2015-16 Annual Report

Contents

Appendices

1. Introduction

The Somerset Safeguarding Adults Board (SSAB or "the Board") is required by law, under the Care Act 2014, to produce an annual report each year.

The report must set out what we have done during the last year to help and protect adults at risk of abuse and neglect in Somerset.

Our annual report tells you:

- The profile of adult safeguarding in 2015/16
- How we have done in delivering our objectives in 2015/16
- What each of our sub-groups has done during the year
- The findings and impact of any Safeguarding Adults Reviews we carried out
- The contributions of our member organisations to adult safeguarding
- Our priorities looking forward.

This report will be published on the SSAB website for all partners and members of the public to access.

As required by the Care Act, it will also be submitted to the Chief Executive and Lead Member of the Local Authority, the Police and Crime Commissioner and the Chief Constable, the local Healthwatch organisation, and the Chair of the Health and Wellbeing Board.

It is expected that those organisations will consider the contents of the report alongside how they can improve their contributions to both safeguarding in their own organisations, networks and in partnership with the Board.

'Working in partnership to enable adults in Somerset to live a life free from fear, harm and abuse'

2. Foreword

Richard Crompton, Independent Chair – Somerset Safeguarding Adults Board

I am pleased to present the Annual Report of the SSAB for 2015/16. The report is published on behalf of the multi-agency Board, and provides partners with an opportunity to reflect on achievements over the past year, and formally identify plans and priorities for the year ahead.

It also gives us the opportunity to demonstrate the Board's fulfilment of its role and ongoing commitment to safeguard adults at risk in the county of Somerset. As an Independent Chair, my role is to provide leadership and constructive challenge to all, in order that we can best protect adults in Somerset at risk of harm and neglect.

Having taken up post as independent chair for the SSAB in January of 2014, I have had the privilege of seeing the Board develop and progress over a couple of years. Now a *statutory* partnership under the Care Act since April 2015, the SSAB has worked hard over the past year to raise its local profile, and the profile of adult safeguarding more generally through our countywide publicity campaign. The appointment of dedicated business support to assist the SSAB in achieving its ambitions and core responsibilities from September 2015 has enabled it to take some significant strides forwards.

We know that prevention is crucial. It is always better to take action before harm occurs and the Board actively supports this by raising awareness of safeguarding risks, working to improve the quality of services, and ensuring a personal approach is taken when safeguarding intervention is necessary. Nevertheless, the climate in which the Board conducts its work has continued to be a challenging one, with partners facing continuing constraints on resources, coupled with ever-increasing demands for their services. Recognising these challenges, I am especially pleased to have established more formal liaison arrangements between the Safeguarding Boards (Adults and Children), the Health and Wellbeing Board, the Safer Somerset Partnership and other formal partnerships. By working more closely together, we can better improve the wellbeing and safety of residents in Somerset.

The commitment by our members and partners to the SSAB and its ambitions has remained constant, and for this I am very grateful. My thanks also to all those who continue to contribute to supporting and protecting the most vulnerable adults in Somerset.

3. The Board

The Somerset Safeguarding Adults Board (SSAB) is a multi-agency partnership which became statutory under the Care Act 2014 from April 1, 2015. The role of the Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area.

This is about how we prevent abuse and respond when abuse does occur in line with the needs and wishes of the person experiencing harm. Its main objective is to assure itself that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over in the area who:

- have needs for care and support
- are experiencing, or at risk of, abuse or neglect
- (as a result of their care and support needs) are unable to protect themselves from either the risk of, or experience of, abuse or neglect.

It has a strategic role that is greater than the sum of the operational duties of the core partners, overseeing and leading adult safeguarding across the county and interested in a range of matters contributing to the prevention of abuse and neglect. The Board does not work in isolation, nor is it solely responsible for all safeguarding arrangements. Safeguarding is everybody's business. The Board's role is to have an oversight of safeguarding arrangements, not to deliver services.

Membership

The following organisations are represented on the Board:

Statutory Partners

Somerset County Council	(5/5) 100% attendance
Avon and Somerset Constabulary	(5/5) 100% attendance
Somerset Clinical Commissioning Group	(5/5) 100% attendance

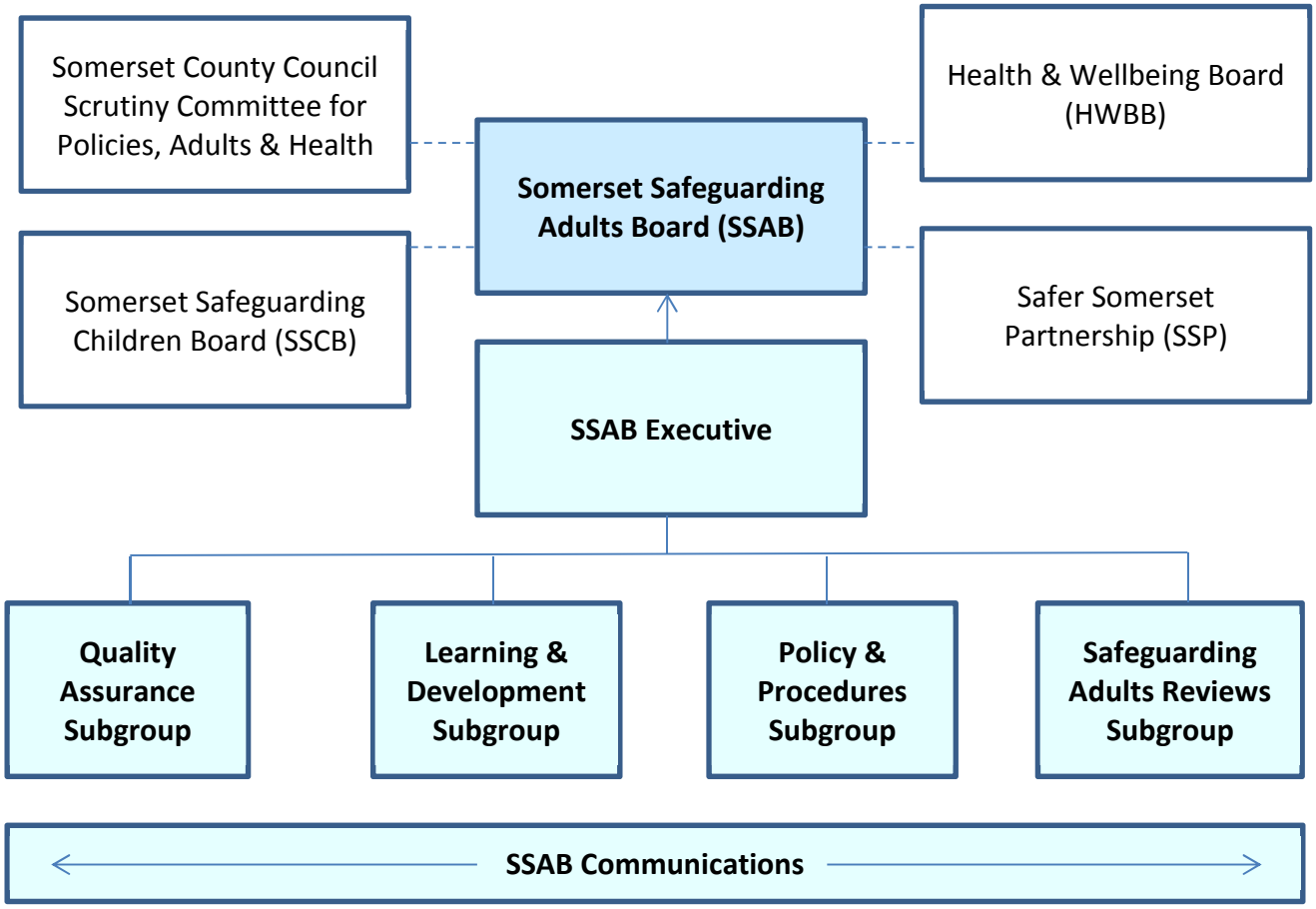
Non-statutory Partners

Somerset Partnership NHS Trust	(5/5) 100% attendance
Acute Hospitals (Taunton/Yeovil)	(5/5) 100% attendance
National Probation Service	(4/5) 80% attendance
Public Health / Community Safety	(4/5) 80% attendance
Elected Member	(4/5) 80% attendance
South Western Ambulance Service Trust	(2/5) 40% attendance
Healthwatch Somerset	(1/1) *new member at end of 2015/16*
Housing representative	(1/1) *new member at end of 2015/16*
Registered Care Provider Association	(0/1) *recent change of representative*

