Safeguarding Adults Board
Strategic Plan 2019-22
Incorporating the Annual Plan 2019/20

April 2019
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Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating ‘safety’ measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.

Care & Support Statutory Guidance, para 14.7-14.8
Foreword from the Independent Chair

This Plan and achieving its effective implementation is probably the most important thing done by Barking and Dagenham’s Safeguarding Adults Board (SAB). The Plan draws from national statutory requirements and more local policy imperatives in order to protect people at risk of harm or abuse and to enhance their well-being in this ambitious and diverse London Borough.

The end of March 2019 brought the conclusion of the SAB’s previous strategy for 2016 -19 and its business plan priorities/key actions for 2018/19.

Towards the end of 2018/19 and in May 2019 SAB quarterly meetings reviewed what we had achieved, what we had not done and what should be our priorities into the future.

It is on this basis that I am pleased to introduce a document agreed by all seven of Barking and Dagenham’s Safeguarding Adults Board’s statutory partners – the Barking and Dagenham Council with its wide range of functions and political leadership, NHS Clinical Commissioning Group, Metropolitan Police, Fire Service, Barking, Havering and Redbridge and North East London NHS Trusts, and the Probation Service.

What is still missing is a greater sense of the plan actively embracing what local communities and people who have experiences of using the multi-agency safeguarding services say to us, and a plan which is more co-produced in future years. Readers will see the priority we want to give to this.

In this document then, the Safeguarding Adults Board sets out the strategic objectives and priorities it wishes to adopt from April 2019 right through until March 2022. It sets out the high-level priorities for the SAB to pursue over the coming three years but it also includes specific improvements and priorities more immediately for 2019/20. Each year hereon in March/April the SAB will critically review what it has achieved, is achieving or needs to re-focus on in each subsequent year 2020/21 and 2021/22.

If you are a leader, manager or practitioner in any of the partner organisations you will be expected, please, to take a personal responsibility for your part in promoting, in whatever ways most appropriate, the ambitions in this document. Our purpose is simple – to be effective as a partnership of statutory organisations tasked with protecting people at risk of harm or abuse and doing whatever we can to enhance both community & individual people’s well-being. Please assist in actively promoting this Strategic Plan.

Brian Parrott
Independent Chair
Barking and Dagenham Safeguarding Adults Board
About Safeguarding

The Care Act 2014 set down for the first time a statutory basis for safeguarding vulnerable adults and the strategic framework that governs local partners’ collaboration around adult safeguarding. The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs);
- is experiencing, or at risk of, abuse or neglect;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

In relation to the first point, in particular, the absence of a requirement of formal identification of the care and support needs means that must be an openness about when and how suspected abuse is responded to. Care and support needs may not be apparent, and the vulnerability of the adult at risk can be difficult to assess in the first instance. This applies equally to the strategic work of the Safeguarding Adults Board. There are many inter-related areas that cross into the work of the Safeguarding Adults Board, through the work of the children’s safeguarding arrangements, the Community Safety Partnership and the Health & Wellbeing Board.

In terms of what ‘abuse’ may encompass, the Care Act Guidance is very clear on not limiting the definition to any particular set of presenting issues. A non-exhaustive, but illustrative list, may include:

- Physical abuse (assault, hitting, misuse of medication, restraint);
- Domestic violence (including coercive behaviours, physical or sexual assault);
- Sexual abuse (rape, indecent exposure, subjection to pornography or witnessing sexual acts);
- Psychological abuse (emotional abuse, threats of harm, controlling, intimidation, isolation);
- Financial or material abuse (theft, fraud, coercion about financial affairs, misuse of property);
- Modern slavery, human trafficking and forced labour;
- Discriminatory abuse (harassment, slurs relating to ‘protected characteristics’);
- Organisational abuse (neglect, poor care practice or abuse in an institution such as a care home);
- Neglect and acts of omission such as ignoring medical, emotional or physical care needs, or withholding the necessities of life, such as medication, adequate nutrition and heating;
- Self-neglect (neglecting to care for one’s personal hygiene, health or surroundings, or hoarding).

