care and Health closer single framework this may improve however this does not involve any Police contribution here in XXX. We still have not managed to secure any funding for any SAB across the Boards in the sub region and as a statutory partner this is of concern. Ind Chairs as a group are pursuing the P&CC to support.'

'Resource implications are a significant issue especially in respect of SARs.'

'The use of CCTV in care homes is a hot topic for SABs.'

'Security of funding from partners - the budget is very uncertain year on year.'

'The total mess in using national reporting figures for any benchmarking activity , caused by lack of consistency in care act guidance the difficulties of drawing up of adequate guidance about Persons in Positions of trust because of complexities around issue of disclosure.'

'It would be helpful if a national funding formula for SABs could be developed.'

'The widening of the remit of Safeguarding Adults with the s.42 criteria, has meant an increase in referrals, and an intertwining of quality assurance issues with Safeguarding. It would be useful to have some national guidance on this issue to assist with clarity, and approach.'

'Think we are still struggling in how we count concerns enquiries from area to area, still have incidents within Health partners which may be safeguarding which are not always shared as such and dealt with inhouse. Personally don't have an issue as long as we recognise this and have the data (which is not always forthcoming) we do ourselves down by not capturing all the work we do surrounding adult safeguarding.'

'The main concern that Care Act failed to deal with is how we fund Safeguarding Boards and Health partners are currently refusing to contribute. They contribute to the LSCBs but believe that the contribution should be shared between Boards and a statement exists.'

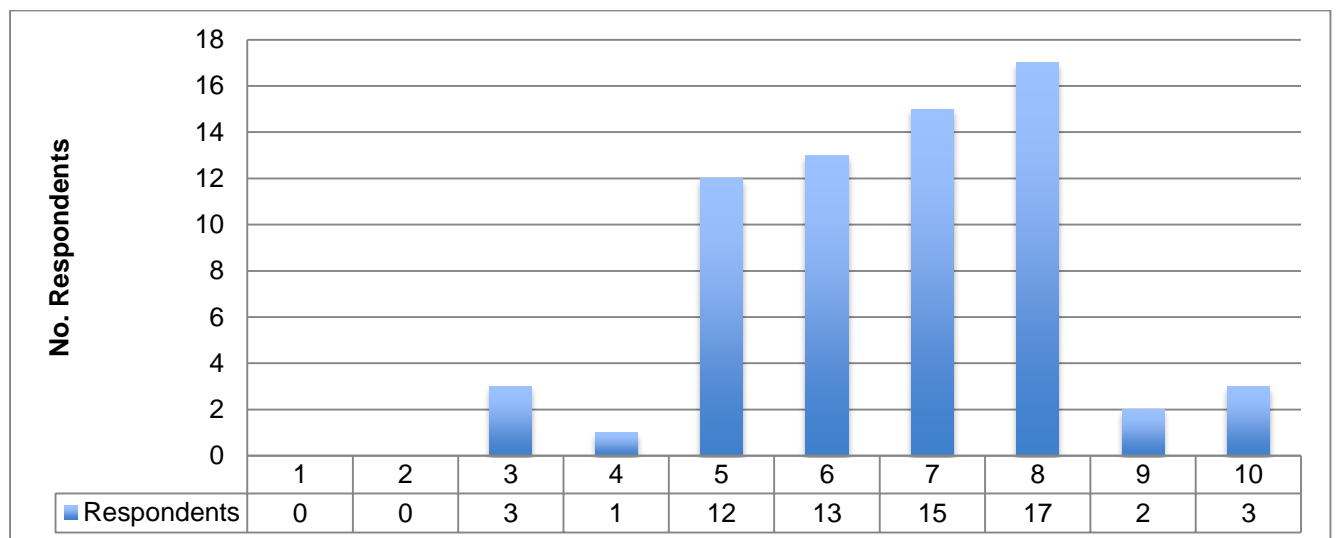
'Our Board is very conscious that Making Safeguarding Personal is not yet as established nationally as it could be and welcome the work being undertaken nationally to develop this agenda. Adopting the same approaches to user/carer feedback nationally would also be of benefit in being able to establish benchmarks, on a recent exercise with regional counterparts there are differences of how feedback is obtained, a standard approach would be useful. Work undertaken to look at impact targets for example in relation to preventative work would also be helpful.'

'The following are national issues in of themselves and doubtless will be providing challenges to other Boards: Elements of the Care Act guidance remains a challenge notably the flexibility with regard to SAR methodolgies and the recent introduction of 'sexual exploitation' with (it would appear) little consultation and no agreed definition.'

