



Surrey Safeguarding Adults Board

Annual Report 2014 – 2015



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We will all work together to enable people in Surrey to live a life free from fear, harm and abuse

Foreword by the chair of the Board

This year has seen the need for major preparation for the Board and its member agencies to become statutory under the new Care Act which will enhance our standing and improve our ability to protect adults at risk, whilst ensuring we put the adult at the centre of what we do.



This change is welcomed by the Board and empowers us to ensure all organisations that come within the remit of contact with adults at risk are now legally obliged to ensure that their staff have been trained to the required levels, that they have policies in place and that safeguarding adults is a major focus in their day to day work.

The new Act gives us more areas of risk and better powers for improving prevention included in those is the requirement for the authority to have a Board in place. Surrey has been very forward thinking in this and has had this in place for several years, the difference now being that it has a legal standing. This change has allowed the key partners at Board – Adult Social Care, Police and Health now have stronger representation and support the board by joint funding.

These significant changes have meant that policies, training and staff engagement have been a major focus.

All this has happened whilst we have maintained and improved our focus on protecting to adults at risk. To help this we have strengthened our accountability structures with better reporting systems, a challenge day when all agencies come together to share the learning and look at ways of improving from areas of risk .and an all-day learning event for practitioners around an area of development. This year we prepared an event of the practical implementation of the Mental Capacity Act and

Deprivation of Liberty Safeguards (DoLS). This event took place in early April 2015, was well attended with about 120 front line staff from all agencies and private providers and have speakers from the National and local area. These events allow for excellent sharing of information, networking and highlighting best practice.

The Board had no cases during the year which qualified for Serious Case Reviews though we published two from the previous year. It is critical that the learning from these are acted upon and there is a robust assurance process that continues to ensure that improvements to the way we work are implemented and that they have the desired impact going forward.

All these changes from the Care Act ensure that we strengthen the ability of adults at risk in Surrey to be protected and that as a multi-agency board we are all committed to work closer together to make that happen.



Simon Turpitt
Independent Chair, Surrey Safeguarding Adults Board

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Overview of Surrey

Surrey people generally enjoy good health and wellbeing. They expect to live a long and healthy life. Life expectancy is high: 84 years for women and 81 years for men. That is almost two years longer than the average for England. Surrey has a population estimated at 1,152,114 and that includes 208,694 people over the age of 65 years. 100,824 households have no one under the age of 65 living in them.

Surrey is one of the least deprived areas in the country. However, there are many people who have ongoing health needs. In 2011 it was reported there were 153,354 people in Surrey who had a long term illness or disability that limited their day to day activities and 108,433 people reported they provided unpaid care for another person (2011 census data). When people in Surrey need care, many residents will pay privately for their own care and not have contact with or be known to Adult Social Care Services.

There are 5 Acute (hospital) trusts in Surrey, 6 Clinical Commissioning Groups, 5 community health providers and eleven district / borough councils. Many of these agencies and service providers also work with other Safeguarding Adults Boards in neighbouring authorities. Additionally, Surrey has borders with 5 shire counties, 2 unitary authorities and 7 London boroughs. Partnership working is therefore of vital importance in Surrey to ensure adults who are at risk of abuse or neglect and their carers are safeguarded and experience services centred on their needs.

Safeguarding – the national context

At the beginning of this reporting period, Safeguarding Adults Boards were not statutory. On 14 May 2014 the Care Bill received Royal Assent and this set out the requirement that from 1 April 2015, every Local Authority area must have a Safeguarding Adults Board, must publish an Annual Plan, report against the plan in an Annual Report and undertake Safeguarding Adults Reviews.

Before the Care Act was introduced, people had different entitlements for different types of care and support. These were spread across a number of Acts of Parliament, some over 60 years old. The law could be confusing and complex. The Care Act created a single, consistent route to establishing an entitlement to public care and support for all adults with needs for care and support. It also creates the first ever entitlement to support for carers, on a similar basis.

In Surrey, a series of events were held to gather views on the draft guidance that accompanied the Care Act. These attracted a large number of participants some of whom represented agencies and others were individuals who wished to contribute to the discussion. This enabled people in Surrey to shape the guidance and ensure it met everyone's needs.

In late October 2014 the Department of Health published the detailed final and statutory guidance. Since that time a range of supporting documents and guidance has been made available to areas to help implement the new duties. It has, however, remained a challenging time to ensure Surrey agencies fully respond to the principles and duties detailed in guidance.

This change has been described in the national press as 'the biggest shakeup of social care in 60 years'. This is no exaggeration. It is a substantial change in the way social care, including safeguarding, is delivered.

Other important changes to adult safeguarding include the ruling of the Supreme Court in the case of 'P v Cheshire West and Chester Council and Surrey'. The Supreme Court held that a person could be considered as being deprived of their liberty if the person was living in either a care home or a hospital, were subject to continuous supervision and control and if they were not free to leave. It was irrelevant whether the person did not object to having those restrictions on their liberty and this has led to professionals needing to make applications to the relevant supervisory bodies in many more circumstances than previously applied.

New fundamental standards for all care providers will be statutory from April 2015. However, two regulations for NHS bodies that form part of these came into force in November 2014. Regulation 5: Fit and proper persons: directors and Regulation 20: Duty of candour for NHS bodies in November 2014. 'NHS bodies' means NHS trusts, NHS foundation trusts and special health authorities. The fit and proper persons requirement outlines what providers should do to make clear that directors are responsible for the overall quality and safety of care. The duty of candour explains what they should do to make sure they are open and honest with people when something goes wrong with their care and treatment.

6 KEY PRINCIPLES OF SAFEGUARDING ADULTS



The role of Surrey Safeguarding Adults Board

The Board's vision is that we will all work together to enable people in Surrey to live a life free from fear, harm and abuse.

It is the responsibility of the Safeguarding Adults Board to hold partners to account, monitor outcomes and effectiveness, use data and intelligence to identify risk and to act on it and to co-ordinate safeguarding adults' activity. Details of the structure of the Board are at Appendix A.

Case Study

Raising awareness of safeguarding with carers and University staff

In November 2014 representatives from the Board attended the University of Surrey's Wellbeing Fair. An important strand of the Board's Communication's Plan this year is to increase awareness of safeguarding among residents on how to recognise abuse and act on it. By attending this event, the Board was able to raise awareness with young people who may have caring responsibilities for adults at risk, staff at the University who support students who may be carers or adults at risk and also students who may go on work placements involving contact with adults at risk.

The fair was the opening event for the University's Mental Health Awareness Week in which the whole of the University dedicated itself to raising awareness of mental health, culminating in their Vice Chancellor signing the Time to Change Institutional Pledge.



In 2014 the Board identified seven priorities that will support the vision to become a reality. These key priorities have set the strategic direction of the Board for the next three years.

