

Subject:	Independent Chair's Report		
Links to other relevant document:	<p>Executive Summary</p> <p>This inaugural report from the Independent Chairs results from her induction meetings with several SSAB members. The report sets out a series of actions designed to help the Board fully maximise its effectiveness and impact in safeguarding adults at risk in Southampton. The suggested actions are based on SSAB Board members' shared observations about the SSAB's current ways of working and frequently mentioned priorities for the Board.</p>		
Date:	1 November 2012	Author:	Dr C L Tozer
Action:	<p>Agreement of SSAB to implement the incoming Independent Chair's proposals set out in detail in section 2 pertaining to:</p> <ul style="list-style-type: none"> • real life agenda item • annual joint meeting with Southampton Local Safeguarding Children Board • annual SSAB development day • annual case file audit of practice • annual SSAB conference • development and implementation of inter agency performance scorecard • engagement in peer review process • biannual report by Independent Chair to Southampton Health and Wellbeing Board and Overview and Scrutiny Committee • proactive communication strategy • review of SSAB budget. 		

1. Introduction

1.1 Southampton Safeguarding Adults Board (SSAB) provides the key mechanism for agreeing how relevant local organisations cooperate to safeguard and promote the welfare of adults at risk. SSAB's principal mission is to prevent, identify and respond effectively to any abuse and neglect affecting adults at risk. To do this well, partners must ensure that local policies, procedures and practice are robust and enacted to consistently high standards, hold each other to account, ensure that safeguarding adults remains high on the agenda across the partnership area, monitor performance and promote

improvements where necessary and engage proactively with adults at risk, carers and frontline professionals. A learning culture, therefore, must underpin all of the SSAB's work

1.2 As the incoming Independent Chair, I have spent several days meeting SSAB members, agency senior executives and elected members in order to gain an understanding of the Board's existing strengths and areas to improve. Additionally, I have attended safeguarding training in order to acquaint myself better with local policies and procedures and to meet frontline staff engaged in safeguarding adults at risk across different agencies. This paper results from these activities and reflects people's views in my proposals that the SSAB is asked to agree or refine in order to further strengthen its profile, performance and impact. These

2. Key Points

2.1 Real Life Agenda Item

- 2.1.1 Several SSAB members have informed me that a development priority is to ensure that the Board is fully grounded in the quality of, and issues revealed by, frontline professional practice in safeguarding adults at risk. In response, I propose that the first agenda item of every SSAB comprises the "Real Life" agenda item. Appendix 1 provides the draft template that each agency will distribute amongst its staff and managers in order to ensure the selection of suitable cases and guidance to staff in how to prepare for their presentation to the SSAB.
- 2.1.2 The Real Life agenda item will be limited to 20 minutes and will comprise a multiagency presentation by frontline colleagues/managers from across the relevant agencies working with the adult concerned. A single agency will be responsible for co-ordinating the presentation – but in doing so they will liaise with the other agencies supporting the adult and ensure that the presentation provides a comprehensive overview of: how safeguarding issues were prevented or identified; the issues facing the adult at risk; the response given by the different agencies; what has worked well professionally (including partnership working); and what has worked less well (including partnership working). Of key importance to the Board, the presentation will conclude with practitioners'/managers' assessment of any key issues they need help from the Board in resolving. The Board will then be charged with responsibility to provide a prompt response to these issues.
- 2.1.3 In terms of which agencies should be responsible for co-ordinating the Real Life agenda item, I propose that these are: adult social care; health; police; housing; the voluntary and community sector; and the independent sector. Discussion is needed as to whether the health community should be asked to provide separate presentations as led by the CCG, the hospital and Solent Healthcare.
- 2.1.4 Introduced from the first SSAB meeting in 2013, I propose that the first Real Life agenda item is led by adult social care. Thereafter, the identity of the agency co-ordinating the next Real Life agenda item can be decided at each SSAB at the conclusion of the Real Life agenda item.