Incidences of abuse may be one-offs, or represent patterns of behaviour; they may affect a single individual, or multiple people, whether at a single location such as a care home or across a wider community. It is essential, therefore, that there are the mechanisms in place to track incidences, understand the patterns, and ‘join up the dots’ where a series of incidents suggests a wider and more concerning trend.
Principles that inform adult safeguarding work

Six key principles were set out that underpin all adult safeguarding work, and they inform the work of the Barking & Dagenham Safeguarding Adults Board.

Empowerment: People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

Prevention: It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

Proportionality: The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

Protection: Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Accountability: Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

Making safeguarding personal

Following substantial work undertaken by the Local Government Association and the Association of the Directors of Adult Social Services, a framework was drawn up to push improved practice around the personalisation of safeguarding. People using safeguarding services, stakeholders and practitioners reported that too much of the focus of safeguarding work was on process and procedure. People using safeguarding services wanted a focus on a resolution of their circumstances, with more engagement and control. In return, the Safeguarding Adult Board can find it difficult to assess the impact of safeguarding activity from this data alone. A broad community-level approach is also needed in order to establish safeguarding arrangements that respond to the context in which people live in Barking & Dagenham, and the risks that are prevalent in their lives. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals, with all of their differing preferences, histories, circumstances and lifestyles, and our processes must also be able to support our professionals to take the personalised approach needed.
The role of a Safeguarding Adults Board

The Safeguarding Adults Board brings together the main partners whose work is crucial to supporting people who are vulnerable to increased risk because of their care and support needs. The core statutory partners of the Safeguarding Adults Board are:

- The local authority, whose duty it is to convene the Board;
- The Clinical Commissioning Group, who are responsible for the commissioning and quality oversight of local health services;
- The local Police service.

The SAB is independently In Barking & Dagenham, it has been recognised that a much wider range of partners contribute to day-to-day work with vulnerable people. The Safeguarding Adults Board membership has therefore been expanded to include:

- The two major NHS providers of healthcare services to the community of Barking & Dagenham: North East London NHS Foundation Trust and Barking, Havering and Redbridge University Hospitals NHS Trust;
- The London Fire Brigade;

There are three major requirements of a Safeguarding Adults Board, set out in the statutory framework:

- The requirement to set out a strategic plan, which is this document;
- The requirement to report annually on the performance of the local safeguarding systems, the conclusions of which have informed the development of this plan; and
- The requirement to hold a formal investigation (known as a Safeguarding Adults Review) where there is a case of death of someone from suspected abuse or neglect, or where there was abuse or neglect of great severity from which learning could and should be taken.

Every bit as important, however, is the role of the SAB in facilitating the cross-organisational flow of information and learning about safeguarding adults risks and trends, as well as ensuring that the practice of individual organisations is held up to some independent scrutiny from which learning and improvement can result. In Barking & Dagenham, the SAB has established two sub-committees to facilitate this sort of inter-agency collaboration:

- The Safeguarding Adult Review Group oversees the decisions about commissioning of SARs, as well as bringing together learning from other case review processes and monitoring delivery against recommendations in reports; and
- The Performance & Assurance Committee reviews the performance data about safeguarding adults, and co-ordinates quality assurance insight from agencies.

Additionally, there are workstreams underway to focus the SAB’s activity on learning and development, and community/third sector engagement in safeguarding adults.
Our priorities for the coming years

The Strategic Plan is drawn from:

- Continuing or unfinished matters from the previous 3-year Strategy;
- Matters specifically identified in the SAB’s Annual Review report 2017/18 published in August 2018;
- Matters arising from discussion at the Safeguarding Adults Board amongst the partners present.