The Safeguarding Adults Board met on 5 occasions during 2015-16 (4 x Board Meetings and 1 x half-day Development session). In brackets is the number each organisation was represented during the year at these meetings *(by the agency representative themselves or a suitable agency substitute)* and the proportion of meetings attended.

District Council Safeguarding Leads and local Housing Providers are currently engaged with via quarterly Safeguarding meetings established separately during the year, which the SSAB Business Manager routinely attends.

The SSAB meets on a quarterly basis and is supported by an Executive group and a number of multi-agency subgroups, which convene frequently to progress the ambitions and strategy of the Board.



There are strong synergies between the work of the SSAB and other key partnerships in the locality, including the statutory Safeguarding Children Board, Health and Wellbeing Board and local Community Safety Partnership.

It is important the Board has effective links with these groups in order to maximise impact, minimise duplication and seek opportunities for efficiencies in taking forward work.

The Safeguarding Principles

The work of the SSAB is underpinned by six safeguarding principles, which apply to all sectors and settings including care and support services. The principles inform the ways we work with adults.

1. **Empowerment** – the presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination

2. **Prevention** – It is better to take action before harm occurs, including access to information on how to prevent or stop abuse, neglect and concerns about care quality or dignity

3. **Proportionality** – proportionate and least intrusive response appropriate to the risk presented

4. **Protection** – support and representation for those in greatest need, including identifying and protecting people who are unable to take their own decisions or to protect themselves or their assets

5. **Partnership** – local solutions through services working with their communities. Communities have a part of play in preventing, detecting and reporting neglect and abuse.

6. **Accountability** – accountability and transparency in delivering safeguarding, with agencies recognising that it may be necessary to share confidential information, but that any disclosure should be compliant with relevant legislation.

What is adult safeguarding?

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, whilst at the same time making sure that the adult's wellbeing is promoted.

The aims of adult safeguarding are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.

Who is an adult at risk?

An adult at risk is someone who is over 18 years of age who, as a result of their care and support needs, may not be able to protect themselves from abuse, neglect or exploitation. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/informal carer for a family member or friend.

What is abuse?

Abuse is when someone treats an adult in a way that harms, hurts or exploits them. It can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it.

Abuse and neglect can include:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions

- **Domestic violence** – psychological, physical, sexual, financial, emotional abuse, so called 'honour' based violence

- **Sexual abuse** – rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting

- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks

- **Financial or material abuse** – including theft, fraud, internal scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions; the misuse or misappropriation of property, possessions or benefits

- **Modern slavery** – including slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment (because of race, gender and gender identity, age, disability, sexual orientation, religion)

- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting, such as a hospital or care home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practices as a result of the structure, policies, processes and practices within an organisation

- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care and support or educational services; the withholding of the necessities of life, such as medication, adequate nutrition and heating

- **Self-neglect** – covering a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a safeguarding response is required will depend on the adult's ability to protect themselves by controlling their own behaviour.

4. Safeguarding in no's

How much abuse and neglect was reported during 2015/16?

- Concerns were received about 4,100 individuals during the year
- 682 (16.6%) concerns of abuse or neglect required us to take safeguarding action

Who was at risk of abuse and neglect during 2015/16?

- 40% of abuse was against men / 60% of abuse was against women
- 57% of victims had a physical support need
- 9% had a mental health need
- 99% were people from white ethnic backgrounds, reflecting Somerset's demographic profile
- 61.4% of safeguarding enquiries undertaken related to people aged 65 or over

What were adults at risk from in 2015/16?

- 87% of the abuse was caused by someone known to the individual
- 22% of the concerns we took action on involved physical abuse, 19% psychological abuse and 17% neglect and acts of omission.
- 54% of abuse took place in the adult's own home

What did we do to protect people?

- For the vast majority of investigations (83%) action was taken and the risk was either reduced or removed. Following our investigations, adults remained 'at risk' in 15% of cases, often because they wanted to maintain their relationship with a family member who is abusing them.
- We received 2,245 applications for authorisation to keep someone in hospital or at home for care treatment. This is a 78% increase on last year, and represents an application rate of 43 per week – *please see Section 7 for further information*
- 90% of people who used social care services said services help them to feel safe[1]. This figure has improved over time, and is above national and regional averages, and that of similar local authority areas.

[1] Adult Social Care Outcomes Framework (ASCOF) data

5. Our work, 2015-16

The SSAB identified 6 key objectives within its Strategic Plan for 2015-16:

1. Leadership and Governance
2. Developing the SSAB
3. Quality Assurance and Performance Management
4. Safeguarding Adult Reviews
5. Making Safeguarding Personal
6. Prevention

The full detailed Strategic Plan Progress Monitoring Document is included as an appendix to this report (Appendix A). Key developments and successes over the past year are outlined via sub-group updates below.

Board Communications

A cornerstone of the SSAB's work is the provision of information to the public, potential and actual service users, staff working in partner agencies and others interested in adults' welfare. A significant amount of work has been undertaken during the year to raise the profile of the Safeguarding Adults Board locally, improve the ways in which we communicate with the wider public and with multiagency professionals, and to raise local knowledge of how to prevent abuse or neglect.

Work has been overseen by the Business Manager, on behalf of the partnership and all subgroups. During 2015/16 we:

- commissioned Lambeth Communications to provide services for safeguarding branding and promotion activity, following an open tender process. A **new brand and logo** was developed in consultation with Board members and feedback from a service user focus group. The branding guidelines have informed the 'look and feel' of all Board products.

SOMERSET SAFEGUARDING ADULTS BOARD

- **launched our 'Thinking it? Report it' campaign** in November 2015, to promote public awareness of adult safeguarding issues and how to report concerns. The campaign was widely promoted across the partnership, via both print and social media. The campaign included a range of posters, 'really useful cards' and leaflets, as well as bus advertising, local newspaper articles and radio ads. Materials were distributed across local services, including council offices, libraries, community hubs, parish councils, police stations and GP surgeries. Plans are in place for a re-launch of the campaign message in June 2016, coinciding with World Elder Abuse Awareness Day.

- Issued our first **quarterly newsletter** to disseminate updates and learning on behalf of the Board, and aiming to raise awareness for anyone who has an interest in adult safeguarding and wishes to develop their knowledge and understanding of it.
- **Commenced work to develop a dedicated website** for the Board, due to launch April 2016.

Policy & Procedures Subgroup

The role of this subgroup is to produce, maintain, develop and review policy, procedure and practice guidance to improve outcomes for adults at risk in Somerset.