4.7 Overall impact of the Care Act

Most respondents felt that the Care Act had a high impact on the Board. Many respondents reported that they were already following the best practice outlined in the Care Act before its implementation.

Chart 10: On a scale of 1-10, what has been the overall impact of the Care Act on the SAB?



Comments from respondents included:

‘Good SABs were already doing before Care Act 2014 what they must now do. Good governance has not changed but the Act has given momentum where agencies were not previously engaged. There was much work to ensure SABs are Care Act compliant; otherwise, little change in my role.’

‘The Care Act has given the Board added legitimacy and provided a lever to improve the engagement of partners.’

‘The review of serious incidents (SAR) has created transparency and openness between partner agencies on the Board. There is evidence of the duty of candour being applied to work with people who have experienced harm, or bereaved relatives where a person has died. It has not been necessary to use S45 to compel agencies to share information, as inform-sharing is accepted as the basis for conducting S42 Enquiries and S44 Reviews by all partner agencies.’

'I think we have made big strides in terms of strategic and join up and influence with all our cross cutting work, especially around having a Think Family approach, also done a lot on self neglect, but haven't really got to a stage of understanding yet regarding some of the other aspects of Care act. XXX was a well functioning Board that was comparatively well resourced in terms of staff and the skill level of those staff by the local authority prior to the Care Act. There had been a consistent representation from partners but resource issues have meant changes that are passing some challenges to sustainable improvements.'

'The SAB was well-established and functioning effectively prior to the Care Act. Hence the low score above. The Act codified many of our established activities and reinforced the status of adult safeguarding across the agencies.'

'The quality of the Board Manager and the working relationship across the region have proved crucial in enaging with regional bodies - Police and Ambulance etc. Devising common Policy and Procedures material has been challenging but proved successful for consistency.'

'Would be useful to know if there will be a form of inspections in the future for SABs. A difficulty for SABs in relation to resources is the cost to undertake peer review activities, we are currently exploring exercises that are not as costly but could still bring valuable insight into the work of the Board and its performance.'

5. Recommendations

Based on the findings the following recommendations have been made, as summarised in section 1 above:

5.1 Ensuring Effectiveness

Performance and Data

The audit highlighted a varied approach to data collection which led to inconsistencies in the way SABs evaluate their performance, work is needed to ensure adult safeguarding performance data is developed to enable SABs to evaluate and benchmark performance.

Broadened Remit

The audit found that some SAB's were still developing their role in relation to the broadened remit outlined in the Care Act. Key areas highlighted were: modern day slavery and human trafficking; Prevent; child sexual exploitation; harmful cultural practices; domestic abuse; suicides and self harm; cyber crime, desk top and door step crime; self-neglect and hoarding; and learning disability mortality reviews. It is recommended that NNCSAB and regional Networks will work to support SABs to meet their wider responsibilities following the implementation of the Care Act.

5.2 Roles and responsibilities

Safeguarding Adult Reviews

There was a call for a more consistent approach to SARs that will take into account the value of outcomes, cost benefit analysis and the development of other methodologies such as Reflective Learning Reviews. It is recommended that NNCSAB will work with DH and other organisations through DH's Adult Safeguarding Leadership Group to explore ways of ensuring a consistent approach to SARs and the development of alternative methodologies.

Making Safeguarding Personal

To ensure a more consistent approach to Making Safeguarding Personal it is recommended that the NNCSAB work with ADASS and the LGA to examine which methodologies are most effective in engaging with service users and ensure that SABs play a key role in implementing MSP across partnerships.

5.3 Key Issues

Funding

To address the inconsistencies in funding the network needs to develop a nationally agreed formula for partner funding contributions to SABs with national partners.

Integration

The audit highlighted the developments in health and care integration with the need to develop stronger and more consistent relationships with Health and Well-being Boards together with the implications of STPs for safeguarding for children and adults. It is recommended that the NNCSAB work with partners to link the role of the SAB to integration work and share good practice, including the learning from SARs.

Stronger relationships with Quality Surveillance Groups

The audit found that SABs were working well with relevant strategic partnerships but inter-relationships were sometimes unclear, particularly between SABs and QSGs in their common objective to promote safe, quality services. It is recommended that the NNCSAB will work with NHS England to explore opportunities to achieve ways of strengthening relationships between SABs and QSGs.