The SAB has agreed that there are three distinct headings under which the partnership needs to focus on in its forward strategy:

1. **EFFICIENT SYSTEMS**
   The SAB’s part (and Safeguarding Adults part more generally) within an interlinked public protection and community wellbeing network of partnerships and systems, including Safeguarding Children, Domestic Violence, Community Safety, Health and Wellbeing and others. This includes a focus on how well people are served when they report concerns about the safety and wellbeing of vulnerable residents.

2. **EFFECTIVE PRACTICE**
   The SAB’s impact and effectiveness in its oversight of responses, services and the protection performance of statutory organisations, and the bilateral and multi-agency relationships and working arrangements relevant to safeguarding adults. This also encompasses part of the work of the SAB in opening up debate and discussion about emerging issues in safeguarding of vulnerable adults. This will include championing both formal research and professional curiosity about sources of risk, and pulling together impactful multi-agency responses.

3. **MEANINGFUL ENGAGEMENT**
   The SAB’s effectiveness in engaging with and learning from (non-Board member) organisations, including the many community, voluntary, services user and carer interests in B&D, ensuring that it has meaningful feedback and adapting its priorities & ways of working accordingly. The SAB also needs to be exerting a leadership function in these sectors, engaging people more widely on the risks faced by people with additional vulnerabilities.

The first actions that follow under the improvement priorities are about the general improvements in system and practice that are needed to maintain a well-functioning safeguarding system.

However, there is also a need to approach the issue of priority-setting from an open perspective on where risk is to be found in the local community. Using a range of sources of data and practice reflection, the SAB has derived a number of safeguarding priorities to ‘champion’ in the coming years. Some require practice development, some have system implications, and for some there is a need to improve partnership, community or third sector engagement in order to improve outcomes for residents. Actions are therefore to be found under the three priority headings, and a matrix on page 18 shows how they fit together.
How our strategy will develop during 2019/20

Page 10 shows the SAB 'horizon-scan' of the priorities for development of the safeguarding system in the coming three years.

Pages 12-17 shows some immediate first steps that are being taken, many of which are single-agency at this point.

- The ADASS Peer Review will take place in November 2019.
- A Three-Borough conference will take forward debate across 'BHR' (September).
- The SAB will run its peer challenge process in early 2020 to inform future thinking.

Through these discussions and debates, the Annual Plan for 2020/21 will be shaped with a stronger multi-agency focus to delivering the SAB 3-year plan.
Some safeguarding priorities we want explore further

The SAB has considered a range of issues which need a more focused conversation across the partnership’s professional and management cohorts in order to improve the approaches taken. These are in response to professional feedback about the emerging risks and vulnerabilities, as well as data sources that present rising, or stubbornly high, trends in these issues. This list will continue to develop as the SAB deepens its understanding of the risks prevalent in the local community, and as improved lines of communication are established between the SAB, frontline practitioners, and the local community and third sector.

- **BEHAVIOUR THAT CHALLENGES SERVICES**: Interventions should manage behaviour that challenges services more effectively in the community, so that interventions minimise restrictive practices and continue to maximise independence, even whilst minimising the risk that individuals may pose to themselves, workers or the wider community.

- **AVOIDABLE HARM**: Avoidable deaths and harm in hospitals and on transition into and out of hospital.

- **TRANSITIONAL SAFEGUARDING**: Ensuring a responsive and alert safeguarding interface between children’s and adults care and support in order to better safeguard children with additional needs in the 18-24 age range as they enter adulthood and prepare for independence.

- **HOMELESSNESS / NRPF**: Homelessness, No Recourse to Public Funds, and the vulnerabilities that are associated with these cohorts, including impact on urgent and emergency hospital care.

- **EXPLOITATION**: Exploitation of vulnerable adults, including financial and sexual exploitation, as well as issues around modern slavery and grooming for participation in gang violence and extremism.

- **DOMESTIC ABUSE**: Domestic abuse, including where it impacts on more vulnerable victims, and to include addressing the issue of more widespread community tolerance of levels of abusive behaviour in Barking & Dagenham than found elsewhere.