It is chaired by the Principal Social Worker, Adults Social Care.

During 2015/16, we:

- developed an **Adult Safeguarding Risk Assessment tool** to assist practitioners in considering the vulnerability of the adult at risk and the seriousness of the abuse that is occurring, alongside the impact of the abuse and the risk of it recurring.

- drafted **self-neglect practice guidance** to serve as a multi-agency guide to issues of self-neglect and to offer procedural guidance for frontline workers. The guidance has been developed in direct response to requests for assistance in managing this complex issue from local housing providers, and will undergo local consultation ahead of formal adoption anticipated early in 2016.

- produced a range of policy documents in partnership to assist the Board in delivering its functions effectively, including:

  - A **SSAB Communications Strategy**, providing a plan of action for improving and strengthening communication to and from the partnership, and ensuring that the Board's communications are managed effectively and professionally;

  - A **SSAB Learning and Improvement Policy**, to support the purpose of learning lessons from incidents and practice, and to use these findings to improve, impact upon and develop local practice and service delivery/design;

  - An **Information Sharing Agreement**, to support the core functions of the Board and in recognition that sharing the right information, at the right time, with the right people is fundamental to good practice in safeguarding adults.

- commenced work on reviewing local **procedures for Whole Service Concerns**

- Worked in partnership with neighbouring Local Authorities to support the review of the multi-agency **joint Adults Safeguarding Policy**.

Learning and Development subgroup

The role of this subgroup is to provide a multi-agency perspective of safeguarding adults' training, learning and development needs, and to ensure lessons are learnt and used to inform local practice or policy.

It is chaired by the SSAB's Independent Chair.

During 2015/16, we:

- Developed a **quarterly newsletter** in order to disseminate news and learning on behalf of the Board, and aiming to raise awareness for anyone who has an interest in safeguarding or wishes to develop their knowledge/understanding of the issue. Each issue highlights updates from the Board, as well as national headlines in relation to adult safeguarding and feature articles on topics of interest. The first edition was published in January 2015, was widely distributed, and has been well-received.

- Drafted a **single training strategy** for implementation across health and social care provided using an agreed competency matrix.

- Supported the delivery of **'Making Safeguarding Personal' training** to local Elected Members / County Councillors in February 2016. The training was delivered by the Adult Social Care Safeguarding Team Manager, and was very well-received with one attendee reporting that it had been "one of the best training sessions" they'd ever attended. "It was the way the trainer delivered – she was eloquent and engaged with each of us, populating the training with real examples and involving us in discussions". The training slides and supporting case studies were subsequently made available to all County Councillors, along with documents to assist Members in understanding their role in helping to safeguarding adults at risk and effectively scrutinise local services.

- The Learning and Development subgroup also has a key role to play in supporting learning and improvement, and has prepared a detailed **practitioner briefing note** for the local workforce following the SAR completed during the year as a means of sharing the themes and findings to emerge from the process.

We will also have a key role to play in monitoring the progress of action plans put in place following reviews, as well as considering learning to emerge from other reviews conducted both locally and nationally.

The subgroup plans to deliver a large Multi-Agency Practitioner Learning Event in June 2016 to communicate the lessons learnt from recent serious cases.

Quality Assurance Subgroup

The role of the Quality Assurance subgroup is to establish and maintain performance management arrangements for the Safeguarding Adults Board.

It is chaired by the Detective Chief Inspector (Manage South), Avon & Somerset Police.

During 2015/16 we:

- Produced a **Quality Assurance Framework**, outlining the various methods through which the Board will monitor, measure and seek assurance of the effectiveness of local safeguarding arrangements.

- Developed a '**SSAB Effectiveness Survey**' and subsequently analysed the results to emerge from its members. Key strengths were identified in relation to the Board's leadership and coordination of adult safeguarding policy and practice across

agencies, and the sense that partners work in an atmosphere of cooperation, mutual assurance, accountability and ownership of responsibility. Areas requiring greater attention centred on the use of data, information and intelligence to identify risks and trends, and ensuring mechanisms are in place to ensure the views of people at risk of abuse and their carers inform the work of the SSAB. The findings of this survey, which will be repeated on an annual basis, have informed the Board's risk register and strategic plan for the year ahead.

- Identified and adopted an agency **Adult Safeguarding self-audit** process to help the Board evaluate the effectiveness of safeguarding arrangements locally, and identify and prioritise areas in need of further development. The self-audit forms an important component of the Board's Quality Assurance framework, with the audit tool also designed to support local organisations and member agencies in their continuous improvement of adult safeguarding work. All SSAB member organisations are required to complete the self-audit on an annual basis during Quarter 1 (April – June) and submit to the Board's Quality Assurance subgroup for monitoring and assurance purposes.

- Monitored local **performance data**.

Safeguarding Adults Review Subgroup

The SSAB has a multi-agency SAR subgroup whose role it is to ensure statutory requirements are met in relation to reviews.

The subgroup is chaired by the Director of Adult Social Services.

During 2015/16 we:

- **monitored progress in relation to ongoing reviews and considered potential cases against the criteria** for conducting one. It has also overseen the appointment of independent, external Chairs and Review Authors; this supports the SARs credibility, and can help to create a more conducive environment to facilitate and encourage discussion amongst involved stakeholders. The SSAB has been fortunate in securing high-profile and well-regarded Chairs to oversee its recent reviews, and is grateful for their input and contribution.

- worked in partnership with the Policy & Procedures subgroup to produce a **Learning and Improvement Policy**, replacing the former Serious Case Review policy that existed, clarifying local arrangements for SARs, and ensuring learning and improvement is better embedded in practice. The Policy was formally ratified in February 2016.

- **ensured the presentation of completed reviews** to the Safeguarding Adults Board for formal acceptance and to agree plans for publication and implementation, including the dissemination of learning across the locality.

- **commenced work to explore how the SAR process can better align with / support other statutory review processes**, such as child Serious Case Reviews or Domestic Homicide Reviews.

In addition, the SSAB has:

- **developed the Business Support function** for the Board and appointed a **full-time Business Manager** for the Board, who took up post in September 2015.
- worked in partnership with the Somerset Safeguarding Children Board, Community Safety Partnership, Health and Wellbeing Board, Children's Trust and other key area groups to develop a **Partnership Protocol for Working Together**, due for implementation in the new financial year.
- strengthened links with local **service user and carer engagement** groups.

What difference has been made to safeguarding adults in 2015-16?

During the past year, we have:

- Strengthened arrangements to bring greater challenge to partners through the adoption of a self-audit process. This will help assure the Board where working practice is safe across Somerset, and, where there is concern for practice, enable the Board to question and monitor actions.
- Opened up channels of communication to help the Board build better relationships with local service user and carer groups, and the wider community.
- Commenced and conducted Safeguarding Adults Reviews, enabling the Board to learn lessons and identify practice needing development.
- Raised public awareness of adult safeguarding through our 'Thinking it, Report it' campaign, and increased understanding of the role of the Safeguarding Adults Board.

6. Safeguarding Adults Reviews

All safeguarding is complex, challenging work but this is never more so than when an individual dies or is seriously harmed through abuse or neglect. The impact on families, carers and the professionals involved should not be over-estimated and is never taken lightly by any organisation or professional.

A vital role of the Board is to seek assurance on the effectiveness of local safeguarding activity and to ensure practice continually improves. It is required to commission Safeguarding Adults Reviews (SARs) to identify whether lessons can be learnt about the effectiveness of multi-agency working to safeguard adults at risk.

