## LUTON SAFEGUARDING ADULT BOARD (SAB) DEVELOPMENT AND PRIORITIES FOR 2017/18

### 1. Introduction

The purpose of this paper is to confirm the outcome of the Board development session. The main aim of the session held on 7 Dec 2016 was to assess the effectiveness of adult safeguarding arrangements in Luton at protecting adults at risk of abuse and harm through analysing how the board and its members undertake safeguarding leadership. The session explored the extent to which the board and members serve the population of Luton in relation to safeguarding its vulnerable adults citizens. The approach adopted was based on the notion of Servant Leadership (Robert Greenleaf). The discussions were structured around three areas for consideration as follows::

- A review of SAB Self-Assessment in preparation for the Peer Review,
- A review of the lessons learnt from previous safeguarding Adult Review (SAR)
- A review of SAB business priorities for 2016/17 in preparation for 2017/18

### 2. Background

An extraordinary board meeting held at the end 2015 which outlined some concerns around partnership working, performance, accountability and governance for adult safeguarding in Luton. Since then we have:

- Appointed a Strategic Safeguarding Manager in July 2016.
- Introduced a set of Quality Practice Standard (QPS) for adult safeguarding and local performance measures for all partner organisation services in Oct 2016
- Introduced a set of Quality Practice Standard (QPS) for DoLS in Oct 2016

### 3. Our vision of successful adult safeguarding in Luton

**The vision of the Luton Safeguarding Adults Board is for the town of Luton to be a place where all the citizens of Luton, irrespective of age, race, gender, culture, religion, disability or sexual orientation live with their rights protected, in safety, free from abuse and the fear of abuse and where no one should have to tolerate or be exposed to abuse, neglect or exploitation.**

In relation to our published vision, the session considered the features that comprise successful adult safeguarding in Luton that the SAB has contributed and continues to pursue which were as follows:

- People feel safe in their own homes
- Safeguarding is everyone's business
- People are at the centre of any safeguarding enquiry
- Vulnerable adults have the final say in the resolution of the crisis they face.
- Vulnerable adults who need help get timely advocacy support
- People remain in control of their lives
- Practitioners across organisations are confident in their safeguarding practice

The Board rated its success so far as score of 5 out of 10, with a lot of work still to accomplish both operationally and strategically.

### 4. Review of Self-Assessment

A summary of the discussion of the relative strengths and areas for further development of our current approach in relation to key areas of professional practice is presented below.

| Strengths | Areas for further development |
|---|---|
| **1. Making Safeguarding Personal** | |
| • The person's wishes are established at the outset<br>• Protection plans are formulated at the first stage, after a strategy discussion/ meeting<br>• Mental capacity considered and an assessment is completed, where indicated however the records are within case notes<br>• Where possible the person's consent is secured or alternatively best interest assessments are completed. | • Embed restorative practice<br>• To improve the use MCA proforma used to record MCA and BIA where applicable<br>• Strengthen MCA practice across organisations<br>• Improve systematic case file audits |
| **2. Safeguarding Leadership** | |
| • Safeguarding people is a mandatory requirement within the role profile of all staff for all partner organisations<br>• Senior manager executive directors attend the board meetings | • Reviewing the safeguarding service and exploring more effective models of service delivery in the future across organisations |
| **3. Safeguarding Strategy** | |
| • Safeguarding adults is an unequivocal Corporate policy priority for all partner organisations<br>• SAB has published clear mission and strategy<br>• Escalation procedures for failing providers<br>• Provider Forum to address provider failures<br>• Annual individual service contract monitoring and reviews | • Need to have a single safeguarding policy with clear standards and performance expectations for all partner organisations |
| **4. Performance Management** | |
| • Quality practice standards have been instigated recently<br>• Local operational performance measures have also been established recently<br>• National performance measures are reported monthly to teams and quarterly to the SAB<br>• SAB has set out 7 business priorities and set out subgroups, not all of which have met regularly | • Improving data quality<br>• Proactive self-assessments of performance and actions by teams<br>• Business plan priorities have been reviewed<br>• Subgroups are yet to be confirmed |
| **5. Partnership Working** | |
| • SAB has continued to meet quarterly engaging most senior managers from partner organisations<br>• MASH established and further developments are underway<br>• Some subgroups have met to deliver to existing priorities | • A review of subgroup and their TORs<br>• Qtrly meetings with CQC & CCG to consider quality issues relating to regulated services |

## 5. A review of the lessons learnt from previous SARs

In Luton we have had 4 SARs and 1 Significant Learning Incident in 7 years between 2009 and 2016 as follows:

- **2009: Adult A**
- **2011: Ward 17 (2006-2011 – SLI)**
- **Sept 2013: MU Case**
- **Oct 2013: Adult G**
- **1 Oct 2015 Adult F**