Surrey Safeguarding Adults Board Key Priorities

1. Achieving good outcomes for adults at risk and carers
2. Responding to reported abuse
3. Leadership
4. Safeguarding Adults Board (effectiveness of the Board)
5. Safeguarding Adults Reviews: Serious Case Reviews (SCR), Multi Agency Reviews (MAR) and Reviews undertaken by other Boards/Partnerships
6. Personalisation (making safeguarding more effective from the point of view of the person being safeguarding)
7. A Competent workforce

The delivery of these key priorities is being achieved over 3 years through the annual Action Plans that list specific activities in each year. A lead person, or group, will take these forward and this report details progress against those actions.

Case Study

Working with GPs to raise awareness of safeguarding adults.

Members of Mid Surrey Safeguarding Adults Group wanted to do more to support GPs who will be coming into contact with vulnerable patients who may be at risk of being harmed. Knowing busy GPs will have difficulty leaving the surgery to attend a meeting or training session, members of the group joined the GPs at their Clinical Commissioning sub-group meetings. Offering a pack of safeguarding resources to the GPs and the Pharmacists, the group were able to initiate a useful discussion in a way that made the most of everyone's time.

Areas of good practice & areas for improvement

There are six key principles that underpin all adult safeguarding work nationally – Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability. The Board embeds these principles throughout its work. The Board has achieved many successes in embedding these principles but there have also been challenges.

<p>Empowerment</p> <p>People being supported and encouraged to make their own decisions and informed consent.</p>	<p>Achievements: User Led Organisations that represent adults at risk of harm and carers have been valued and integral members of the Board. In addition, they fully participated in the Board's sub committees, local groups and events.</p> <p>Challenges: There is still much work to be done to ensure all agencies are ensuring the safeguarding response from agencies is personalised to the individual needs of that adult. This is called 'Making Safeguarding Personal' and becomes a statutory duty in the Care Act. The Care Act will be coming into force in April 2015 when it will be a duty on agencies to ensure an adult's wellbeing is promoted throughout the safeguarding process. This forms part of the Board's Work Plan for next year. It will remain a challenge for Board agencies to safeguard adults who wish to remain living in risky situations.</p>
<p>Prevention</p> <p>It is better to take action before harm occurs.</p>	<p>Achievements: The Board has widely distributed leaflets, alert cards and safeguarding postcards to agencies. There are also safeguarding posters available in 4 languages and pop-up stands to raise awareness of the need to safeguard adults. ASC led on a raising awareness campaign that is set out in detail at Annex C. There has been increased engagement with agencies to support awareness via training and communication. The Board has been working more closely with Surrey's District and Borough Councils to support safeguarding of adults and carers. This has been achieved through a variety of means including meeting with Chief Officers, preparing a policy briefing specifically for their needs and supporting their engagement with the Board.</p> <p>Challenges: There is a constant need to raise awareness with hard to reach groups including people who fund their own care and people from black, Asian, and other minority ethnic groups. This will be maintained as a priority for the Board in the next year.</p>

<p>Proportionality</p> <p>The least intrusive response appropriate to the risk presented.</p>	<p>Achievements: When assessing the seriousness of a safeguarding situation, Adult Social Care (ASC) attaches great importance to the expressed views and preferences of the person living with the risk. Great care is also taken to ensure the safeguarding response is proportionate to the risk presented. This means that whilst there are many safeguarding alerts raised in Surrey, those taken forward are part of the structured safeguarding response based upon criteria of appropriateness and risk. This is reflected in the safeguarding adults data that shows 24% of safeguarding alerts i.e. the earliest contact with ASC, go forward to enter the formal safeguarding process. More information on what the data shows is at Appendix B.</p> <p>Challenges: The Care Act emphasises the need for safeguarding to always enhance involvement, choice and control as well as improving quality of life, wellbeing and safety for the adult at risk. In the early days of implementing the Care Act, it will be a challenge for agencies to ensure they fully meet these needs for all adults at risk and to evidence this.</p>
<p>Protection</p> <p>Support and representation for those in greatest need.</p>	<p>Achievements: The residents of Surrey are helped to report harm through the efforts of all agencies to raise awareness of safeguarding and the ways it can be reported. The Board requires all statutory agencies to report annually on how they are implementing safeguarding. A comprehensive set of 24 questions gives the Board assurance of the effectiveness of their safeguarding and is linked to each agency's Action Plan for areas they wish to develop. This year, ASC has joined the Multi Agency Safeguarding Hub. This means safeguarding alerts can be responded to quickly and can involve other agencies who are based at the hub at the earliest opportunity.</p> <p>Challenges: Many agencies are reporting challenges in recruiting and training staff as the employment situation in Surrey is competitive. The Board always recommends multi agency, classroom based training as the most effective, however, some agencies are choosing desk-based training instead as it means staff not having to be released from their place of work.</p>

<p>Partnership</p> <p>Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p>	<p>Achievements: The Board has 4 sub-groups and 4 Local Safeguarding Adults Groups and the chairing of these groups has seen greater involvement and is now shared by different agencies of the Board. At the start of the year the Board was funded by just one agency, Adult Social Care, however, during the year agencies agree that from 2015-2016, a pooled budget will be in place so that many agencies will be making a financial contribution to the Board and improving engagement and governance . This is a positive reflection of agencies active support of the Board.</p> <p>Challenges: There are many pressures on agencies. This includes financial pressures as budgets are reduced, pressures in retaining and recruiting staff due to the vibrant economy in Surrey and there are many different partnerships that agencies need to engage with. The Board will continue to work together to support agencies work better together to meet the needs of adults at risk and carers.</p>
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<p>Accountability</p> <p>Accountability and transparency in delivering safeguarding.</p>	<p>Achievements: Board members have demonstrated an openness with the Board and accountability for their own agencies delivery of safeguarding. In particular, Board agencies completed a self assessment audit of their adult safeguarding and attended a ‘Challenge and Support’ event to share issues. ASC invited a Peer Review team to check what is working well in Surrey including safeguarding and where improvements can be made and have been implementing the findings from that review. The Peer Review team included meeting with Board agencies and the Independent Chair. The Team were overall very positive and complimentary about the Board however there were some actions that were felt could improve our effectiveness. They recommended the Board reconsider ‘the agendas, make up and funding of the Board to ensure balance between partner organisations’. This has been implemented as part of the developments in relation to the Care Act (please see the section on ‘Plans 2015-2016’ for further information) Board members have agreed the introduction of a new multi-agency Performance Framework with data being submitted by all statutory agencies.</p> <p>Challenges: The Board has not had a Quality Assurance Manager to support the analysis of ASC data that was submitted to the Board. The development of this as a new role will take place and will be funded by the pooled budget. Until that Manager is in post, the Board has very limited capacity to analyse the data.</p> <p>The next year will be the first year when the Board has had a multi-agency Performance Framework and this has occurred at the same time as the Care Act has brought in significant changes to the way safeguarding is responded to. It will be a challenge for the Board to analyse what the new data means for safeguarding in the first few months of the new financial year.</p>
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Case Study

Raising Awareness of safeguarding with non-professionals who visit the homes of adults at risk of harm.