The Care Act 2014 states that a Safeguarding Adults Review (SAR) must be arranged by the Safeguarding Adults Board when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and when there is concern that partner agencies could have worked more effectively to protect the adult. A SAR must also be arranged if an adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Please note that Safeguarding Adult Reviews were known previously as Serious Case Reviews.

SARs are demanding pieces of work and are dependent on the openness and reflection of agencies involved to identify what worked well and what could have been better.

Ms. C, February 2016

One SAR completed in Somerset during 2015-16, examining the lessons to be learned across a range of agencies in relation to Ms C, a young woman with learning disabilities who was the victim of sexual exploitation and domestic abuse.

The SAR reported to the Board in February 2016, and highlighted a range of missed opportunities to adequately protect Ms C.

Lessons learned centred on the need for practitioners to better:

- recognise the key features of sexual exploitation, including coercion and control, disclosures and retractions;
- engage mainstream provisions to address domestic violence, and spot the early signals of domestic abuse;
- implement formal tests of mental capacity, and develop understanding of the Mental Capacity Act;
- identify when someone fits the criteria of a vulnerable adult and therefore is entitled to additional protection and support within the terms of the Care Act 2014;

- keep a person's history in mind and consider early indications of emerging patterns of concern when assessing risk;
- support effective person-centred transition between and across services; and
- secure better outcomes through adopting a 'Think Family' approach to safeguarding, seeing the children behind the adults, and the adults behind the child.

How are lessons being learnt on the back of the Safeguarding Adults Review?

- A multi-agency action plan has been prepared and is being monitored by the Board's Learning & Development subgroup.

- Learning from the case informed and inspired the SSAB's first Practitioner Briefing Sheet, developed by the Learning & Development subgroup, and designed to widely distribute themes to emerge from serious cases. The document was published and promoted in the Board's April 2016 newsletter, and is also publically available via this 'Learning from Experience' webpage

- Arrangements have been made for the Independent Author of the review to present the case at the Board's first multi-agency Practitioner Learning Event scheduled for June 2016, alongside a focused presentation on using the 2005 Mental Capacity Act in complex cases. Over 100 practitioners across a wide range of agencies have committed to attend the conference.

- The case has also flagged the need for closer working between adult and children's services. Learning has been shared with the Somerset Safeguarding Children Board, and in July 2016, the case will form part of joint Safeguarding Board-led MAPIG (Multi Agency Practitioner Information Group) meetings across the county linked to the promotion of a 'Think Family' approach and the need for more effective transition arrangements between and across services.

- Work has been undertaken with Community Teams for Adults with Learning Disabilities in response to the review, with externally-led diagnostics undertaken for all four teams and focused action plans being taken forward by staff to drive necessary improvement.

A further four Safeguarding Adults Reviews have been raised and remain in progress; these are due to complete during the next financial year and will be reported on in next year's annual report.

7. Key challenges

Deprivation of Liberty Safeguards in Somerset The Deprivation of Liberty Safeguards have been in operation since April 2009 and have been the sole responsibility of local authorities since April 2013. Referrals for assessment and authorisation showed a steady year on year increase until the end of 2013/14. In March 2014 the Supreme Court handed down its judgement in two cases (P v Cheshire West and Chester Council; P and Q v Surrey County Council) which focussed upon the definition of deprivation of liberty itself. The clarified definition – often referred to as the 'acid test' – has made it easier to understand how deprivation of liberty should be assessed but has resulted in a very significant increase (approximately ten-fold) number of applications made to local authorities and to the Court of Protection itself across the country.

Somerset statistics

	Applications received from Care Homes	Applications received from hospitals	Total	Assessments completed	Change of circumstance before assessment	Authorisations granted	Authorisations declined	Outstanding applications at year end
2013/14	74	21	95	95	0	46	49	0
2014/15	1100	160	1260	294	150	246	198	816
2015/16	**1828**	**417**	**2245**	**410**	**204**	**369**	**245**	**1744**

Application rate in 2015/16 = 43 per week
Application rate first 6 weeks of 2016/17 = 45 per week

As in the previous financial year, a significant proportion of completed DoLS processes in 2014/15 failed to meet the legal timescales for assessment and authorisation. The proportion of applications processed by the local DoLS team is similar to that of other local authorities in the south west region.

During the coming year the Council will be:

- restructuring the assessment allocation system
- training additional assessors, and
- maximising the participation of already qualified staff

The County Council provides the Board, via its Quality Assurance subgroup, with an update position summary each quarter.

Safeguarding referrals and alerts are increasing every year: this demonstrates that safeguarding awareness is growing, and has been helped by the Board's 'Thinking it? Report it' awareness raising campaign. However, only 16% of concerns received resulted in a safeguarding enquiry being undertaken, meaning a high proportion of concerns did not meet thresholds for safeguarding enquiries. In light of the above, we are working with partner agencies to ensure that only appropriate concerns are reported by increasing awareness of what constitutes abuse and neglect so are resources are better directed to actual safeguarding concerns.

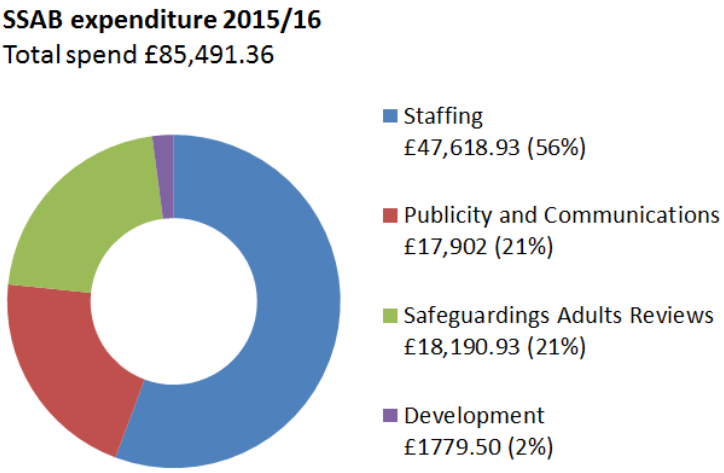
Ensuring carers are adequately supported: The most recent Census (2011) revealed that 11% of people in the county (just over 58,000) provided unpaid care to a friend or relative, representing an increase of about 8,000 in the past decade. However, even this substantial

total is thought to be an under-estimate. Learning to emerge from analysis of serious cases in the county reinforces the need for carers to be more effectively supported in their caregiving role, in part through the formal assessment of their support needs.

Somerset's ageing population: 111,660 people in Somerset are aged 65 and over, up 15.4% since the 2001 Census. There are now over 58,723 households in Somerset where all residents are aged 65 or over. This represents over a quarter (26.3%) of all households. The estimated number of people aged 80 and over in Somerset is estimated to have increased by a quarter since the 2001 Census, and places significant pressure on health and care services.

Board funding and expenditure: Whilst it is the responsibility of the Local Authority to establish a Safeguarding Adults Board for its area, Care and Support statutory guidance is clear that all members are expected to consider what assistance they can provide in supporting the Board in its work. This might be through payment to the Local Authority or to a joint fund established by the Local Authority. Members are expected to support the work of the Board, but no formula has been set for the total budget of a SAB might need, nor the contributions to be expected from each members. Boards are expected to determine their own local arrangements.