Recommendations:

- i. **To commence the Real Life agenda throughout all SSAB meetings in 2013.**
- ii. **To approve the Real Life Agency Template at Appendix 1 and for all SSAB members to take responsibility for explanation and distribution throughout their agency.**
- iii. **That adult social care co-ordinate the first Real Life agenda item at the next SSAB**

2.2 Annual Joint Meeting with Southampton Local Safeguarding Children Board (SLSCB)

2.2.1 Safeguarding adults at risk is not a mirror image of safeguarding children. There are key differentiating factors such as the fact that only adults at risk (as defined in guidance) are subject to adult safeguarding arrangements – whereas children’s safeguarding covers all those children aged under 18. Moreover, unless they “lack capacity”, adults at risk have the right to take decisions/adopt lifestyles despite any safeguarding implications – children are assumed to always “lack capacity” in this regard. Finally, adult safeguarding plans often focus on the management of safeguarding risks because the adult concerned is prepared to live with these risks – whereas in children’s safeguarding the imperative is to ensure that the child is safe at all times.

2.2.2 Differences notwithstanding, there are well established links and several similarities between child and adult safeguarding. Many serious case reviews have revealed that children who have experienced significant harm have parents or carers who are adults at risk – that is to say, parents/carers with substance misuse problems, mental health problems, experience domestic abuse or who have learning disabilities. The mechanics of adult and children safeguarding policies, procedures and practices are predicated on partnership arrangements and, as with LSCBs, Safeguarding Adults Board are about to be placed on a statutory footing – with the accompanying duty to co-operate placed on all agencies who work with adults at risk. The SSAB, like the SLSCB for children, must ensure that staff across all agencies who work with adults at risk are trained to prevent, identify and respond to safeguarding needs. The SSAB, like the SLSCB on behalf of children, must ensure that there is a good awareness among the wider public in preventing, identifying and responding to the safeguarding needs of adults at risk. When an adult at risk experiences significant harm, the SSAB must commission, learn from and respond to Serious Case Reviews – in exactly the same ways as the SLSCB where a child experiences significant harm. Equally, the SSAB, like the SLSCB, must monitor safeguarding performance across all agencies – supporting and challenging all agencies to achieve the highest professional standards and good safeguarding outcomes. Finally here, several SSAB members have reminded me that they are also SLSCB members – and that they would like the Independent Chairs to develop joint working in order to improve efficiency and systematically share best practice across the Boards.

2.2.3 An annual joint meeting between the SSAB and SLSCB could usefully focus on issues of mutual concern and interest to both Boards such as: how to engage with the public and the media in promoting wider awareness of safeguarding children and adults at risk; the delivery of effective governance through safeguarding boards; how to embed safeguarding in commissioning practice; relating to the Health and Wellbeing Board and working with Overview and Scrutiny; and monitoring progress in implementing the action plans of serious case reviews where children and adult services are both involved.

Recommendations

- iv. **To invite the SLSCB to convene an annual meeting with the SSAB**
- v. **The agenda for the meeting to be agreed by the SSAB and SLSCB Independent Chairs and arranged by the Safeguarding Board managers**

2.3 Annual SSAB Development Day

- 2.3.1** It is widely accepted that SABs have 3 primary roles: to establish safeguarding policies and procedures; to make significant and strategic decisions in the delivery of safeguarding arrangements by all agencies working with adults at risk; and to evaluate the effectiveness of safeguarding activity. If a SAB is to execute its roles well, it must aspire to, and be characterised by, effective governance. After all, it is governance that determines the Board's focus, behaviours and structures.
- 2.3.2** Several SSAB members have informed me that they want the SSAB to measure its effectiveness against best practice from elsewhere, build in routine and regular reviews of how well the Board is working, agree practical steps for ongoing improvement and provide an assured and timely response to external forces (such as financial austerity and national guidance). Board members have also stressed that participation in sector led improvement activities (such as the peer review process currently endorsed by the LGA and ADASS) as equally important in helping the SSAB to constantly update and improve its work.
- 2.3.3** An annual SSAB development day, therefore, will allow the SSAB to be efficient and effective in its work to safeguard adults at risk.