- **MENTAL CAPACITY**: Mental Capacity Act and advocacy services, ensuring that people with limited capacity are properly supported in the decision needed about their lives, including their care and support, and that organisations are clear on the ways in which their systems properly encourage capacity assessment and response.

- **MENTAL HEALTH**: Mental wellbeing in the community and the preventive interventions that can be employed to support people to avoid the need for statutory intervention around their mental wellbeing. This represents Barking & Dagenham’s commitment to deliver the ThriveLDN strategy, which also includes an ambition to see zero suicides.

- **SELF-NEGLECT AND NEGLECT**: Poverty, social isolation, the actions of the welfare system, and issues around substance misuse can be high amongst the factors that contribute to self-neglect in people with care needs, and these need to be understood and proactively addressed.

### Towards an Integrated Care System

The health and care sector in Barking & Dagenham is working with its counterparts in Havering and Redbridge to develop into an integrated care system. Together with changes in the structures of the Metropolitan Police, now based around an East Area (BHR) Basic Command Unit, it highlights the necessity of ensuring that safeguarding practice, referral routes and case strategy processes are sensitive to the changing structures, whilst continuing to preserve the focus on the safeguarding priorities that are important to B&D residents.
Improvement Priorities 19-22: Efficient Systems

What the SAB identifies as important under this priority

- That the SAB is assured that there are appropriate systems in place that take reports of safeguarding concerns and ensure that they receive an appropriate and proactive response.
- That there are assured systems for identification, coordination, decision making & oversight of all serious case review processes, including SARs, Children's SCRs, DVHRs, Mental Health Homicides, Child Death overview, Learning Disability mortality reviews, and others
- That information sharing and communication about critical 'cases', crisis needs and sensitive matters is robust on a consistent basis
- That there is meaningful data from or about the practice of all board partner organisations which tells about individual people's safeguarding experience and the outcomes for them (as reported by them). And that throughout the SAB's performance review & quality assurance methods there is a balance between quantitative, qualitative and professional judgement
- That the NHSCCG is able to report on performance of all NHS contracted services serving people in B&D, beyond those organisations represented on the SAB
- That information about patterns of abuse and neglect, and individuals’ experience of the system of health, care and support services, informs a prioritised approach to minimising potential sources of risk
- That, while recognising the statutory basis and uniqueness of this borough’s Safeguarding Adults Board, to be proactive in using joint arrangements, single processes and coordinated timings (as far as possible) with (i) the other B&D partnership boards concerned with quality and/or safety of people's lives, and (ii) Havering and Redbridge.
- That links between safeguarding (adults and children), exploitation, domestic abuse, domestic violence & supporting vulnerable people work well, strategically & operationally; that professionals understand respective roles and responsibilities; and that there are mechanisms to ensure good communication and there is clarity to all about language & the meaning of terms used.
- That a single point of access (SPOC) means just that. If it doesn’t, then to rationalise & publicise as needed.
- That whistleblowing policies & good practice are in place in all organisations, and that there is no complacency or lack of awareness

How the SAB thinks it is doing, and what it thinks needs to improve

There is generally an effective process in place for the oversight of safeguarding alerts. Partners are aware of the mechanisms for reporting, and of the process that should be followed. Resourcing of the adults’ care and support ‘front door’ is recognised as limited, and there are questions to be followed up on the declining performance in conversion of alerts to investigations and the reasons for ‘NFA’ decisions. Data that is deployed across the system is descriptive, rather than predictive, of safeguarding concerns, with the exception of the systems for assuring on the quality of the social care provider market. Data is also heavily quantitative, and the voice of the service user needs strengthening in strategic planning. All agencies have whistleblowing policies in place, but promotion is always going to need on-going attention. In terms of understanding the operation of the safeguarding system, the immediate priorities are transitional safeguarding, neglect, and homelessness/NRPF.
Actions agreed 2019/20: general improvements to the safeguarding system