Members of South West Surrey Safeguarding Adults Group wanted to do more to raise awareness of safeguarding adults with people who may visit people's homes as part of their business but who were not health or social care professionals. The group identified the types of businesses who may visit the homes of adults at risk of harm. This included companies making food deliveries, home cleaning companies, companies providing befriending/companionship services, ironing, gardening mobile and hairdressing services. The group identified a pack of safeguarding materials to help people understand the signs of abuse and neglect and how to report it. Over 90 packs were distributed to businesses in the area. The Board will identify in the following months whether there has been any increase in reports of abuse from this sector.

Delivery against the Action Plan

The Board agreed and published its Annual Plan in April 2014. The Board monitored the implementation of the plan throughout the year and has completed an assessment of whether the actions were fully implemented or need further activities in the following year. Please see Appendix D for the Plan that was in place in this reporting period.

Key	
	Action fully complete
 + Actions in 2015-2016	Action started but further work to be done
 + Actions in 2015-2016	Action not started this reporting period but will be done in the next year.
	Action has not been implemented and the reasons for this are set out.



SSAB has comprehensively revised its accountability framework. All agencies have agreed to the Board's new Constitution, Risk reporting and dispute resolution processes. This increases the multi-agency accountability for safeguarding adults in accordance with the Care Act and the vision of the Board.

Strategic Plan Actions 1 & 2



SSAB had already established relationships with other Boards and Partnerships and in this year they have built on these to ensure there is knowledge of each other priorities and activities shared between them. This helps partners to work together more effectively.

Strategic Plan Action 3



All SSAB statutory agencies have voluntarily undertaken a self assessment of their adults safeguarding and implemented action plans. They took part in a 'Challenge and Support' day to share learning and agree priority actions. Representatives from carers and service user organisations attended the day to ensure Board members heard what the issues are for people who experience safeguarding.

Strategic Plan Action 4



All SSAB agencies have agreed to implement the new multi agency performance management framework. This includes submitting safeguarding data to the Board and this will enable the Board to hold agencies to account for the delivery of safeguarding and to better share learning to improve practice.

Strategic Plan Action 5

SSAB members planned to hold development sessions in this year to ensure partners had excellent knowledge and implementation of all safeguarding issues. In this year there were 2 key development issues:



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**Actions in
2015-2016**

- Mental Capacity Act – this had been raised in recent Serious Case Reviews in Surrey and had been subject to significant national change following a Court ruling relating to Deprivation of Liberty Safeguards. The Board planned a multi agency event to support all agencies (whether Board members or not) fully understand and implement the legislation. The event was held in April 2015 and will be reported on in the Annual Report for that year. SSAB will continue to support agencies fully implement the Mental Capacity Act through training and dissemination of news and guidance.
- Care Act – SSAB members received regular updates on the Care Act and how safeguarding adults must change. This included the Department of Health lead on Social Care attending the Board meeting in September to update members on the imminent legislation prior to the publication of the statutory guidance in October. Further action is planned for the next year with SSAB members undertaking an evaluation of their compliance with the Care Act and all the Board's policies and procedures being revised.

Strategic Plan Action 6



SSAB's subgroups have been reporting to the Board on their progress. This has ensured a close link between the strategic Board meetings and local delivery.

Strategic Plan Action 7



The Board's Annual Report 2013-2014 was presented to Surrey County Council Cabinet and the Surrey Health and Wellbeing Board. It was published on the SSAB's webpages. This ensures the work of the Board is visible and they can be held to account for delivering their plan.

Strategic Plan Action 8



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**Actions in
2015-2016**

The Board had planned to have finished the revision of the Multi Agency Procedures for safeguarding adults to ensure they complied with the Care Act during this reporting period. However, a combination of factors including late guidance from the Department of Health have meant this activity is going to be continued into the new reporting period with the finished procedures being published in early Summer. This includes reviewing the safeguarding process and undertaking a case file audit of safeguarding cases that have finished.

Strategic Plan Actions 9, 10 & 11



SSAB members have continued to ensure the SSAB Risk Policy and the Choking Prevention Policy are embedded throughout their agencies.

Strategic Plan Actions 12 & 13



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**Actions in
2015-2016**

SSAB has implemented a Missing Persons Policy to support agencies effectively respond when an adult at risk goes missing. However, following an audit, concerns have been raised about how effectively some agencies are using this policy therefore further work will be done on this in the next reporting period.

Strategic Plan Action 14



SSAB has undertaken many activities to raise awareness of adult safeguarding. This includes an independently evaluated campaign led by ASC Communications team, quarterly newsletters distributed to over 900 individuals, distributed leaflets, attended events such as the University of Surrey event and Surrey Information Summit. Information on raising awareness with people who funded their own care is in this report's case studies. For further detailed information on the raising awareness of safeguarding campaign, please see Appendix C.

Strategic Plan Actions 15, 16 & 17



SSAB agencies have actively implemented action plans from Serious Case Reviews. The Board has introduced a new process to ensure actions are embedded and reviewed 6 months later. This has supported Board agencies to ensure a learning culture is part of their everyday safeguarding activities.

Strategic Plan Action 18



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**Actions in
2015-2016**

SSAB members had planned to achieve more in relation to sharing information on national Serious Case Reviews (adults) and Domestic Homicide Reviews. However, very few SABs publish their Serious Case Reviews and this has made it difficult to learn lessons from other areas. In relation to Domestic Homicide Reviews there is a delay being experienced nationally in these being quality assured by the Home Office. The Board will continue to work to address these issues.

Strategic Plan Action 19



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**Actions in
2015-2016**

SSAB members had planned to ensure the programme of 'Making Safeguarding Personnel' was fully understood and all agencies were implementing its principles. However, with the introduction of the Care Act this work was integrated into other changes to the safeguarding pathway in Surrey and this will be fully implemented in the next reporting period.

Strategic Plan Action 20



SSAB has an agreed multi-agency training framework in place including a Competency Framework, multi-agency classroom based training courses and DVDs to support individual agencies learning.

Strategic Plan Actions 21 & 22



SSAB members had planned to do work jointly to ensure the way agencies were commissioning services included robust contracts in relation to safeguarding adults. This work has not been practicable and it has remained the responsibility of each agency to ensure their contacting processes include appropriate references to safeguarding.

Strategic Plan Action 23



SSAB members have undertaken an audit of how they implement the Mental Capacity Act. This focused on whether staff were being trained appropriately and were implementing the learning. Further activities were identified as a result of this audit to support agencies, this is outlined in Action 6.

Strategic Plan Action 24

Case Study

Safe Places scheme in Woking town centre



The aim of the 'Safer Place' scheme is to promote greater independence for individuals in the community. They provide vulnerable people, particularly those with a learning disability or dementia, with a safe place to go to where help can be obtained if they are feeling scared or upset while out on their own in the town centre. A Safe Places scheme had been started in Woking the previous year, however, the Board was keen to see this expanded. In Summer, we were pleased to have the Peacocks and Wolsey shopping centres joining the scheme. This provided much greater support for people wanting to visit the popular centre. The following town centre locations in Woking have signed up to the scheme:

- Peacocks shopping centre
- Wolsey Place shopping centre
- Moorcroft Centre for the Community
- Woking Association for Voluntary Service
- The Hub & Surrey Disabled People's Partnership
- Woking Library

Serious Case Reviews

There was no mandatory requirement for Safeguarding Adults Board to conduct Serious Case Reviews in this reporting period. However, they enable professionals to effectively learn lessons when harm has occurred therefore the members of the Surrey Safeguarding Adults Board had agreed to conduct reviews. The protocol for the conduct of reviews was publicly available on the Board's webpages at this time.