Income contributions towards the SSAB during 2015/16 came from statutory partners, with £5,000 from Avon & Somerset Constabulary, £10,000 from the Somerset Clinical Commissioning Group, and the County Council covering remaining costs. Staffing costs *(associated with the newly-appointed SSAB Business Manager since September 2016 plus costs for Independent Chairing and expenses)* made up the majority of the Board's expenditure for 2015/16 (56%). Further costs related to the employment of Independent Review Authors for SARs and work associated with the Board's 'Thinking it? Report it' publicity campaign and associated materials.



For the financial year ahead (2016/17), Avon & Somerset Constabulary have increased their contribution to £15,000, and the Somerset Clinical Commissioning Group have committed £10,000 once again. Somerset County Council continues to bear the largest proportion of the costs. The SSAB is working to seek ways to minimise costs and be more creative in the way it delivers its objectives wherever possible (for example, aligning with other statutory partnerships on matters of shared interest and exploring more efficient and effective ways to conduct safeguarding adults reviews); however there is currently insufficient funding available to the Board to enable it to effectively deliver its responsibilities and actively progress its ambitions. This is a matter which will be taken forward for resolution during 2016/17.

8. Our priorities 2016-17

The Board recognises more can be achieved by working together in partnership, and has committed to the following four strategic objectives for the year ahead, based on feedback, learning and analysis of current strengths and areas for development:

1. **Prevention**: focused on ensuring adults at risk are identified early and have their needs met promptly and effectively, and that multi-agency practitioners are supported in identifying and responding to adult safeguarding concerns. It is better to take action before harm occurs.
2. **Making Safeguarding Personal**: focused on embedding an approach to safeguarding that is person-led, outcome-focused, enhances involvement, choice and control, and improves quality of life, wellbeing and safety.
3. **Think Family:** focused on adopting an approach to safeguarding which considers impact on the whole family, in recognition of themes to emerge from recent serious cases and local needs assessments.
4. **Board Effectiveness:** focused on taking further steps to ensure Somerset has an effective Safeguarding Adults Board which fulfils its responsibilities, has strong leadership and governance arrangements, and promotes a culture of collective accountability, respectful challenge and continuous learning.

You can read our Strategic Plan in full via the following link:
http://ssab.safeguardingsomerset.org.uk/wp-content/uploads/2016/02/SSAB-Strategy-2016-19.pdf

Progress against our priorities will be reviewed and monitored on a quarterly basis via the SSAB Executive, and will actively inform the Board's annual development session.

9. The work of our members 2015-16

Avon & Somerset Constabulary

- **We refreshed our training for first responders and specialist interviewers around responses for sexual assault.** Both courses relate directly to Adults at Risk themes. We also delivered this to new police recruits and Police Community Support Officers, all of whom have safeguarding (for adults and training) woven into their initial training.
- **We secured funding to introduce a two year pilot Control Room Mental Health Triage Scheme**. Mental Health nurses are based in the Police Control Room in Portishead, enabling the Constabulary to meet mental health needs at the first point of contact, ensuring that intervention takes place at the earliest possible moment. Access to both Police and Health information databases ensures that decisions made from that point onwards are fully informed and best placed to manage risk. The mental health professionals can advise officers on the appropriate course of action and importantly, provide timely access into services for people who need them

- **We appointed a Multi-Agency Safeguarding Hub (MASH) Development Manager**, enabling the Constabulary to work with partners to embed MASH structures and/or processes within each local authority area - enabling us together to provide the best safeguarding response
- **We broadened the membership and scope of the Avon and Somerset Local Safeguarding Children Board Consortium** to become a Safeguarding Consortium, comprised of all the chairs of both children's and adults safeguarding boards, providing a mechanism for improving the efficiency and effectiveness of partnership working to best meet the needs of children and Adults at Risk
- **We conducted a Crime Data Integrity Audit** which highlighted an issue in relation to our recording of some safeguarding crimes - this was purely an administration issue and, once rectified, the numbers of recorded crimes relating to safeguarding will increase
- **We made effective use of our Continuous Improvement Boards** to carry out assurance work in relation to our policing priorities - themes included Domestic Abuse, Mental Health and Adults at Risk
- **We made effective use of our daily review meetings**, which have a strong focus on vulnerability and managing risk - ensuring we direct our resources in the most appropriate way
- **We provide professional policing services, working with partner agencies, in order to keep people safe from harm**. This includes working to prevent Adults at Risk from becoming victims of crime, investigating crimes against them, bringing perpetrators to justice and managing offenders. During 2015/16, Avon and Somerset Constabulary built upon previous significant improvements to the strategic and operational response to identifying and dealing with incidents involving Adults at Risk, putting into practice the One Team approach introduced in October 2014.
- By way of context, the Constabulary identified 844 'Safeguarding Adult flagged crimes' and 572 'Safeguarding Adult flagged incidents' in Somerset during 2015/16, increases of 62% and -11% on the previous 12 months

- **We have worked to ensure that NHS Providers meet their safeguarding responsibilities** through strengthening our commissioning arrangements
- **We have refreshed our contracting process in 2015-16 to reflect the requirements of the Care Act 2014** and supported outcomes-focused, person-centred safeguarding practice through 'Making Safeguarding Personal' and 'Think Family'

NHS
Somerset
Clinical Commissioning Group

- **We have developed local quality indicators, transfer and discharge for care arrangements** and a schedule to strengthen the reporting of safeguarding, using the national NHS contracts
- **We have been active participants in all SSAB meetings**, and have provided support on all Safeguarding Adults Reviews. We also display 'Thinking it? Report it' leaflets and posters in our reception areas across all NHS Trusts, primary care and the CCG. Our website homepage links to Somerset County Council and Healthwatch Somerset to signpost support for service users and their families
- **We have funded development of multi-agency safeguarding training** to deliver integrated and standardised level 2 and 3 training for health and care professionals. In 2015/16, through the contract management process, Somerset Partnership Trust reported an average 94% of staff receiving Safeguarding Adults training, Taunton & Somerset NHS Foundation Trust reported 88% and Yeovil Hospital reported 85% of staff who have received Safeguarding Adults training
- **We are working with the Somerset GP Education Trust to deliver training** to GP's and Practice staff on Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) with the objective of providing practical skills in implementing the legislation
- **We have led peer reviews within NHS Trusts, nursing and care homes** and delivered training to increase staff confidence in deciding when to raise safeguarding concerns in response to incidence of pressure ulcers for patients. We have also developed a programme to support and develop Care Home staff through our newly established Care Home Support Team which have provided workshops and support for care home staff, which support the area of preventing abuse and neglect
- **We have encouraged staff to attend regional and national safeguarding learning events** to disseminate good practice, and all NHS providers are required to have safeguarding, DoLS, and whistle-blowing policies and to implement the Duty of Candour as part of our contract management
- **We have worked with our providers and adult social care to ensure safeguarding alerts are raised and managed in a coordinated way**. In 2015-16, the CCG responded and took part in 51 Safeguarding Strategy or quality improvement meetings for care homes with nursing
- **We have a centralised Datix reporting system** to enable us to review concerns and outcomes raised by health care professionals. We met with all our providers in August 2015 to discuss serious incidents to review out systems and processes, and improve the consistency of reporting, as part of ensuring we learn lessons for improvements in patient care. During 2015/16, 94 serious incidents were reported from health providers - lower than 2014/15 when 161 reports were made. The highest prevalence of 'incident types' remain apparent/actual/suspected self-inflicted harm, pressure ulcers, and slips/trips/falls.