- Improve the use across the partnership of qualitative information on people’s experience of the safeguarding system [P&QAC; SABBMM]
- **Joint event scheduled with Havering and Redbridge** to explore themes of common interest [SAB; SABBMM]
- Initiate a review of the processes for handling safeguarding enquiries, triaging them, and allocating them for investigation [P&QAC; DirCommSol].
- Undertake an analysis of ‘NFA’ (no further action) results at stages of the safeguarding process, to ensure that there are effective step-down decision-making arrangements in place in the system, and to recommend actions to improve the responsiveness of the safeguarding system [P&QAC; PSW].
- All SAB agencies to review promotion of whistleblowing and candour policies, and to take appropriate action to ensure that all staff know that they are available and apply to the care sector [SAB; All SAB partners].
- A programme should be established to ensure that the safeguarding system is proactively prepared for the introduction of an integrated care system in 2020/21.

Actions agreed 2019/20 in response to the safeguarding priority areas

- As part of the development of a next-stage model of all-age disability, to develop a clear system for transitional safeguarding planning, with the associated practice development framework and metrics that are reportable internally and to the Safeguarding Adults Board [OD AC&S].
- Undertake a review of self-neglect from a safeguarding adults perspective, using new data and insight tools to inform the picture of unmet need and effectiveness of interventions [P&QAC; DirCommSol].
- Undertake a review of hospital presentations which result in safeguarding alerts for people who are homeless or who have no resource to public funds, to understand and plan for potential interventions to better support them [P&QAC; CCGDirNursing&Quality].
**Improvement Priorities 19-22: Effective Practice**

**What the SAB identifies as important under this priority**

- That it is clear across partners what 'good safeguarding practice' means in practice for all professional specialisms, including social work, nursing, policing and other.
- That MSP is meaningfully implemented & embedded in practice by all partners, other than in exceptional circumstances when it may be less appropriate, and that its effectiveness is measured to give confidence.
- That there is good mental capacity & DoLs assessment & review practice, from the perspective of service users/carers, with appropriate skilled advocacy in place; that professionals are trained & supported within and across organisations.
- That modern slavery & human trafficking good practice & management are fully embedded, with learning from 'Drina' case evidenced.
- That there is learning, and its implementation in practice, from these review processes, not just those undertaken in Barking and Dagenham, but from across BHR and London; using multi-agency training, learning events and occasional conferences
- That preventive approaches are encouraged, wherever possible, & resources are deployed accordingly
- That there is development & application of (sampling) case audit, including direct engagement with service users & carers involved
- That there is awareness of the enhanced safeguarding risks at certain points of practice and organisational interface, most obviously (but not exclusively) in relation to discharge of more vulnerable people from hospital care into community settings and people’s own home.
- That across the partnership, professionals and leaders are alert to the sources of risk for vulnerable adults in the communities and residential settings of Barking & Dagenham, particularly the 'silent voices' & people 'falling between the gaps' - for example, people with marginal losses of capacity, sexual exploitation, child/adult transition, FGM, forced marriage, modern slavery & human trafficking, people leaving prison and more.
- That safeguarding of adults is increasingly responsive to the context of vulnerable people’s lives in Barking & Dagenham, and that the professional debate displays sensitivity and awareness to such concerns

**How the SAB thinks it is doing, and what it thinks needs to improve**

There are well-developed practice review systems in place in all partner agencies for professional staff. However, there are opportunities to strengthen and target the training and practice development interventions, one example being in adding greater depth and meaning to Making Safeguarding Personal (as part of new relational approaches to social work practice in the local authority). The Modern Slavery pathway needs to be made a stronger reality. There is an opportunity for more preventive work in the community, which would include improving the safety of those in receipt of community-based social care. Hospital discharge pathways remain vulnerable to speed compromising safety. Commissioning practices around assessing restraint and restrictive practice also need to be strengthened.
Actions agreed 2019/20: general improvements to the safeguarding system