The Board has a multi agency sub-group that receives notifications from professionals of cases where a vulnerable adult has experienced abuse or neglect and the case may meet the criteria for a Serious Case Review. 9 cases were received during this time. After careful consideration, 7 of those cases were identified as not meeting the agreed criteria for a Serious Case Review. 1 further case related to a death in a house fire and Surrey Fire and Rescue Service had already completed a comprehensive report including recommendations, therefore the group agreed there was no additional learning to be obtained from undertaking a Serious Case Review but the learning were shared. 1 case was received during the end of

this reporting period and is under consideration by the group, they will be assessing additional information in the next reporting year to determine if a Review should take place.

The Board publishes the Executive Summaries of Serious Case Reviews on their webpages. This is to aid the dissemination of the lessons learned so that other professionals can learn from what has happened. When appropriate, the names of the families have been anonymised to help protect their privacy.

In response to each Serious Case Review, the Board has drawn up action plans for the agencies where there are recommendations for changes in their policies or practices. These agencies report back to the Board on the implementation of those actions. They further report 6 months later on what evidence the agency has on the changes that have been made in their organisation and how this has led to improvements.

The Board published 2 Serious Case Reviews in this period:

- The Serious Case Review in relation to the death of Mrs A was published in April 2014.
- The Serious Case Review Executive Summary in relation to the death of Mr D was published in July 2014.

Both are available from the Board's webpages.

Priorities for 2015-2016

At the start of the financial year, the Care Act will come in to effect, Safeguarding Adults Boards will be statutory and agencies responses to safeguarding adults will reflect the focus on achieving the outcomes that the adult wants. This will be a time of positive change. In Surrey, ASC have introduced the new pathway for safeguarding and are continuing to support the Multi Agency Safeguarding Hub that joins many services together to support information sharing and joint working. The Board will have new Multi Agency Procedures in place to ensure compliance with the Care Act and a new Safeguarding Adults Reviews protocol has been introduced to replace the Serious Case Review Protocol.

There will also be challenges for agencies. No change can be achieved without significant effort and the above changes are being implemented at a time when all agencies are experiencing reductions in their budgets. Furthermore, there are still elements of the Care Act guidance that are not yet fully described and the Board is expecting further detail to be made available with the Department of Health have completed their revisions.

New pieces of legislation will be coming into effect in the new financial year. The Criminal Justice and Courts Act 2015 will make it a criminal offence for an individual who has the care of another individual by virtue of being a care worker, to ill-treat or wilfully to neglect that individual. A care provider can also be convicted for ill-treatment or wilful neglect. The Counter-Terrorism and Security Act 2015 will bring in new statutory duties on Councils, health services, prisons and the police to prevent

people from being drawn into terrorism. The Serious Crime Act 2015 will bring in new responsibilities to protect women vulnerable to having Female Genital Mutilation. The Modern Slavery Act 2015 will make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including provision for the protection of victims. The Health and Social Care (Safety and Quality) Act 2015 will bring in a new duty on health and adult social care providers to share information about a person's care with other health and care professionals.

Plans for 2015-2016

The Board has already put in place the framework to ensure it meets the new statutory requirements of the Care Act. This includes:

- A new Constitution to ensure Board members are clear about their responsibilities and accountabilities.
- A new pooled budget will come into effect in April 2015 to share the financial responsibility for the Board. ASC, Health, Police, District and Boroughs will be contributing the budget. Spending from this will be reported on to each Board and Business Management Group meeting.
- A multi agency Performance Framework comprising both data and written reports that supports the Board to better understand safeguarding from agencies and from the service users perspective.
- A support team of three people will be recruited to work with agencies to deliver the Board's Strategic Plan. One of these posts will be a continuation of the existing administrator post; the other two will be new posts of Board Manager and Quality Assurance Manager. The Quality Assurance Manager in particular will increase the ability of the Board to analyse data and quality assure the effectiveness of the Board and safeguarding activities by agencies.
- A revised Safeguarding Adults Review Protocol has been agreed for implementation from 1 April 2015.
- The Board and the Business Management Group will receive and review a newly introduced Risk Register to support the early identification of risks to the delivery of the plan.
- The ASC Communications Team will be further developing the Board's webpages to help both residents and professionals easily access information about safeguarding in Surrey.
- The Board will continue to request member agencies provide a completed self assessment of their own delivery of safeguarding and engage in a 'challenge and support day' to discuss and develop safeguarding in Surrey.

In addition, the Surrey Safeguarding Adults Board will advance its work to align itself as far as possible with the Surrey Safeguarding Children's Board to ensure both Boards' work and safeguarding actions are as coordinated as possible within the different legislative frameworks. This will be helpful for both residents and professionals. Where possible, it will also result in economies being made by sharing

practice across the Boards instead of developing individual tools and processes. The Boards' already have plans in place to introduce a new 'Health' sub-group that will discuss both adult's and children's safeguarding concerns.

Board members have agreed their new Strategic Annual Plan for 2015-2016. This is available on the Board's webpages. It is available in both 'long' and 'easy read' versions.

Appendices

Appendix A – The Board: Organogram illustrating the structure of the Board, SSAB Terms of Reference and membership of the Board.