Recommendations

- vi. **That all SSAB members participate in an annual development day – in June 2013 and annually thereafter.**
- vii. **To agree the agenda at the SSAB meeting immediately prior to the Development Day**

2.4 Annual case file audit of practice

- 2.4.1** The SSAB exists to ensure that adults at risk are safe in their own homes and communities, safe from abusive relationships and safe from neglectful or abusive care and support. And no matter how comprehensive adult safeguarding policies and procedures are, it is the quality of practice that determines safeguarding outcomes for adults at risk. Accordingly, the SSAB must be vigilant – if not obsessed – about the quality and consistency of practice. Individual agencies are directly responsible for the quality of practice as enacted by their staff – and must ensure that their staff work appropriately and assuredly in partnership with other agencies who have safeguarding responsibilities towards adults at risk. Accordingly, the SSAB must receive reports from individual agencies detailing the results of internal quality assurance exercises – and these reports should also be reported to agencies' leadership teams, Boards and, in the case of local authorities, Elected Members.
- 2.4.2** But I believe that the SSAB must be more proactive in examining the quality and impact of professional practice – it is not good enough that the SSAB simply receives quality assurance reports from agencies. Rather, the SSAB should role model the behaviour it expects of all its members agencies. For this reason, I propose that the SSAB undertakes an annual audit of practice.

2.4.3 The annual audit should be undertaken by SSAB members, working as pairs, and comprise a randomly selected sample of cases where adult safeguarding concerns have been raised in the previous 12 months. The detailed audit methodology and audit tool will be developed over the next three months and brought to the first SSAB meeting in January 2013 for approval. This will necessitate the SSAB establishing a task and finish group who will work to the following guidelines: the audit should encompass practice across all of the relevant agencies; confidentiality must be maintained; the audit should take place over one working day; the results of the audit will be written up by the task and finish group and reported to the SSAB, the Health and Wellbeing Board, Overview and Scrutiny Committee (and made available to any peer review or inspection); and an action plan will be developed in response to the findings. of

Recommendations

- viii. To agree to undertake a SSAB annual audit of practice**
- ix. To identify SSAB members who will comprise the task and finish group designing the annual audit day and methodology**
- x. To receive a report from the task and finish group at the first SSAB meeting in 2013 detailing the proposed methodology and date of the annual audit.**

2.5 Annual SSAB Conference

2.5.1 A key function of the SSAB is to raise awareness of the safeguarding needs of adults at risk in Southampton and to explain how agencies are responding to those needs. The SSAB needs to have a high public profile and have the full confidence of adults at risk and their families, agencies who work with adults at risk staff, members of the public and the media. The work of the SAB is already made public through such mechanisms as its annual report, the results of peer review and any inspections – and this will continue. Several SSAB members, however, expressed the view that the SSAB could further heighten its profile – and in doing so engage more directly with adults at risk, carers, frontline staff and those people charged with corporate governance duties and responsibilities (e.g., Non Executive Directors, Trustees or Elected Members).

2.5.2 An annual SSAB conference would provide a useful vehicle by which to heighten the profile of the work of the SSAB, raise awareness about the safeguarding needs of adults at risk in Southampton and provide assurance and insight into how well agencies are responding to those needs. An annual conference could also usefully focus on a contemporary national or local issue of importance (e.g., the implications of the Winterbourne View Hospital scandal) and be used as a wider learning opportunity across agencies and members of the public.

2.5.3 An annual conference could also be timed to coincide with a major national event designed to better safeguard adults at risk (e.g., action against elder abuse week) and be related to SSAB efforts to engage the local media (see below).

Recommendations

- xi. To implement a SSAB annual conference – inviting speakers of national reputation and local senior leaders in addressing the safeguarding needs of adults at risk in Southampton**
- xii. To agree to share the costs of the annual conference across the City Council the NHS and the Police.**

- xiii. To request that the safeguarding learning and development leads within the City Council, NHS and Police work together and bring a proposal for an annual conference in September 2013 to the spring meeting of the SSAB**

2.6 Development and implementation of inter agency performance scorecard

2.6.1 The effective scrutiny of the quality of professional practice and delivery of successful safeguarding outcomes – as described by relevant performance information – is a key function of the SSAB. A key observation made by the majority of SSAB members I have spoken is that the Board needs to further develop its performance management function. In particular, SSAB members have pointed out that the Board’s review of performance is generally isolated to process and output measures of the City Council’s safeguarding team – and that the examination of safeguarding outcomes is generally conspicuous by its absence.