- **We are using Care and Treatment reviews in line with NHS England best practice** to involve families and experts by experience in planning care that will achieve the aspirations of people with a learning disability and prevent the need for hospital admission at times of crisis

Adult Social Care

- **We established a dedicated countywide Safeguarding Service in May 2015** which became fully operational in September with the service receiving all safeguarding referrals. The service makes threshold decisions regarding whether referrals meets the criteria for a statutory safeguarding enquiry or require other assessment and support. The service also undertakes direct safeguarding enquiry and investigation work, and oversees safeguarding enquiry work undertaken by other agencies. The service has identified a significant increase in the number of safeguarding concerns being received and is working with partner organisations to look at the appropriateness and consistency of referrals

- **We set up Community Venues in local areas** so people can make appointments or drop in to speak to a member of staff from Adult Social Care about their needs. The hubs mean workers can see more people in one place, giving people the advice they need quickly and close to where they live. We are further developing this model to encourage greater community participation so we can promote independence and self-help in the first instance
- **We have worked closely with our colleagues in children's services to improve young people's transition from children's to adult services**. Service user and carer representatives have helped us to develop our Transitions vision and have given us their feedback on what support is needed
- **We launched the Somerset Choices website in July 2015**. The site is designed to provide good information, advice and signposting to services www.somersetchoices.org.uk
- **We recruited a full-time Business Manager to actively support and progress the development of the SSAB**. The manager took up post in September 2015 and is line managed by the Strategic Manager for Safeguarding and Quality. We also ensured dedicated business support was made available to the Board from the summer of 2015
- **We funded the development of a dedicated website for the SSAB** with support from the County Council's web design team and in alignment with work being undertaken by the county's Safeguarding Children Board
- **We used Local Authority Care Act monies to develop branding for the SSAB and a public awareness raising campaign (Thinking it? Report it), which launched in November 2015**. This has been a key component in raising the profile of adult safeguarding, and the Board itself, across Somerset
- **We appointed to the permanent position of Director of Adult Social Services in January 2016**. Stephen Chandler had been Shropshire Council's Director of Adult Services and is highly respected in the sector. He comes with a wealth of experience and knowledge from both social care and the NHS
- **We piloted a Quality Assurance process during March 2016 with our CTALD teams (Community Teams for Adults with Learning Disabilities) on the back of learning to emerge from a Safeguarding Adults Review**. The process – consisting of a team self-assessment, diagnostic day and subsequent action planning - has enabled us to gain a baseline understanding of current performance, exploring what is working well and identifying what needs to improve to deliver sustainable improvement. It has proved to be a beneficial way to engage with staff and better understand the issues teams are facing. It will be rolled out across the rest of the service later in 2016/17 and will support implementation of wider performance management approach

- **We have worked with our multi-agency partners to develop a new five-level training programme for adult safeguarding**. This partnership working takes forward a consistent approach to training across Somerset and has been supported by the SSAB. We are currently creating new training materials and changing our learning framework to support the delivery of this exciting new programme

Taunton and Somerset NHS
NHS Foundation Trust

- **We have developed an e-Learning package for the delivery of Mental Capacity Act (MCA) training.** Feedback from staff on this training approach has been very positive. Our initial focus for this training programme was senior medical staff and this is now being extended as part of our essential learning to a range of clinical staff across the hospital. This E-learning is an addition to the range of training methods we use.
- **We have learned from concerns raised about everyday capacity assessments**. As a result of this we are ensuring that new mental capacity act training includes more information on common everyday capacity decisions, such as decisions about hygiene needs and moving patients.
- **In January 2016 Taunton and Somerset Foundation Trust had their CQC inspection**. The Trust was rated good overall and outstanding for care. The inspection team found overall levels of awareness in relation to safeguarding and mental capacity to be good amongst staff in the medical care core service. The use of vulnerable adult information folders on medical wards was noted as good practice. The Trusts policies addressing MCA and DoLs were seen to be up-to-date and available to staff. These processes were also examined in surgery and were assessed to be clearly presented and followed by staff. Within critical care, very good practice was seen in making and recording best interest decisions, in the use of restriction and in awareness of DoLs. The review highlighted areas for further work which have informed the work plan for 2016/17 and these include for end of life care consistently recording best interest decisions and MCA considerations and to continue our focus on mental capacity act training.
- **We have continued to develop our adult safeguarding staff audit programme.** This programme is aimed at testing staff knowledge of safeguarding through a scenario based series of questions. Scenarios are taken from our learning of cases. This audit also tests understanding of mental capacity, learning disabilities and restrictive care, including the deprivation of liberty safeguards. This audit is carried out on the wards and includes all ranges of hospital staff. This audit work helps us to assess current knowledge and identify areas of weakness that then allows us to look at our advice/systems and plan actions to increase staff awareness. This forms part of our policy monitoring and internal assurance processes.
- **We updated our Adult at Risk Policy to reflect changes brought in by the Care Act**. Our Deprivation of Liberty Safeguards policy was also been revised to reflect the Supreme Court ruling. We have also revised our Domestic Abuse and Mental Capacity Act policies

Somerset Partnership NHS
NHS Foundation Trust

- **We have developed an Integrated Safeguarding Service** that covers Safeguarding Adults, Safeguarding Children, Multi- Agency Risk Assessment Conferences (MARAC), Multi- Agency Public Protection Arrangements (MAPPA) and PREVENT (a strand of the Governments CONTEST strategy working with counter-terrorism). The integrated safeguarding service embeds the 'Think- Family' model as the basis for all of its work across the Trust and with our partner agencies

- **We have developed an Integrated Safeguarding Steering Group** that considers all of the areas that the Safeguarding Service is responsible for and reinforces the 'Think Family' approach
- **We have developed a safeguarding adults team generic mailbox** for our service which has been mirrored by our Somerset County Council (SCC) colleagues, thus enabling clearer communication between us and our SCC safeguarding colleagues.
- **We produced name badge stickers for every member of the Trusts 4,000 staff that incorporates the single point of contact (SPOC) number for the Safeguarding Service**. The Integrated Safeguarding Service provides telephone advice and guidance service and ad- hoc supervision to staff across all of our services.
- **We have developed Safeguarding intranet pages** that provide a useful resource for staff. These have internal and external links incorporated within them for all of the forms and documentation staff will need.
- **We have strengthened our professional safeguarding team** by reconfiguring our existing resources to further enhance the skills mix of the team to provide appropriate responses to concerns from our vast array of community and mental health services.
- **Staff have reported increased confidence in the support and training they receive**. Up until March 2016 there was one level of training provided in-house for all staff and we have already trained over 93% of staff. From April 2016 we will start to provide higher level training to targeted staff groups to enhance their learning and understanding further and incorporate learning from safeguarding adult reviews and other reviews undertaken.
- **Accessing the Safeguarding Service for advice and support via the new single point of contact number has proved really popular**. Staffs are evidently becoming more aware of potential patient safeguarding issues from the increased profile that safeguarding now has in the Trust. This has been evidenced by a fourfold increase in safeguarding contacts to the team over the last year and increased referrals to the Somerset County Council Safeguarding team.
- **We have worked closely alongside our police and Somerset county council safeguarding adult colleagues to develop the weekly safeguarding adults Multi- Agency Safeguarding Hub (MASH) meetings.** We already have daily MASH meeting established with Children Social Care and the Police.
- **We worked closely with the SCC Safeguarding Team to co- produce joint Level 3 safeguarding training** for all of the staff working within the integrated social care and health community learning disability teams.
- **We have completely revised our safeguarding training provision to reflect the Care Act 2014** and the Royal Colleges Intercollegiate Guidance. The trust now provides in-house Levels 1- 5 safeguarding training and has been successful in a bid for NHS England one-off funding to provide safeguarding adults training across the health community of Somerset & North Somerset.
- **We have actively contributed to several Safeguarding Adult Reviews and Domestic Homicide Reviews** with our partner agencies.
- **We are actively involved in the work of the Safeguarding Adult Board and all of the sub-groups**, working hard with our board and sub group colleagues to improve safeguarding services across Somerset.
- **We have a Non- Executive Director responsible for safeguarding**, as well as Named Doctors for Safeguarding Children and Safeguarding Adults supporting the work of the Safeguarding Service and providing appropriate internal challenge. This is in addition to the Trust's Executive Director responsible for Safeguarding.