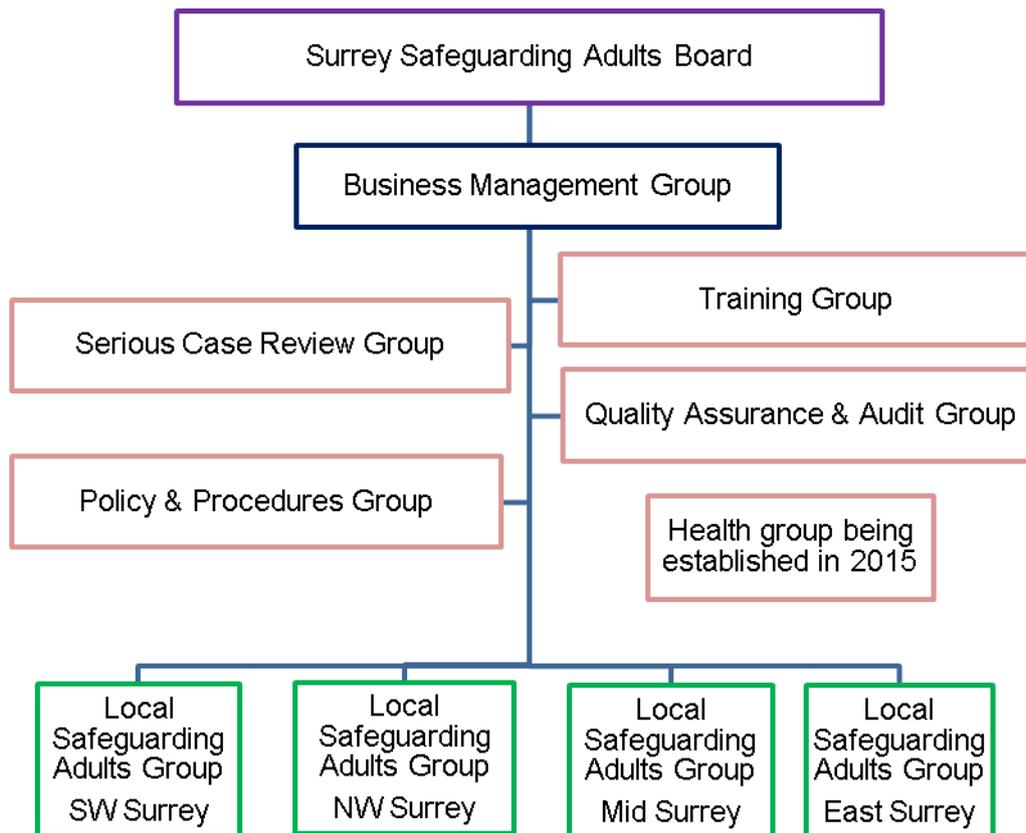
Appendix B – Safeguarding data

Appendix C – Details of raising awareness of safeguarding publicity campaign summer 2014.

Appendix D – Surrey Safeguarding Adults Board 3 year Strategic Plan with Annual plan for 2014-2015

Appendix A – The Board

SSAB Organogram.



SURREY SAFEGUARDING ADULTS BOARD

TERMS OF REFERENCE

Policy statement

Surrey Safeguarding Adults Board's policy is to work with users, carers and other agencies to protect vulnerable adults from abuse, in line with the agreed procedures. Adults who are vulnerable will be treated in a way which respects their individuality and does not undermine their dignity or their human or civil rights. The decisions of all vulnerable adults will be respected unless there is a legal responsibility to intervene or where there is a risk to others.

The terms of reference for the Board are:

- To oversee the implementation and working of the Safeguarding Adults procedures, including publication, distribution and administration of the document
- The management of inter-agency organisational relationships to support and promote the implementation of the procedures
- To make links with other areas of policy and good practice guidance, including, contracting, care management and child protection within the statutory, voluntary and independent sectors
- To oversee the training strategy, and to maintain a strategic overview of Safeguarding Adults training
- To identify sources of funding required to implement the training and development needs associated with the procedures and to monitor the use of these resources
- To oversee the development of information systems which support the gathering of information necessary to carry out the evaluation of policy and practice
- To regularly review the monitoring and reporting of safeguarding adults concerns and investigations and to undertake a full review annually
- To make recommendations for revisions and changes necessary to the procedures, identified as a result of the monitoring process
- The promotion of multi-agency working in Safeguarding Adults, through formal events or information campaigns to ensure a wider professional and public understanding of adult abuse
- To support and advise operational managers working with abuse, through the local groups and sub groups
- To agree and maintain links with relevant corporate management groups
- Manage and support the work of the sub groups

Reporting and accountability

The Surrey Safeguarding Adults Board (SSAB) is constituted under "No Secrets" March 2000, Section 7 Guidance.

The SSAB manages the work of the local groups and the subgroups. Chairs of the above group will be members of the SSAB and provide annual reports to the SSAB as part of the business planning process.

The SSAB will set the key priorities of the sub groups, against the annual business plan.

The annual business plan will reflect:

- National requirements/guidance
- Relevant performance indicators
- Identified local needs.

SSAB Membership

Voluntary sector / User led organisations	Action for Carers (Surrey) Age UK, Surrey Surrey Coalition of Disabled People Surrey 50+
Emergency Services	Ambulance Services Surrey Police Surrey Fire and Rescue Service
Housing	Anchor Trust - Housing
Hospital / Acute Trusts	Ashford & St Peters NHS Foundation Trust Frimley Park Hospital NHS Foundation Trust Royal Surrey County Hospital NHS Foundation Trust St Helier & Epsom University Hospitals NHS Trust Surrey & Sussex Healthcare NHS Trust
Community Health providers	Central Surrey Health First Community Health & Care FirstPointCIC Virgin Care Surrey and Borders Partnership NHS Foundation Trust

Regulators, regional and representative organisations	Care Quality Commission NHS England Surrey Care Association
District and Borough Councils	Guildford Spelthorne Tandridge
Surrey County Council	Director of Adult Social Services, Interim Assistant Director for Service Delivery, ASC Business Intelligence Manager, ASC Area Directors, Interim Head of Safeguarding and Quality Assurance, legal services, Trading Standards, Domestic Abuse service.
Clinical Commissioning Groups	Surrey Downs CCG – hosting adult safeguarding in Surrey East Surrey, North West and Surrey Heath CCGs attend in their capacity as chairs of Local Safeguarding Adults Groups
Probation Service	Kent Surrey & Sussex Community Rehabilitation Company Ltd (formerly Probation) National Probation Service
Chairs of Local Safeguarding Adults Groups	
Associate Cabinet Member with lead for adult safeguarding at Surrey County Council	
Surrey Safeguarding Children’s Board Partnership Support Manager	



Appendix B – Safeguarding Adults Data

Safeguarding Adults Data

B.1 Safeguarding Adults Return (SAR) 2014/15

Background

- From 2013-14 onwards, the Department of Health introduced a new annual safeguarding statutory return called the Safeguarding Adults Return (SAR). This superseded the Abuse of Vulnerable Adults (AVA) annual return which was submitted for the previous 3 years.
- This report, where possible, compares Safeguarding data submitted by Surrey County Council Adult Social Care for the 2014-15 SAR with previous years' data submitted in the AVA and SAR returns. The source of this data is from the Adult Social Care Database (AIS).

Please note: data concerning 'Source of Referral', 'Nature of Abuse', 'Location of Abuse' and 'Source of Risk' from 2013-14 onwards are based on 'referrals completed in the year', in comparison with earlier years taken from AVA submissions where data was based on 'new safeguarding referrals received in the year'.

Definitions - Safeguarding Alert

This is when a concern is raised where a vulnerable adult may have been, is, or might be, a victim of abuse. This is normally the first contact between the person raising the concern and the council about the alleged abuse. For example, if an individual phoned a council and expressed a concern that their elderly neighbour was being physically abused, this would be counted as an alert.

Definitions - Safeguarding Referral

A safeguarding referral is where an alert/concern is assessed by the council to meet the local safeguarding threshold and a full safeguarding investigation is deemed necessary.

What the data tells us about safeguarding in Surrey

In Surrey we have always had a high number of safeguarding alerts being raised with Adult Social Care. This is the first contact when someone has a concern that an adult at risk of harm may be being abused. We consider the frequency that people

raise a safeguarding alert to be a positive reflection of people's knowledge of what safeguarding is, why it is important and that they know how to raise an alert.