The session considered the lessons from the first three of these, as there are on-going investigatory work proceeding at present with the latter two. A summary of the key learnings are presented below:

| Key Findings & Lessons learnt | Areas that require further development |
|---|---|
| **Adult A (May 2009)** | |
| • The criteria for each statutory service (Police, Social care and health) was being stretched with multiple presentations and we did not co-ordinate our actions<br>• More than one service should have assessed this man's mental capacity when engaging him in relation to the decision he was making<br>• A recognition that communication across depts and organisations was not working as well | • Transition team service currently remains limited to only YP who have a statement of educational needs or now Education Health Care Plan (EHCP- Children & Families Act 2014).<br>• There is an urgent need to establish a multi-agency transition services encompassing primary care and for all service user groups LD/MH/PD and others as part of a 0 - 25 yrs Service<br>• Improve MCA practice across organisations |
| **MU Case (Sept 2013)** | |
| • Recognition that we have vulnerable young people accommodated in unsuitable temporary rented housing<br>• Existing risk management structure in place (e.g. MARAC and MAPPA) had failed to track the risk progression in both cases<br>• No single point of co-ordinating primary care health information, support or pursuing engagement | • There is an urgent need to establish an accommodation strategy and action plan to cater for vulnerable young people in Luton, particularly those with complex mental health and challenging behaviour needs and others who are within the criminal justice system<br>• To review and strengthen the current risk management structures and functions to ensure they are fit for purpose |
| **Ward 17 (SLI: 2006-2011)** | |
| • Lack of awareness, ownership and leadership of safeguarding responsibilities at different levels within the hospital system, with weak procedure for managing adult safeguarding.<br>• Incidents were not escalated to the Exec team and senior staff did not follow NHS policy to inform National Patient Safety Agency & CQC. | • Continue to embed robust safeguarding practices including MCA and MSP within all components of the hospital and discharge systems |

## 6. Analysis of key Priority areas for the Luton SAB for 206/17

The board acknowledged the limited progressed made in relation to the current 2016/17 business plan priorities, led by designated subgroups, as outlined below. Only some of the subgroups have met last year, however a number of strategic developments have been progressed in all areas. Considerations were given to how some of these developments could be mainstreamed and sustained without the need to meet as a subgroup.

### (i) Governance, Leadership and Partnership
• The board confronted the problem of a lack of leadership, accountability and governance for safeguarding in Dec 2015 as part of an extraordinary board meeting. Since then attendance by senior leaders has improved and new members have been identified. The subgroup did not meet.

**(ii) Policies, Protocols and Procedures**
- The board has reviewed, discussed and approved a number of policies / procedures that are being implemented including:
  - Quality Practice standards for safeguarding and DoLS
  - Protocol for accessing secondary mental health care services
  - Protocol for partner organisation undertaking Section42 Enquiries
  - Safeguarding Adults Review
  - MASH Terms of Reference
  - Safeguarding Policy

**(iii) Training and Workforce Development**
- While there are some service specific safeguarding training available to staff from individual organisations, there is no multi-agency co-ordinated training and workforce development plan addressing safeguarding across organisations, making best use of available resources. This is not adequate. The subgroup did not meet.

**(iv) Safeguarding Adults Reviews and Professional Practice**
- This priority has been progressed by the SAR Subgroup meeting regularly to fulfil one of its key obligations to consider serious incidents / cases ( when they occur)  and make recommendations to the board on completing a SAR, and receive, discuss and disseminate key lessons learnt from these investigations.

**(v) Performance Audit and Quality Assurance**
- This priority has been progressed by the subgroup meeting regularly, considering quarterly safeguarding reports based on national / organisational performance measures from partner organisations, on behalf of the board and reporting these to the board. However the lack of quality practice standards and local operational performance measures make it difficult to hold partner organisations to account.

**(vi) Communication and Community Engagement**
- The board is yet to establish a communication and community engagement plan in respect of adult safeguarding issues. The subgroup has met a few times last year. Further development is planned and underway as follows:
  - Joint website with LSAB and LSCB
  - LSAB Newsletter

**(vii) Emerging issues**
- This priority relates to the Board's intention to address emerging trends in safeguarding and public protection issues and concerns through data and intelligence gathering in collaboration with the Police and Community Safety Partnership. The Subgroup did not meet. There are significant gaps in how we are monitoring risk as shown by the analysis of SARs above.

**7 Proposed key priorities for 2017/18**
1) Establish a single Safeguarding Strategy / policy, bringing together the local data and the expected outcomes (deliverables)  and quality practice standards, to be adopted by all member organisations.
2) To review and establish a multi-agency transition support service available to young people who do not meet any specific service criteria including the role of Primary Care (GPs) as the single  agency involved in co-ordinating the medical history.
3) To review the role of all current multi-agency high risk assessment & management groups ( eg MAPPA / MARAC/ VRAC, etc…) to ensure that SAB is assured of the reliability of their functions in

collaboration with the Community Safety Partnership, particularly in monitoring risks and emerging trend in safeguarding and public protection concerns.

4) Establish a multi-layered and multi-agency workforce development and training plan across all organisations to cater for all safeguarding and related training ( to include learning from experience, MSP, MCA, BIA, DoLS)

5) To complete the work started on establishing a single integrated performance management framework for safeguarding to include local PIs  and  results of audits and  learning from experience exercises, to be led by the existing subgroup.

6) To establish a single public communication and community engagement plan across LSAB and LSCB to include a single website, public communication campaigns.

7) To establish an executive group of the SAB that incorporates the work of the current SAR subgroup.

## 7.1 Milestones

- In preparation for the new year 2017/18, we will engage all sub-group chairs and key officers to establish quarterly milestones (deliverables) for each priority to be approved by the SAB. Some the strategic development work will be short term and as such be managed by task & finish groups.

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