

Date:	22 nd January 2014
Classification:	General Release
Title:	Safeguarding Executive Adults Board
Report of:	Executive Director of Adults Social Care Services and Health
Wards Involved:	All
Policy Context:	Safeguarding
Financial Summary:	N/A
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1. Executive Summary

- 1.1 The Health and Wellbeing Board (HWB) is asked to consider a joint working protocol describing the relationship between the HWB and the Safeguarding Adults Executive Board (SAEB) and areas where joint-work might be beneficial to improve health and wellbeing outcomes for residents.
- 1.2 **Appendix A** of this report is draft joint working protocol which outlines the way in which the HWB and the SAEB might work together, as equal partners, to ensure that safeguarding functions are discharged effectively in the three boroughs, without duplicating functions or creating additional structures.
- 1.3 The anticipated outcomes of this working together will be:
 - a) Ensuring safeguarding is “everyone’s business” and is reflected in the public health agenda;
 - b) Any safeguarding issues, or opportunities for the HWB to use its strategic influence over commissioning, are communicated to the HWB by the SAEB;
 - c) Equally, if the HWB have concerns about safeguarding issues affecting health outcomes, these are effectively communicated back to the SAEB for consideration;

d) Cross-Board partnership working embeds safeguarding across the health and wellbeing sector.

1.4 In addition, this report considers current issues which the HWB and SAEB may wish to undertake joint-work to address over the next year.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board are asked to review and agreed a joint protocol for working with the SAEB. A draft of a protocol is attached at **Appendix A**.

2.2 The SAEB would like the HWB to consider three areas of potential joint work which have emerged from adult safeguarding case activity and joint work on “improving people’s experience of care” this year, that the SAEB think require a strategic and joint response. These are

- a) Safer recruitment;
- b) Commissioning care for older people with complex care needs;
- c) Understanding and resourcing shared responsibilities for the Deprivation of Liberty Safeguards.

2.3 These three areas will be included in the SAEB’s business plan 2015/16.

2.4 The SAEB would be happy to consider any other issues that the HWB would like to raise for joint work, where there are shared outcomes for people living in the borough, or which are the responsibility of the local authority or Clinical Commissioning Group.

3. Background

3.1 Leadership of safeguarding adults across the three boroughs¹ is provided by the multi-agency, independently-chaired Safeguarding Adults Executive Board (SAEB).

3.2 The purpose of the SAEB is to ensure that agencies working with adults at risk of abuse or neglect in the three boroughs, and represented on the SAEB, work together to;

- prevent harm and reduce the risk of abuse or neglect, to adults with care and support needs;
- safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives;

¹ The City of Westminster; the Royal Borough of Kensington and Chelsea; and the London Borough of Hammersmith and Fulham.

- promote an outcomes approach in safeguarding that works for people resulting in the best experience possible; and
- raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.²

3.3 At present, the SAEB is non-statutory body but this will change on 1 April 2015 when the Care Act 2014 is implemented.

3.4 The inaugural Annual Report 2013-14 of SAEB was published in the autumn and is available as a background paper to this report.³

3.5 The SAEB is working on its annual plan for 2015/16, which it aims to sign off at its April 2015 meeting. The SAEB draws on issues emerging from case review⁴, both locally, and national-reported Serious Case Reviews⁵, to inform how it sets its work priorities.

3.6 Between January and March 2015 the SAEB will be consulting member agencies, and the local community with the help of Healthwatch, on the priority areas for adult safeguarding plan for 2015/16. As required by the Care Act 2014, the 2015/16 plan will be published in May 2015.

3.7 From 1 April 2015, under the Care Act 2014, the Local Authority is required to conduct a Safeguarding Adults Review (SAR) where an adult has died (or experienced serious harm) and agencies might have worked together more effectively to prevent their death (harm).