2.6.2 The Board has recently prompted the implementation of improved performance monitoring arrangements such as tracking safeguarding alerts and referrals by provider (as well as by individual) – thereby enabling better identification of those services where there are unusually high levels of safeguarding alerts.

2.6.3 Such improvements notwithstanding, an inter agency performance scorecard needs to be developed and implemented. After all, all agencies working with adults at risk will have a duty to co-operate with the SSAB and the Board needs to have better performance information across all agencies in order to perform its performance management role.

2.6.4 I have asked the SSAB members I have met whether they would be prepared to identify three or four key performance indicators that they can or will use to assure themselves about the quality and impact of safeguarding within their organisations on a quarterly basis. Members has assured me that they would welcome bringing these data to the SSAB, together with an initial explanation of why they have been selected. The safeguarding office will combine these data into a single, interagency performance report. At each SSAB meeting the relevant agency lead will present their agency’s performance data.

Recommendations

- xiv That each SSAB agency, by January 2013, identify a maximum of 4 key performance indicators detailing the quality of safeguarding practice and safeguarding outcomes that it will present to each SSAB meeting.**
- xv. That the SSAB receives a performance report that includes all additional PIs from its second meeting in 2013.**

2.7 SSAB Engagement in peer review process

2.7.1 Sector led reform is proving to be a powerful mechanism in improving outcomes for adults at risk, placing responsibility for that improvement on peer support and challenge. Regionally, the peer review process of adult safeguarding arrangements has already commenced with feedback being that it has been very helpful to SABs and individual agencies in identifying areas of strengths and areas for improvement. The peer review methodology has been formally agreed by the LGA, ADASS, SOLACE and other agencies.

2.7.2 The peer review methodology sets out that the SAB participates fully in the peer review process, receives the peer review report and develops and implements an action plan in response to any recommendations.

2.7.3 SSAB members I have spoken to welcome the prospect of a peer review but want to ensure that the timing is such that the Board can adequately evidence the progress and impact it has made in improving safeguarding systems and practice. In particular, members have stressed to me that there is a lot of activity currently underway in response to the Mr A Serious Case Review.

2.7.4 Accordingly, I propose that the SSAB asks the Director of Adult Social Care to liaise with her regional colleagues in requesting a peer review of Southampton's safeguarding adults arrangements in May 2013. This will allow the results of the review to systematically inform the SSAB development day as described above.

Recommendations:

- xvi. The Director of Adult Social Care liaises with regional colleagues to secure a peer review of Southampton's safeguarding adults arrangements as near as possible to May 2013.**
- xvii. That SSAB members and agencies participate fully in the peer review process and work together to implement any recommendations arising from the peer review**

2.8 Annual report by Independent Chair to the Southampton Health and Wellbeing Board and the Southampton Health Overview and Scrutiny Committee

2.8.1 The Southampton Health and Wellbeing Board provides the focal point for all commissioning decisions being taken across health and social care. It has a duty to improve the wellbeing of local people and this specifically includes the safeguarding needs of adults at risk. Equally, elected members have a duty to scrutinise the decisions, actions and impacts of all NHS organisations serving the people of Southampton – and this also includes NHS safeguarding arrangements.

2.8.2 The role of the SSAB Independent Chair is to support and challenge the safeguarding arrangements of all agencies working with adults at risk – and to do so from an informed and independent perspective so that the focus of the work of SSAB is fixed squarely on the needs and interests of adult at risk and their loved ones, not organisational interests.