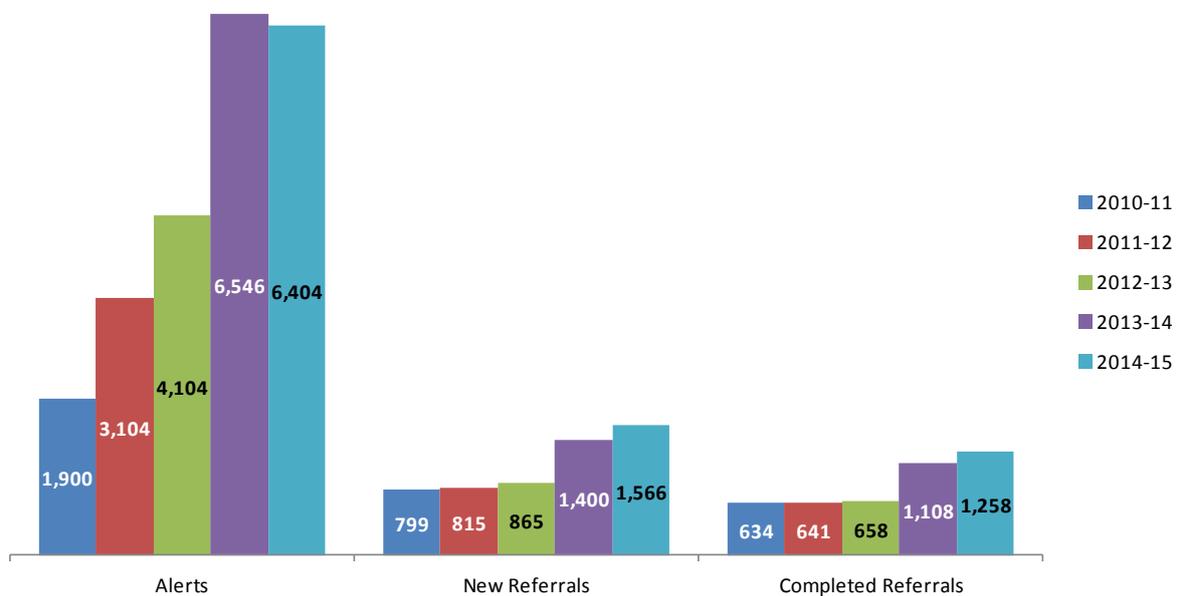
When Adult Social Care receives the alert they undertake two assessments. The first is a risk assessment for the adult who is being, or may have been, abused and the second is an assessment of the alert itself to see if it meets the threshold of intervention for further safeguarding activity. If the alert does meet this threshold, it becomes known as a referral. In Surrey 24% of alerts meet this threshold. This indicates Adult Social Care are responding to alerts in a way that is proportionate, they are assessing what response is required rather than responding in the same way regardless of the threshold of the safeguarding alert. In March / April 2014 Adult Social Care invited another local authority to conduct a Peer Review and consider whether their decision making was effective. The Peer Review team ratified the decision making in relation to the assessment of alerts.

The Board is concerned that the number of safeguarding referrals is much lower for people from ethnic minority groups than for people who are white, British. One reason for this is possibly the percentage of people from ethnic minorities is much lower in the older age groups and people in the older age groups are more likely to have a safeguarding alert raised. The information in the table below shows how the percentage of people who are white and British increases across the age ranges. The Board, however, wishes to continue to raise awareness and support people from ethnic minorities to recognise and respond to safeguarding.

2011 Census Ethnic groups by age group, Surrey Source: Census - Office for National Statistics				
	Age 0 to 15	Age 16 to 24	Age 25 to 64	Age 65+
% White: British	81.4	80.9	81.9	92.5
% All other white groups	5.1	6.1	8.4	4.8
% Mixed/multiple ethnic group	5.2	3.1	1.3	0.3
% Asian/Asian British: Indian	1.9	1.6	2.1	0.7
% Asian/Asian British: Pakistani	1.5	1.3	0.9	0.3
% All other Asian groups	2.9	4.5	3.2	0.8
% Black /African /Caribbean /Black British	1.1	1.5	1.3	0.2
% Other ethnic group	0.9	1	0.9	0.3
% All non white	13.5	13	9.8	2.7

The data shows us that 81% of safeguarding referrals have been made by workers from either Adult Social Care, Health services or the police. This is not surprising given these services work so closely with adults who are likely to be at risk of harm. With the Care Act being implemented from April 2015, there will be statutory responsibilities for agencies and all employers in relation to safeguarding. It is expected that this increase in duties will result in more safeguarding concerns being raised by other agencies.

Number of Safeguarding Alerts, New Referrals and Completed Referrals



Year	Alerts	New Referrals	Completed Referrals	Alerts to Referrals conversion rate
2010-11	1,900	799	634	42%
2011-12	3,104	815	641	26%
2012-13	4,104	865	658	21%
2013-14	6,546	1,400	1,108	21%
2014-15	6,404	1,566	1,258	24%

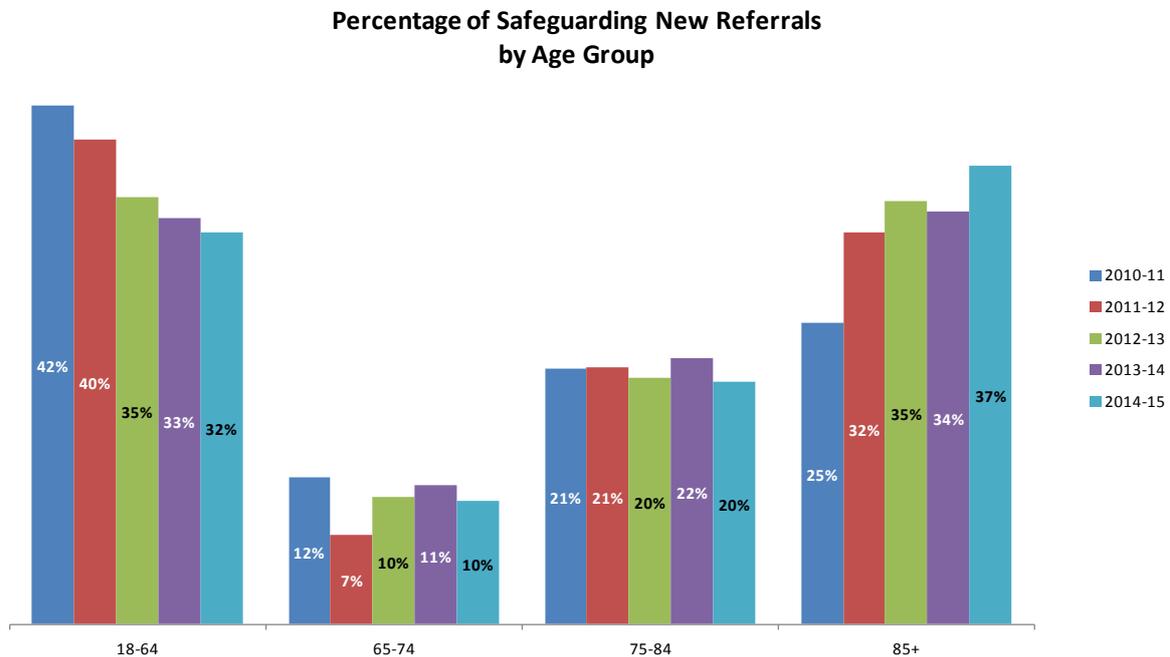
- In 2014-15 6,404 Alerts were received. This was a slight decrease compared with 2013-14 (6,546 Alerts).
- 1,566 Safeguarding Referrals were received in 2014-15 and this represented an increase of 12% compared with 2013-14.
- The decrease in Alerts and increase in Referrals means that the proportion of Alerts that progressed to Referrals increased to 24% in 2014-15 (21% in 2013-14).
- 1,258 Safeguarding Referrals were completed in 2014-15, which represented an increase of 14% compared with 2013-14.