- As part of developing a new, more relational practice model for adult social work, to ensure that a clearer articulation is made of the value and impact of Making Safeguarding Personal, and a stronger understanding of the expectations on workers [SAB; PSW].
- To develop, and begin implementation of, plans for a stronger community-based and community-led offer for prevention of the escalation of social care needs in three key groups: disability, mental health and older people. These ‘hubs’ to include stronger community-focused support around safeguarding intervention and reporting [SAB; DASS].
- As part of system plans to review hospital discharge pathways, to ensure that a fresh assessment of the points of risk in the pathway is conducted, and mitigations designed and implemented [SAB; CCGDirNursing&Quality].
- Reinstate a clear, routine process for subjecting social care casework to scrutiny, led by the Principal Social Worker and ensuring that learning is fed back into practice development planning [P&QAC; ODAC&S].
- As part of the development of the next-stage all-age disability service and its related commissioning approaches, to ensure that interventions are designed to support positive behaviour management in community settings and improve the safety and outcomes of people whose behaviour challenges services [ODAC&S].

Actions agreed 2019/20 in response to the safeguarding priority areas

- To use the introduction of a new national approach to deprivation of liberty to review mental capacity assessment processes, understand the areas in need of strengthening, and form a plan about improving local systems [PSW].
- To undertake a review of the commissioning approach to restrictive practices and restraint, to be led through the Local Safeguarding Children Board but include practice in adults, with a view to strengthening the quality assurance processes for placements, and targeting practice development activity in the provider market segments that most need it [DASS].
- To ensure that there is widespread practitioner understanding of the Modern Slavery pathway for both children and adults, and that practitioners are clear what is both required and available in terms of support [ODAC&S].
- To develop a strategy around exploitation (including modern slavery), as a partnership activity between the Council, BHRUT and the Metropolitan Police Service [SAB; MPS/BHRUT/LBBD]
Improvement Priorities 19-22: Meaningful Engagement

What the SAB identifies as important under this priority

- That safeguard information is communicated & received/displayed/posted in all possible appropriate public places, as well as at meetings & events; that safeguarding information is made available in appropriate languages & written style to reach more widely, with as much co-production as possible
- That there is sufficient knowledge of safeguarding among other than specialist professionals in partner organisations, for example council community solutions, enforcement and housing staff or those in primary health care settings, domiciliary care staff, fire crews, transport police and other.
- That there is sufficient knowledge & awareness about safeguarding in the wider community; especially places or communities which may be ‘harder to reach’, including knowledge about how to report concerns, and being assured that actions are in place where there are gaps.
- That there is specific individualised feedback from people (patients/service users/carers/public) about their specific experiences of safeguarding practice.
- That there is proactive awareness raising of safeguarding in communities and advice on how to report concerns
- That a comprehensive engagement framework and appropriate initiatives/mechanisms are in place and operating on a continuing basis, including with users of safeguarding services of the various partners, and local voluntary & community organisations, with dialogue, feedback & co-production.
- At the interface between services, the SAB should be confident in leading the debate about how to ensure that services maximise their impact on promoting the safety of vulnerable adults, whilst not disproportionately compromising their independence or control of their lives.

How the SAB thinks it is doing, and what it thinks needs to improve

Safeguarding alerts continue to hold at high levels relative to benchmark authorities. However, there is little public visibility of safeguarding as an issue, or the mechanisms for reporting. In particular there needs to be a stronger ‘background noise’ about safeguarding in the community, especially in respect of care and support delivered into people’s homes. Specialist professionals are, for the most part, well-informed and knowledgeable about how to intervene in safeguarding; for more generalist staff there is a lot to do to ensure that they are the system’s ‘eyes and ears’. The local community and voluntary sector are well-versed in safeguarding, but their engagement in the system and informing how it operates is not well-co-ordinated. The SAB, as the strategic anchor for developing safeguarding practice and knowledge, could be more visible.
Actions agreed 2019/20: general improvements to the safeguarding system

- To develop an improved suite of public information and advice, including routine information and targeted campaigns, to improve the understanding amongst service users, carers and the community, about safeguarding and when and how they can report it [SAB; SABBM].
- To conduct a short analysis of the training offer in each organisation, aimed at (i) specialists, and (ii) generalist audiences, with a view to targeting shared gaps [SAB; L&D Leads].
- To establish the options for a system for reporting back to referrers on the actions that are being taken in response to safeguarding cases that they refer into the local authority investigation system [DirCommSol].