2.8.3 Elected members I have met since my appointment have suggested that the Health and Wellbeing Board and Overview and Scrutiny Committee would welcome a formal annual report from the Independent Chair setting out the strengths and areas for improvement around safeguarding arrangements in Southampton, the activity and impact of the SSAB and the performance of agencies working to safeguard adults at risk. Elected members explained that they would be asking officers for similar information – but wanted independent advice on these matters from the SSAB Independent Chair.

Recommendations

- xviii. The Independent Chair provides a report to the Southampton Health and Wellbeing Board and Southampton Overview and Scrutiny Committee in June 2013 and annually thereafter.**

2.9 Proactive SSAB communication strategy

2.9.1 The SSAB has a key responsibility to raise public awareness in identifying and responding to any abuse or neglect experienced by adults at risk – and systematically promote and be seen to help lead safer communities initiatives such as reducing hate

crime. In order to fulfill this responsibility, the SSAB requires a proactive communications strategy.

2.9.2 First, the SSAB needs to engage positively and confidently with the media. We can be sure that the media will be assertive in contacting the SSAB in certain circumstances – e.g., when commissioning, receiving or responding to a Serious Case Review or poor safeguarding inspection. Media relations in such circumstances can be challenging and the SSAB needs to ensure that its key messages to reassure the public are delivered clearly and that the understandable media preoccupation with accountability is balanced with statements from the SSAB that focus on how the lessons learned are being applied and improvements being monitored. Equally, however, the SSAB needs to engage the media in promoting its work to the people of Southampton.

2.9.3 Second, the SSAB needs to ensure that there are good adult safeguarding promotional materials used by all agencies and posted in the right community outlets in order to help people identify and respond to any abuse or neglect experienced by adults at risk. Many SSABs have used adults at risk and their carers to help design these materials.

2.9.4 Third, in helping to explain to the wider public the importance of adult safeguarding work, the SSAB could think about orchestrating a series of interviews with frontline colleagues and managers working with adults at risk, the safeguarding team, and SSAB members. The idea would be to have a series of articles published/interviews transmitted over a predetermined period (e.g., to coincide with national action against elder abuse week) – establishing the shared commitment and responsibility across all SSAB agencies to safeguard adults at risk as well as the considerable efforts invested in ensuring that safeguarding practice is consistently high quality.

Recommendations

- xiv. To request that the City Council, NHS and Police press/communications officers work together to develop a SSAB communications strategy. This could include consideration of the suggestions above as well as any other ideas arising from their expert knowledge.**
- xv. To present the proposed strategy to the next SSAB meeting for consideration and approval.**

2.10 Review of SSAB Budget

2.10.1 All SSAB members I have spoken to have stressed the high priority placed on safeguarding adults well within their individual agencies. An organisational priority is inevitably accompanied by a clear identification of the resources necessary to fulfil that priority – because without such resource allocation (whether cash or kind) a priority is not realised.

2.10.2 If the SSAB is to achieve all of the suggestions set out above, resources (again, cash and/or kind) must be identified in order to take the work forward.

2.10.3 Currently, with the exception of the costs of the Board's Independent Chair (one day a month at £425 per day) which are shared, I have been informed that the City Council bears the full costs of safeguarding adult training, the costs of independent authorship and co-ordination of serious case reviews and all activities associated with the Board. My meetings with senior officers in the Council have revealed that this is a situation they wish to review.

2.10.4 The Council acknowledges its lead agency status for adult safeguarding and fully expects to continue to bear the majority of costs associated with the SSAB.

2.10.5 With the forthcoming statutory status of the Board and other agencies' duty to co-operate with local safeguarding adults arrangements, I propose that this is the right time to

undertake a review of the SSAB's expenditure plans, especially as all agencies are now developing their detailed proposals for 2013/14.

2.10.6 National guidance already exists for the multiagency funding of local safeguarding children board arrangements and associated activities. This guidance might provide a useful starting point to a review.

Recommendations

- xvi. To request that senior officers from the City Council, the CCG, the Police and the Fire and Rescue Service establish a SSAB budget working group – working with the safeguarding manager to establish proposals for the SSAB 2013/14 budget**
- xvii. To bring the budget proposals to the next meeting of the SSAB. .**