- **We supported 10 volunteers and 5 members of staff to access safeguarding training.** This means that staff and volunteers are aware of the signs of abuse and neglect, and are confident in escalating safeguarding concerns or deal with disclosures during public engagement

- **We escalated 4 safeguarding concerns** as a result of intelligence gathered from the public
- **We created a set of guides promoting good practice in care homes.** These were based on examples of good practice observed by the 'enter and view' team during a programme of visits to care homes in Somerset. The guides can be used by care home managers, staff, residents and relatives to identify good quality service provision for vulnerable older people
- **We have a good working relationship with the Care Quality Commission (CQC)** and share with them information gathered from the public and through our enter and view visits
- **We promoted SSAB news and awareness raising campaigns** (Thinking it? Report it) through our monthly e-bulletin, website and social media, raising public awareness of safeguarding in Somerset
- **We are led by an Executive Group which includes volunteers who lead on quality in health, quality in social care and equality of access to health and social care services.** This ensures that Healthwatch Somerset is considering and reviewing public experiences of local services and raising concerns with providers and commissioners

- **We appointed a lead for Mental Capacity Assessment** to strengthen internal arrangements and ensure compliance with statutory guidance on Deprivation of Liberties
- **We appointed a Head of Safeguarding** who will lead an integrated safeguarding team and develop the safeguarding strategy within the trust

- **We developed a training strategy** in partnership with Somerset Partnership NHS Foundation Trust for the SSAB and committed to support the delivery of multi-agency training across the county
- **We participated in the Thinking it? Report it awareness campaign** and disseminated posters highlighting how to raise concerns
- **We saw an increase in the number of alerts and referrals raised through safeguarding** reflecting an increased awareness within the organisation of safeguarding issues and also due to increased public awareness
- **We provide Safeguarding training at induction and as part of mandatory training** as a combined adult and child safeguarding training programme
- **We provided ward-based targeted training sessions on understanding the Mental Capacity Act and DoLS processes** and case law updates have been held
- **We held a Learning Disability Carers event** to gain feedback on issues for families. We subsequently recruited a Learning Disability Practitioner to work as an integral member of the Safeguarding Team
- **We actively responded to serious case reviews, section 42 requests** and where safeguarding concerns have been identified
- **We revised the Yeovil District Hospital safeguarding training programme** to provide a more integrated approach to safeguarding awareness and in

line with SSAB strategies

- **We worked with the Community Safety Partnership and Knightstone Housing on a health-based project for independent violence advocacy** and secured funding for a YDH role to start in April 2016
- **We secured funding and recruited to an additional Safeguarding Children practitioner role** to strengthen arrangements to ensure staff 'Think Family'
- **We developed policies for Female Genital Mutilation and Domestic Abuse** strengthening the Safeguarding Policies within the Trust
- **We amalgamated the Child and Adult Safeguarding teams into one team** thereby strengthening our approach to safeguarding
- **We have analysed, reviewed and risk assessed the referral process** for efficiency and demand management
- **We have developed a standardised audit tool** to review 40 randomised cases
- **We have delegated the whole SWAST Safeguarding team to a triage role** due to the long-term absence of the triager

South Western Ambulance Service
NHS Foundation Trust

- **We received a positive letter of support from the Safeguarding Board for our 111 CQC Inspection** and positive verbal feedback from the 111 CQC inspection
- **We have contributed to and supported local Safeguarding Adults Reviews and Domestic Homicide Reviews** despite capacity issues
- **We have recruited to our referral triage processor (an administrative position)** with the successful candidate due to commence the role in May 2016
- **We agreed the Terms of Reference and Workplan for the National Ambulance Safeguarding Group** in March 2016
- **We have updated our Managing Allegations Policy and agreed it at our Safeguarding Operational Group,** along with our PREVENT Policy
- **We (the SWAST Safeguarding Team) provide advice, training, ad hoc supervision and support to all frontline and support staff across the Trust area**. There are 3 named professionals that individually cover each of the 3 trust localities. They each directly report to the Head of Safeguarding.
- **We facilitated operational officers abstraction to join Gloucestershire's Safeguarding Fire Subgroup to look at joint work on hoarding**
- **We are supporting action to ensure vulnerable people are identified and supported in police operations around drug supply**
- **We are leading the Preventing extremism programme** and implementing the local channel process
- **We are contributing a public health perspective to the Learning Disability Transformation plan**
- **We are supporting the Positive Lives programme** for adults with complex needs in insecure housing / or who are homeless
- **We trained all front line safeguarding staff in the awareness of Preventing radicalisation and extremism**
- **We trained 2 Slavery Safeguarding leads in adults safeguarding team to refer potential modern slavery cases** as part of the National Referral Mechanism Pilot
- **We supported the Safe Places scheme** across Avon and Somerset

SOMERSET County Council
Public Health

- **We embedded elements of the Workshop to Raise the Awareness of Preventing radicalisation and extremism into Adults Safeguarding training**
- **The Safer Somerset Partnership considered 3x Domestic Homicide Reviews that involved vulnerable adults** receiving adults social care service
- **We trained 254 Adult Social Care staff in the Domestic Abuse training** courses (level 1 and level 2)
- **We have conducted a Multiple needs project which explored how the 3 specialist services (domestic abuse, substance misuse and mental health) work together** to respond to parents and children affected by these interrelated issues. There is a working protocol in place and a set of principles of practice agreed. This is being tested for 8 months and will be reviewed and amended Autumn 2016.
- **The Somerset Drugs and Alcohol Service has revised the risk assessment and management plan** from learning from the first 2 years of operation of the contract to ensure there is an effective service response for vulnerable adults.

Are you worried about someone?

If you are worried about a vulnerable adult and would like our help, please don't stay silent.

- Phone Adult Social Care on **0300 123 2224**
- Email **adults@somerset.gov.uk**
- In an emergency always contact the police by **dialling 999**
- If it is not an emergency and you want to talk with the police, **dial 101**

We will make urgent enquiries to understand the situation and make decisions about what needs to be done next, to make sure people are safe.

We will always deal with any calls in the strictest confidence.