Referrals by Gender

Year	Male	Female
2010-11	41%	59%
2011-12	38%	62%
2012-13	38%	62%
2013-14	37%	63%
2014-15	35%	65%

- In 2014-15 35% of vulnerable adults were male and 65% were female.
- There has been a gradual decrease in the proportion of males to females over the last five reporting years

Referrals by Age Group



- 67% of referrals are for the 65 to 85+ age group
- There was a small decrease (1-2%) in all age groups between 2013-14 and 2014-15, except for the 85+ age group.
- The 18-64 age group continues a steady decrease in the proportion of referrals.
- The 65-74 and 75-84 age groups remain relatively stable.
- The 85+ age group shows an increase of 3% since 2013-14. Although this age group had a decrease in referrals last year, the general trend has been a steady increase in the proportion of referrals.

Referrals by Primary Support Reason and Age Group

Please note: from 2014-15, the Department of Health introduced Primary Support Reason instead of Client Category. The two are not directly comparable so comparison with previous years should be treated with caution. Primary Support Reason is based on an individual's specific support needs, which may not necessarily be the same as their overall client category.

- There has been a small decrease in the proportion of vulnerable adults in both the 18-64 and 65+ age groups whose primary support reason is Physical Support.

Taking Physical Support and Sensory Support together, there was still a decrease of 2% for both age groups when compared with 2013-14.

- In 2014-15 there was a decrease in the proportion of vulnerable adults whose primary support reason is Learning Disability. The 18-64 age band showed a continued decrease, and a decrease of 4% compared with 2013-14. The 65+ age group decreased by 2% compared with 2013-4.
- The proportion of Mental Health referrals remained the same as 2013-14 in the 18-64 age group (7%) but decreased significantly in the 65+ age group, to 4% compared with 12% in 2013-14. If we also include Support with Memory and Cognition, however, the proportion in the 65+ age group remains the same as 2013-14 (12%).
- The biggest difference between 2013-14 and 2014-15 was vulnerable adults with No Support Reason, where the individual was not receiving any social services support at the time of the safeguarding incident. In previous years these weren't reported separately and would have been included in the 'Other vulnerable adults' category. Overall this accounted for 7% of all referrals in 2014-15.

Referrals by Ethnic Group

Ethnic Group	Safeguarding Referrals 2012-13	Safeguarding Referrals 2013-14	Safeguarding Referrals 2014-15	Surrey Breakdown (Census 2011 – Office of National Statistics)
White	96%	95%	95%	90%
Mixed	0%	1%	1%	2%
Asian or Asian British	1%	1%	2%	6%
Black or Black British	1%	2%	1%	1%
Other Ethnic Origin	1%	1%	2%	1%
Total	100%	100%	100%	100%

- There has been no significant change in the ethnic breakdown of vulnerable adults for the last two years. In 2014-15, 95% of alleged victims were from the

white ethnic group, as they were in 2013-14 and 2012-13. This is 5% higher than the percentage in the general population in Surrey.

- In 2014-15, 2% of alleged victims were from the Asian or Asian British ethnic group. This is an increase of 1% since 2013-14 but still 4% lower than the percentage in the general population in Surrey.

Source of Referral

- In 2014-15, there was a 1% increase in the proportion of referrals being made by Social Care Staff* overall, when compared with the previous year. There was an increase of 2% in Residential Care staff but all other sub-categories of Social Care staff remained approximately the same as in 2013-14.
- The category 'Social Care Staff' includes social care staff working in the local authority and the independent sector.
- There was a 2% increase in the number of referrals being made by Health staff during 2012-13. There was a 2% increase in referrals from Secondary Health staff but referrals from Primary/Community Health and Mental Health staff remained approximately the same as in 2013-14.
- The proportion of referrals made by Police decreased by 6% in 2014-15. The proportion of self referrals increased by 1% but all other referrals remained approximately the same proportions as in 2013-14.

Source of Referral	2010-11	2011-12	2012-13	2013-14	2014-15
Social Care Staff - Total	39%	40%	44%	35%	36%
Health Staff - Total	15%	19%	18%	24%	26%
Self Referral	4%	2%	2%	1%	2%
Family member	9%	7%	9%	6%	6%
Friend/neighbour	1%	0%	1%	1%	1%
Other service user	0%	0%	0%	0%	0%
Care Quality Commission	3%	4%	2%	1%	1%
Housing	3%	1%	1%	1%	1%
Education / Training / Workplace	2%	0%	1%	1%	1%
Police	15%	14%	12%	25%	19%

Other	10%	11%	11%	6%	6%
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Please note: the figures in this table for 2013-14 onwards are not directly comparable with previous years. This is because the Safeguarding Adults statutory return (2013-15) has different definitions from the Abuse of Vulnerable Adults statutory return (2010-2013).

- The large number of referrals from social care and health staff is to be expected. This is because most referrals are for adults at risk who are over the age of 65 years and for this age group, Social care and health staff would be expected to be the main professional contact and to be meeting frequently. Secondly, these workers are generally more aware of possible safeguarding concerns.

Nature of alleged abuse

Abuse Type	2010-11	2011-12	2012-13	2013-14	2014-15
Physical	33%	34%	35%	28%	28%
Sexual	7%	7%	6%	6%	8%
Emotional / psychological	31%	19%	15%	12%	10%
Financial	34%	19%	22%	19%	22%
Neglect	25%	33%	39%	40%	48%
Discriminatory	2%	1%	1%	0%	1%
Institutional	6%	7%	6%	5%	2%

Please note: multiple abuse types can be recorded for a single referral. Percentages therefore add up to more than 100%.

Location of alleged abuse

Location	2010-11	2011-12	2012-13	2013-14	2014-15
Own Home	36%	30%	33%	32%	32%
Care Home	31%	43%	44%	39%	40%
Alleged Perpetrator's Home	3%	0%	1%	1%	1%
Mental Health Inpatient Setting	1%	3%	1%	1%	1%
Acute Hospital	4%	4%	6%	5%	5%
Community Hospital	0%	2%	1%	1%	1%
Other Health Setting	1%	1%	0%	1%	1%
Supported Accommodation	5%	7%	7%	10%	5%
Day Centre/Service	2%	1%	0%	1%	1%
Public Place	3%	3%	3%	3%	8%
Education/ Training/ Workplace	1%	2%	2%	1%	2%
Other	3%	2%	2%	3%	2%
Not Known	9%	1%	1%	2%	2%

Please note: the figures in this table for 2013-14 onwards are not directly comparable with previous years. This is because the Safeguarding Adults statutory return (2013-15) has different definitions from the Abuse of Vulnerable Adults statutory return (2010-2013).