4. Options / Considerations

4.1 There are themes emerging from adult Safeguarding case activity, and joint work done on 'improving people's experience of care' this year, that the SAEB think require a strategic, joint response, and for this reason may be of interest to the HWB. These are:

² Care Act 2014 Guidance S 14 Safeguarding

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

³ The SAEB annual report shows the progress has been made in consolidating the governance arrangements of adult safeguarding, that were agreed by all three Cabinets in March 2013, in readiness for the implementation of the Care Act 2014. The report sets out what the SAEB has achieved in its first year, and the priorities it is working on in 2014/15.

⁴ This includes findings from audit; peer audit; surveys; as well as formal case reviews.

⁵ The Serious Case Reviews that the SAEB have used to inform its thinking and work this year are Winterbourne View; Mid-Staffs Enquiry; Gloria Foster (Surrey); Michael Gilbert (Luton); and the recent events in Rotherham.

- a) Safer recruitment;
- b) Commissioning care for older people with complex care needs;
- c) Understanding and resourcing shared responsibilities for the Deprivation of Liberty Safeguards.

a.) Safer Recruitment

4.2 Evidence is emerging from safeguarding case activity, and joint work in improving people's experience of care, that health and care providers in London are increasingly challenged to find suitably qualified staff, with the right experience and qualifications, to carry out essential work. This includes health and social care workers, registered managers, and qualified (Band 7) nurses. There is also the challenge of increasing numbers of illegal workers being attracted to the sector.

4.3 The issue for the SAEB is that risk of abuse and harm is increased when complex tasks are being carried out by unskilled staff, and false identity undermines the need for accountability in care givers.

4.4 The SAEB intend to commission a thematic review of this issue and would welcome the support of the HWB in implementing its findings across all commissioning agencies.

b.) Commissioning care for older people with complex care needs

4.5 A recent case, currently under police investigation, where a Safeguarding Adults Review may be indicated, has highlighted the issue of provision for older people who may, because of dementia or related illnesses, display behaviour that puts themselves, and other people at serious risk of harm.

4.6 The SAEB would value a joint piece of work to identify how many people this applies to, and what new services might be commissioned; or how existing services might be organised differently, or strengthened; to meet this need.

c.) Deprivation of Liberty Safeguards (DOLS): impact of the Supreme Court judgement in March 2014

4.7 Additional safeguards are provided to people who do not have capacity to make decisions about their care and treatment, by the Deprivation of Liberty Safeguards (DOLS). A Supreme Court judgement in March 2014 lowered the

threshold for what constitutes a deprivation of liberty, which has led to a significant increase in the number of applications for DOLS authorisations⁶.

- 4.8 The responsibility for processing DOLS applications, and granting authorisations in hospital, nursing and care homes, was given to local authorities from April 2013. However, both health and adult social care retain responsibilities for ensuring any deprivation of liberty is identified and authorised, using the relevant legislation.
- 4.9 The response to the Supreme Court judgement from Adult Social Care (ASC) has been robust, despite an additional and unplanned financial burden being placed upon it. In the three boroughs, the same standard of assessment and vigorous scrutiny of each case has been maintained as prior to March 2014, and there continue to be some very good outcomes for people, where restrictions placed on the person have been safely reduced.
- 4.10 A priority system is being used to manage the increased volumes of application but some risks remain where assessments cannot be completed because of availability of suitably qualified assessors.
- 4.11 This activity is being closely monitored by the ASC leadership team and the SAEB. The SAEB would like the HWB to consider how the Supreme Court judgement is impacting on the whole health and adult social care system, and to work together to ensure that as far as possible, any risks to persons and organisations are mitigated.

5. Legal Implications

5.1 None

6. Financial Implications

6.1 None

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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⁶ A ten-fold increase is indicated

APPENDICES:

A: (DRAFT) Protocol to set out governance arrangements between the Westminster Health and Wellbeing Board and the Safeguarding Adults Board

BACKGROUND PAPERS:

Section 14 (Safeguarding) of the Care and Support Statutory Guidance, issued under the Care Act 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

Cabinet Report 25th February 2013: Consideration of the Findings and Recommendations of the Consultation, and Agreement on the Governance Arrangements for Adult Safeguarding across Tri-borough.