In addition, the SAB will develop more strongly embedded approaches, both single- and multi-agency, for surfacing the voice of users of services and residents in the planning work it undertakes. These will be small-step changes (including a visible leadership commitment from SAB members and attendance at specific third-sector forums), with the aim of building a stronger longer-term programme of participation. Every SAB Board will have a standing agenda item for members to reflect upon the results of their exploration of the voice of the service user, patient or resident, as an on-going opportunity to shape and refine SAB strategy.

Actions agreed 2019/20 in response to the safeguarding priority areas

- Targeted campaigns to be developed to address issues of exploitation, especially financial and sexual, in social care and healthcare settings [SAB; SABBM].
- Specific training to be developed and rolled out to community-facing local authority generalist staff, including enforcement staff, caretakers, Public Realm and others, to build awareness and alertness to safeguarding risks in the community (including exploitation and modern slavery) [DASS].
- To build community awareness of mental wellbeing through campaigns and mental health strategy founded on the ThriveLDN principles and, in particular, to rollout Mental Health First Aid across local authority community-facing settings, so that people in mental health crisis receive a better first response.
Matrixing the priority issues: where the priorities sit for 2019/20

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<th>Effective Practice</th>
<th>Meaningful Engagement</th>
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<td>Review of commissioning approaches to restrictive practice and restraint</td>
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<td>Avoidable deaths/harm in hospital</td>
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<td>Transitional safeguarding</td>
<td>As part of the disability review, building stronger transitional safeguarding approaches</td>
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<td>Homelessness / NRPF</td>
<td>Review of presenting issues at hospital front door</td>
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<td>Exploitation of vulnerable adults</td>
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<td>Improve practitioner engagement in Modern Slavery pathway</td>
<td>Build wider public awareness, and greater understanding in generalist community-facing staff teams, of exploitation, including financial, sexual and modern slavery</td>
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<td>Domestic violence</td>
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<tr>
<td>Mental capacity and advocacy</td>
<td>---</td>
<td>Review opportunities to strengthen practice as part of new approaches to DoLS</td>
<td>---</td>
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<tr>
<td>Mental wellbeing</td>
<td>---</td>
<td>---</td>
<td>Stronger public understanding, and wider uptake of MHFA, through campaigns and targeted training</td>
</tr>
<tr>
<td>Self-neglect and neglect</td>
<td>Review of presenting issues in safeguarding referrals</td>
<td>---</td>
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</tbody>
</table>
Monitoring the impact of the Board and its work

**SAB role**

The Safeguarding Adults Board will receive regular updates on the performance of the partners against the commitments in this plan. Actions in the plan have been tasked to individuals and, in some cases, to be owned in common by groups in the SAB structure. This is principally the Performance & Quality Assurance Committee.

**Individual agencies’ role**

This is twofold: where there are specific actions allotted, then organisational representatives will be expected to account at the Safeguarding Adults Board for progress as part of the routine reporting. Additionally, however, all agencies are expected to review the actions and ambitions in the plan and consider how they can proactively add value. There is also an opportunity to report such interventions and contributions alongside reporting on the strategy.

**For future years**

Having established the direction of travel and ambition, this plan only contains specific commitments for the 2019/20 year. Towards the end of the year, and taking account of progress, the Board will have the opportunity to plan for the commitments for 2020/21. It is therefore intended that there is a smooth iteration of the current plan to the next stage for the next financial year, and taking into account any uncompleted action from this year.

The matrix of progress against priority actions will be built upon in future years to show sustained impact by the Board and its partners on these important issues.