Dorset Health and Wellbeing Board

Dorset County Council



Date of Meeting	13 th March 2019
Subject of Report	Dorset Safeguarding Adults Board Annual Report 2017-18
Report Author Partner Organisation	Barrie Crook Independent Chair, Dorset Safeguarding Adults Board
Responsible Commissioning body	
Delivery partner/s	
Executive Summary	The Dorset and Bournemouth and Poole Safeguarding Adult Boards agree an annual business plan and run joint sub groups. However each prepares its own annual report.
	The annual report of the Dorset Board outlines the key contributions towards effective adult safeguarding made by the 2 Safeguarding Adult Boards and their constituent organisations.
	This year has seen organisations
	 developing the quality of training, implementing measures to improve the identification of safeguarding
	and formalising multi agency approaches to risk management.
	Furthermore. the 5 sub-groups of the Board have each added value by completing programmes of work within the annual business plan. These are set out on pages 11-15 within the report.
	An important role of the Board is to seek assurance that organisations are taking all steps possible to safeguard vulnerable people. The quality assurance group has monitored the level of safeguarding concerns, identifying trends and bringing to the attention of the Board action that is being taken in respect of the small number of care providers whose performance falls below acceptable standards.

A report was completed by the training sub group to assure Board members that the level of training provided to staff in their respective organisations is appropriate to the roles being undertaken. Members of the Board have visited one another's offices and hospitals to learn more about their work and report back on their approach to safeguarding.

These line of sight visits have been complemented by presentations at formal Board meetings on the findings of Care Quality Commission inspections, the Pan Dorset Mortality Review Group and the LeDeR programme (focusing on deaths of people with a learning disability).

It is not expected that all safeguarding concerns will lead to a formal enquiry. However, in 2017 the Board commissioned an independent audit to examine comparative rates of Section 42 enquiries in each local authority area. In Dorset, for example, in 2016-17 11% of concerns had proceeded to a Section 42 enquiry compared with a rate of 34 % in Bournemouth and 57% in Poole. The report confirmed that such differences are not primarily related to demographic factors, but more to team organisation, interpretation of procedures and staff supervision. This is not just a local issue but one that is shortly to be examined via a national survey. The audit found aspects of good practice that can be shared across the 3 authorities and Dorset County Council has produced an action plan to ensure statutory requirements are fully met and to deliver more consistent practice across the county.

I am pleased to note the continuing impact on levels of risk where enquiries are undertaken. In 97% of cases risk was removed or reduced. And where adults were asked if the outcome they wanted had been fully or partially achieved, 76% said yes.

Impact Assessment:

Equalities Impact Assessment (EqIA):

Please refer to the <u>protocol</u> for writing reports.

Women are twice as likely to be the subject of section 42 enquiries. There is a significant increase for those over 75 and a further rise for women over the age of 85.

However the Board is also focussed upon risks to other groups within the community, e.g those with a learning disability and/or individuals with care and support needs for whom a significant risk will be domestic abuse.

Locality Impact:

Figures can be supplied for concerns emanating from different districts if requested.

Budget:

Details of the Board's budget and contributions from partners are shown on page 19.

Risk Assessment:

The Boards maintain a risk register to identify current and potential risks to effective safeguarding and take steps to mitigate them where possible. Examples of the highest risks in terms of likelihood and impact are as follows:

- Leadership of the Board is undermined because local government and health reorganisation (and structural changes on the part of other partners) prevents senior managers contributing regularly to the Board and its sub groups
- A lack of quality care within the independent sector leads to increased safeguarding episodes
- Organisations fail to embed changes in practice following SARs and DHRs leading to further serious harm and neglect to adults.

All these risks are referenced in the Boards' strategic plan.

Health and Wellbeing Implications:

The Boards' strategic plan has 4 overarching aims all of which depend for their success in working more closely with other partnerships. Three of the aims of particular relevance to Health and Wellbeing are as follows:

- Support the development of a more robust independent care provider market that leads to fewer safeguarding concerns
- Reduce the instances of people with care and support needs being involved in domestic abuse and improve the 'interface' between domestic abuse and safeguarding.
- Help to establish 'working with the whole family' as standard practice.

In addition the Board is examining safeguarding issues affecting the homeless by reviewing deaths of rough sleepers to determine whether a Safeguarding Adults Review should be commissioned. It has also received 2 referrals from the LeDeR process concerning deaths of people with a learning disability where there were concerns re: provision of healthcare.

Other Implications:

The Boards are seeking to improve their links with voluntary sector organisations. Members of the voluntary sector are invited to the annual provider events. Healthwatch has taken up membership of both Boards. The Dorset Board's Business Manager maintains regular contact with People First Dorset.

Evidence Base and Strategic Alignment

Use of Evidence:

The report contains statistical information regarding safeguarding activity in Dorset from April 2017 to March 2018. It also draws on the reports of individual agencies' activity during the year and provides case studies to illustrate examples of good outcomes following referrals.

Evidence base with Joint Strategic Needs Assessment:

The report will contribute to the ongoing body of data within the JNSA. It also contributes to the setting of the county's community safety priorities.

	Community engagement / express needs:
	Collation of service user feedback is an area of continuing development. Of those users that set an outcome at the beginning of an enquiry in Dorset 64% had their outcomes met and 81% felt safer as a result of the safeguarding intervention.
	Alignment with the Joint Health and Wellbeing Strategy:
	The Boards are reviewing their prevention and early identification policy and seeking to determine how it aligns with Prevention at Scale.
	Concerns about leadership and workforce issues within the independent care provider sector have also been drawn to the attention of the Workforce Action Board.
	There is an agreement between the Health and Wellbeing Board and the Safeguarding Adults Board but it needs to be refreshed and a commitment made to actively build closer links between the two partnerships following local government reorganisation.
Recommendation	This report informs the Health and Wellbeing Board about how the DSAB has carried out its responsibilities to prevent abuse and neglect of adults at risk during 2017-18.
Reason for Recommendation	
Appendices	Dorset Safeguarding Adults Board Annual Report 2017-18
Background Papers	
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