<http://democracy.lbhf.gov.uk/documents/s28265/>

Safeguarding Adults Executive Board Annual Report 2013-14

<http://committees.westminster.gov.uk/documents/s9017/Safeguarding%20Adults%20Executive%20Board%20Annual%20Report%202013-14.pdf>

(DRAFT) Protocol to set out governance arrangements between the Westminster Health and Wellbeing Board and the Safeguarding Adults Board

Purpose of the Protocol

1. The purpose of this protocol is to:
 - Set out the governance arrangements between the Safeguarding Adults Executive Board (SAEB) and the Westminster Health and Wellbeing Board (HWB);
 - Ensure there is a clear route through by which to refer up partnership issues from the SAEB to the HWB and to raise any issues which may need to be met through strategic commissioning or delivery; and
 - Ensure that there is a coordinated approach to strategic planning between the HWB and the SAEB.

Statutory Framework

2. HWB's were established by the Health and Social Care Act 2012. They are intended to be a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
3. As a committee of the local authority, and a dual-function with the Clinical Commissioning Group (CCG), the HWB reports to the council and, where appropriate, the CCG governing body. HWBs are subject to overview and scrutiny committees of their local authority who are able to review their decisions.
4. The HWB enjoys a reciprocal relationship with other statutory boards operating within the health and wellbeing system, such as the Local Safeguarding Children's Board and the SAEB.
5. The Care Act 2014 replaced a raft of social care legislation and guidance and by April 2015, all local authorities will be required to establish a Safeguarding Adults Board.
6. In March 2013, the Cabinets of the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and Westminster City Council agreed to establish an independently chaired, multi-agency SAEB to provide robust leadership of adult safeguarding across the three boroughs.

Role and responsibilities

7. The Health and Social Care Act 2012 sets out specific statutory responsibilities which HWBs must fulfil including duties to:
 - a.) encourage integrated working between health and social care service commissioners;
 - b.) provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006;
 - c.) prepare a Joint Strategic Needs Assessment (JSNA) in relation to local authority needs;
 - d.) Prepare Joint Health and Wellbeing Strategies (JHWSs) for meeting needs included in the JSNA for their area; and
 - e.) Provide opinions to relevant CCGs and local authorities on whether commissioning plans take proper account of JHWS.

8. Under the Care Act legislation, SAEBs are required to:
 - a.) Include the local authority, the NHS and the police, who must meet regularly to discuss and act upon local safeguarding issues;
 - b.) Develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations; and
 - c.) Publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

Working together

9. The relationship between the SAEB and the HWB would be one of equal partners underpinned by this protocol.

10. The HWB and the SAEB will co-ordinate strategic planning across partnerships to secure coherent delivery of business and to avoid duplication and gaps.

11. The HWB will communicate Joint Strategic Needs Assessments to partners on the SAEB to include safeguarding data analysis that helps drive strategic commissioning.

12. The Independent Chair of the SAEB will provide reports when appropriate to the HWB which highlight specific safeguarding areas where support from the HWB is required, such as changes which need to be sought through strategic commissioning and integrated working.

13. The HWB and SAEB will work together to ensure that they include the views of service users in their development of key strategies.

Outcomes of joint working

- 14. This protocol is designed to ensure that safeguarding functions are discharged effectively in the Westminster without duplicating functions or creating additional structures. Other outcomes include:
 - a.) Ensuring safeguarding is “everyone’s business” and is reflected in the public health agenda;
 - b.) Communicating any issues or opportunities to the HWB in relation to its strategic influence over commissioning.
 - c.) Where the HWB has concerns about safeguarding issues affecting health outcomes (such as domestic violence), these are effectively communicated back to SAEB for consideration.
 - d.) Cross-Board partnership working to embed safeguarding across the health and wellbeing sector.

Signed

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Chair of the Westminster HWB

**Independent Chair of the
Safeguarding Adults Board**