Greater collaborations on a national level

Greater collaborations on a national level was a constant theme and it is recommended that the NNCSAB work with the ADASS/LGA Safeguarding Adults Policy Network and the DH Adult Safeguarding Leadership Group to develop greater collaboration at a national level between statutory partners.

6. Resources

- Safeguarding resources
<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources>
- Care Act 2014 Role and duties of Safeguarding Adults Boards SCIE (2015):
<http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-Boards-checklist-and-resources/role-and-duties.asp>
- Engagement and Communication. Social Care Institute of Excellence (SCIE), (2015) <http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp>
- Making Safeguarding Personal Temperature Check, ADASS (2016):
<http://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

7. Acknowledgements

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- Barry Earnshaw - Independent Chair, East Midlands SAB Chairs Network
- Mark Godfrey - Independent Chair, Royal Borough of Greenwich SAB
- Emma Jenkins, Senior Adviser, LGA
- Jane Lawson - Independent Chair, Bracknell Forest SAB
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- Southampton Local Safeguarding Adults Board for the front cover picture
- Shirley Williams - Independent Chair, West Midlands SAB Chairs Network

Appendix 1

<u>NATIONAL SAFEGUARDING ADULT BOARD CHAIRS NETWORK</u>	
<u>AUDITING THE IMPACT OF SAFEGUARDING ADULT BOARDS BEING MADE STATUTORY</u>	
Safeguarding Adults Board:	
SAB Chair:	Date of audit:
Membership	
1. What level of representation is there on the SAB from the three core agencies?	
Local authority:	Director of Adult Social Services <input type="checkbox"/>
	Assistant Director <input type="checkbox"/>
	Service Manager/Head of Safeguarding <input type="checkbox"/>
	Principal Social Worker <input type="checkbox"/>
	Other, please specify <input type="checkbox"/>
CCG:	Accountable Officer <input type="checkbox"/>
	Chief Operating Officer <input type="checkbox"/>
	Director of Nursing <input type="checkbox"/>
	Other, please specify <input type="checkbox"/>
Police:	Commander <input type="checkbox"/>
	Chief Superintendent <input type="checkbox"/>
	Superintendent <input type="checkbox"/>
	Other, please specify <input type="checkbox"/>
2. Is there an Elected Member on the SAB? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Is there a member of the local Healthwatch on the SAB? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, what is the SABs relationship with Healthwatch? Please describe	
4. How are you engaging service users on the SAB and/or in the work of the SAB e.g. service user representatives on SAB and/or sub-groups or going out to service user groups? Please describe	

Governance

5. Do the SAB have wider governance arrangements in place, Yes No
for example, a Leadership Executive sitting above the SAB?

If yes, please describe

6. Is there a Memorandum of Agreement/terms of reference for the SAB in place? Yes No

7. Does the SAB have a Board Manager? Yes No

If yes, is this shared across Children's Services? Yes No

8. Has the SAB published its strategic plan? Yes No

If yes, when, time covered and where has this been published?

9. Has the SAB published/going to publish its annual report For 2015/16 Yes No

If yes, where has this been published and who has it been sent to?

If no, what are the issues about transparency?

10. Has the SAB published its annual budget or is intending to? Yes No

11. Have you made links with other partnerships i.e. Local Safeguarding Children's Board, Health and Wellbeing Board, Community Safety Partnership, Quality Surveillance Group? Please describe below

12. How does the SAB measure its effectiveness e.g. challenge events? Please describe

Inter-agency relationships

13. Have you made links with other significant partners e.g. prisons, providers, housing? Yes No

If yes, please state who and how you maintain these relationships?

Activity

14. Is the SAB seeing an increase in concerns as a result of the Care Act? Yes No

15. Is the SAB seeing a change in the pattern of section 42 enquiries compared to investigations before the Care Act? Yes No

16. Is there a SAR protocol in place? Yes No

17. How many SARs have the SAB commissioned since 1 April 2015?

Practice

18. Has the Care Act had an impact on safeguarding practice? Yes No

If it has, how do you know that the SAB is being assured of the quality of practice and also that practice is improving? Please describe

19. Is the SAB undertaking regular multi-agency audits of activity? Yes No

Personal and overall impact

20. Has there been any personal impact on your role as a SAB Chair? Yes No

21. Is there a particular issue facing your SAB as a result of the Care Act that you would want escalating to a national level? Please identify

22. On a scale of 1-10 (10 being the highest), what has been the overall impact of the Care Act on the SAB?

Further Comments:

23.