SOMERSET SAFEGUARDING ADULTS BOARD

Appendix 1

Strategic Plan 2015–16
Progress Monitoring

Action	Lead	Timescale	RAG	Progress Update
1. LEADERSHIP AND GOVERNANCE				
Embed and review the SAB structure and governance arrangements	SSAB Chair	By February 2016	**GREEN**	• Terms of Reference for all subgroups agreed and revised structure in place. • New members appointed and member induction pack created to support. Member attendance monitored and reported. • SSAB information sharing agreement prepared – formally ratified at February Board.
Governance arrangements to be agreed between Boards with clearly defined reporting structure	SSAB Chair	By December 2015	**AMBER**	• Partnership Protocol for Working Together drafted alongside Safeguarding Children Board, Health & Wellbeing Board, Safer Somerset Partnership and local Children's Trust – delayed due to current plans to review HWBB Structure; agreed in principle by Independent Chair. • Regular 'Making the Links' meetings established with Safeguarding Children Board Manager as means of strengthening interaction and progressing shared priorities.
Ensure safeguarding is embedded in corporate service strategies across the	SSAB Chair	By December 2015	**AMBER**	• Will be evidenced through annual agency self-audit process, due for

Action	Lead	Timescale	RAG	Progress Update
partnership				implementation Quarter 1 2016/17.
Continue regular meetings between Chair, Director of Adult Services and key members of the Council to ensure Chair is held to account	Director of Adult Services	For period of plan	**GREEN**	• Regular meetings take place between the Chair, Director and Chief Executive of Council • Induction with new Director took place 10 February 2016
Develop a programme to review the learning and development needs of SSAB Members and implement it	SSAB Chair / Learning & Development Subgroup	By January 2016	**AMBER**	• SSAB Member & Executive Officer Training Event scheduled for 29 April 2016. • Elected Member training delivered 10 February 2016 on Making Safeguarding Personal
Present the 2014-15 Annual Report to the Scrutiny Committee and Health & Wellbeing Board	SSAB Chair	By December 2015	**GREEN**	• Annual report presented to Scrutiny Committee on 25 November 2016. • Due to a full agenda, the presentation of the Annual Report to the HWBB was pushed back from Nov 2015 to 14 Jan 2016.
2. DEVELOPING THE SAB				
Ensure that a planning session for the Board takes place in the Autumn of 2015 to start development of the Business Plan 2016-17	SSAB Chair Business Manager	By September 2015	**GREEN**	• Development Half Day took place on 29 September 2015. Outline draft priorities discussed and captured in meeting minutes. Business Plan priorities further informed by subsequent consultation activity.
Ensure the Strategic Plan is published on the SCC website and subject to a media launch, including a Member Briefing Sheet	SSAB Chair Business Manager	By September 2015	**GREEN**	• Strategic Plan and Annual Report uploaded to SCC website. Circulated to Member agencies and encouraged to promote/publish on their own websites. • SSAB website under development - will promote all future publications

Action	Lead	Timescale	RAG	Progress Update
				• SSAB Newsletter included links to Annual Report and Strategic Plan.
Hold a series of consultation and engagement events with key stakeholders, including service users and carers, to inform the business planning process	Business Manager	By January 2016	**GREEN**	A range of meetings have taken place to support this activity: • Healthwatch Executive (Nov 2015, Jan 2016) • Service User Engagement Group (Nov 2015) • Safer Somerset Partnership (Nov 2015) • Health & Wellbeing Board(Jan 2016) • LSCB Chair/Business Manager (Jan 2016) • Chief Executives Group (Jan 2016) • Scrutiny Committee (Feb 2016) • Carers Voice (Feb 2016)
Develop a Communications Plan for the SAB	Business Manager	By December 2015	**GREEN**	• Communications Strategy prepared and formally ratified by the Board in February 2016.
Develop the Business Support function for the Board, with appropriate resourcing to undertake its statutory requirements	Director of Adult Services	By September 2015	**GREEN**	• Business Manager appointed and took up post 1 September 2015. • Business Support identified for the Board, starting mid-August 2015. • Additional SSAB funding secured for year ahead from statutory partners - Police and CCG.

Action	Lead	Timescale	RAG	Progress Update
3. Quality Assurance and Performance Management				
Develop a multiagency SSAB Quality Assurance and Performance Framework	Quality Assurance Subgroup	Throughout the year	**AMBER**	• Quality Assurance Framework presented to QA Subgroup and approved at Jan 2016 meeting. • Further work planned to strengthen the performance info received from partners to inform the SSAB Scorecard and infrastructure. Ongoing priority in 2016-17 Business Plan.
Develop an audit programme to include an audit tool which measures practice and impact based on the principles of MSP	Quality Assurance Subgroup	Throughout the year	**AMBER**	• SSAB Effectiveness Survey issued, analysed and to be repeated on at least an annual basis as means of monitoring progress • Agency self-audit tool to be implemented from Quarter 1 2016-17 (and on annual basis subsequently) to enable the Board to be assured of local safeguarding practice and improvement • Arrangements being made for SSAB to collate, analyse and quarterly reporting on Adult Social Care Safeguarding Team audits as a means of identifying areas requiring further attention and to monitor improvements made over time • QA Subgroup plans to develop audit tool to ascertain the experience of harder to reach safeguarding service users

Action	Lead	Timescale	RAG	Progress Update
Establish a system for monitoring the implementation and recommendations from performance audits	Quality Assurance Subgroup	Throughout the year	**AMBER**	• Draft QA Framework outlines roles and responsibilities of QA Subgroup and other members in ensuring the themes to emerge from audits are addressed/monitored • QA Subgroup to analyse themes to emerge from Agency Self-Audit process during Q2 2016-17
Develop a performance dashboard for the Board to include key performance indicators	Quality Assurance Subgroup	Throughout the year	**AMBER**	• Performance report presented via the subgroup to November 2015 Board Meeting. Feedback was for subgroup to focus future key indicators around the agreed priorities for 2016-17. This was discussed at January 2016 QA Subgroup, and proposals drawn up to inform draft Strategic Plan. • Performance data submissions from Police delayed following introduction of new Niche reporting system and attempts to consolidate a report for all the Boards the Force Area supports. • Continuing issues re: validating data provided by Adult Social Care which is being addressed internally.
4. Safeguarding Adults Reviews				
Develop procedures for conducting SARs as outlined in the Care Act 2014	P&P Subgroup	August 2015	**GREEN**	• Learning & Improvement Policy drawn up and considered by P&P subgroup, L&D Subgroup, SAR Subgroup and Board in November 2015. Presented to Board in Feb 2016 formal ratification, and

Action	Lead	Timescale	RAG	Progress Update
				implementation from April 2016.
5. Making Safeguarding Personal				
Oversee the implementation of the principles embedded in Making Safeguarding Personal	SSAB		**AMBER**	• The Agency Self-Audit (due to be implemented via QA Subgroup in Q1 2016-17) will require members to evidence how they have embedded the principles of MSP and user experience • L&D Subgroup assessed the MSP Evaluation Report 2014/15 and discussed important role Board has in challenging each other and evidencing what is being done.
All agencies to demonstrate progress against Making Safeguarding Personal and provide evidence of user experience	SSAB			
6. Prevention				
Review current information available to the public and develop an awareness raising strategy and communications campaign	Business Manager / Comms subgroup	December 2015	**GREEN**	• Lambeth Communications appointed early Sept 2015 to provide services for SSAB branding and Promotion activity following an open tender process. New brand/logo developed in consultation with Board Members and feedback from a service user/carer focus group. Logo selected, vision statement agreed, and branding guidelines informing look and feel of Board products. • Thinking it? Report it campaign launched mid-November 2015 and has been widely promoted via social and print media. Campaign materials (posters, leaflets, information cards) widely issued. Radio and bus advertising.

Action	Lead	Timescale	RAG	Progress Update
Create a task and finish group with the objective of creating a preventative strategy	SSAB	December 2015	**AMBER**	• P&P Subgroup has drafted a Adult Safeguarding Risk Threshold tool for wider consultation to assist in identifying vulnerability and assessing the level of risk • P&P Subgroup has drafted Self Neglect Practice guidance – to be strengthened following ADASS Regional Conference focused on Self Neglect 17 March 2016 • New SSAB Website, anticipated to be in place by end of March, will assist in raising awareness of these issues