- The reason that care homes and own home are high is that the age dynamic means that adults at risk are more likely to be located in Care Homes. In the case of own home this is linked to the source of referral and age as these are places most likely to be seen by Social Care and Nurses during periods of need of care or health.
- In 2014-15, 40% of referrals were alleged to have occurred in a care home. This has not changed significantly since 2011-12 and represents only a 1% increase since last year. 92% of those were in permanent residential or nursing homes and 8% in temporary placements.

- The proportion of referrals alleged to have taken place in the individual's own home (32%) has also not changed significantly since 2011-12.
- There was a 5% decrease in the proportion of referrals alleged to have occurred in supported accommodation. In contrast there was a 5% increase in the proportion alleged to have occurred in a public place.

Source of Risk

- In 2014-15 there was a decrease of 5% in the proportion of referrals where the alleged perpetrator was a family member (excluding partner). This has been decreasing for the last three years and accounted for 5% of referrals in 2014-15 compared with 10% in 2013-14.
- There was a big decrease in the proportion where residential care staff were the alleged perpetrators, from 31% in 2013-14 to 15% in 2014-15. There were smaller decreases for both domiciliary care staff (3%) and day care staff (also 3%) but the proportion of 'Other' Social Care staff showed an increase of 16%. This category may include residential, domiciliary and day care staff where their specific work setting was not known.
- There was also a big increase (22%) in the 'Other' category, where the alleged perpetrator was known to the individual but the relationship to the alleged victim was not recorded.

B.2 Deprivation of Liberty Safeguards (DoLS) applications (data from Health and Social Care information Centre)

This data demonstrates the increase in number of Deprivation of Liberty Safeguards applications made since the Supreme Court ruling in March 2014 widened the circumstances when application needs to be made.

Month	Numbers of DoLS applications in Surrey
April 2014	48
May 2014	71
June 2014	196
July 2014	259
August 2014	207
September 2014	317
October 2014	204
November 2014	237
December 2014	335
January 2015	275
February 2015	337
March 2015	527



Appendix C – Raising awareness of safeguarding publicity campaign

Details of raising awareness of safeguarding publicity campaign summer 2014

The Safeguarding Adults – Raising Awareness Campaign ran for the month of October 2014.

Highlights

- 80% of vulnerable adults and 76% of carers said that they would report abuse or threatening behaviour as a result of this campaign.
- 45% of carers interviewed were aware of the campaign
- 78% of the vulnerable adults found the campaign reassuring.

Target audience

- Older people
- Carers and families.

Objectives

- Raise awareness of adult abuse in Surrey
- Encourage people to report cases of abuse.
- Inform people about what action to take if they experience abuse



Strategy and tactics

A new campaign creative that featured older people either on their own, or with a younger relative, ran countywide for one month. We used a number of channels to reach these audiences.

- **Point of sale** - Adverts were placed on pharmacy bags that are used for medication, in chemists across the county.
- **Outdoor advertising** - Adverts were placed inside buses, on routes that cover the whole county. We also placed A4 posters in bus stop shelters managed by SCC.
- **Magazine advertising** - Advertorials featuring real, but anonymous case studies were placed in a number of local magazines, that are delivered through residents doors.
- **Radio advertising** - Radio advertising ran for two weeks on the three main Surrey and St Peters and Redhill Hospital radio stations. The creative for the radio adverts focused on case studies that we used in the advertorials. A4

posters were designed and sent out by the service to community groups, GP practices and so on.

- **Social media and online advertising** - Promoted Facebook posts ran throughout the campaign period using different messaging and Tweets were posted through the Surrey Matters Twitter account.

Campaign impact

Social media

Facebook proved to be a more effective channel for engaging the audience than Twitter, with the four promoted posts that we ran reaching a total of 82,282 residents. Of those posts, 160 people “liked” the posts, 19 “shared”, there were 13 “clicks” on the links and 1 comment. The demographics broke down as 74% women and 24% men. The engagement of the four Tweets was low; 0 being the lowest and 1.2% being the top engagement percentage. Impressions came in at 5,599, four re-tweets, two uses of the hashtag and five clicks on the links.

Web statistics

The materials and artwork directed people to the protecting adults from harm web page and this was visited 480 times during the campaign period. In contrast, the same page had 319 visits in September and 286 in August. 29% of the visitors to the safeguarding page came from the web banner that was on the Surrey County Council homepage.

Independent evaluation

- Total spontaneous awareness of any element of the campaign was around 24%, approximately the same for both the vulnerable adults group and the carers. However, importantly, the ‘advertising’ elements had much greater awareness amongst the carers, and the ‘PR stories’ elements were more effective amongst the vulnerable adults. This is probably not surprising and the vulnerable adults probably spend more time indoors and have less opportunity to see any outdoor media. They are also less likely to see the online elements.
- On prompting, 34% of vulnerable adults and 45% of carers were aware of the campaign. These scores are generally quite good, especially as the vulnerable adults are extremely hard to reach.
- Outdoor and social media tended to perform well for the carers, whilst radio and local press performed best for the vulnerable adults.
- The ads rated very highly for relevance, clarity, information & persuasiveness. The engagement scores were also very high, especially amongst the vulnerable adults.
- 78% of vulnerable adults and 74% of carers found the campaign reassuring.
- 80% of vulnerable adults and 76% of carers said they would report abuse or threatening behaviour as a result of this campaign.



**Appendix D – Surrey Safeguarding Adults Board 3 year Strategic Plan
with Annual plan for 2014-2015**



Surrey Safeguarding Adults Board Annual Plan 2014-2015

Including the Board's 3 Year Strategic Plan 2014 - 2017

**Surrey Safeguarding Adults Board Annual Plan 2014 – 2015 and
Strategic Plan 2014 – 2017**

Vision

We will all work together to enable people in Surrey to live a life
free from fear, harm and abuse

The Strategic Plan

The Board's vision is that we will all work together to enable people in Surrey to live a life free from fear, harm and abuse. The Board has identified seven priorities that will support the vision to become a reality. These key priorities will set the strategic direction of the Board of the next three years.

Key Priorities	Supporting Principles
<p style="text-align: center;">1</p> <p style="text-align: center;">Achieving good outcomes for adults at risk and carers</p>	<ul style="list-style-type: none"> • Ensure policies and procedures are in place that enable practitioners to focus on making a difference • Have defined outcomes that people want through the process • Have a robust performance framework • Develop the prevention agenda for early intervention
<p style="text-align: center;">2</p> <p style="text-align: center;">Responding to reported abuse</p>	<ul style="list-style-type: none"> • Ensure agreement on definition of abuse by all agencies • Ensure guidance on alerts and referrals is proportional and kept under review according to levels of demand • Have simple to use and follow systems with emphasis on user outcomes • Ensure a system of regular checks and reports on response time and outcomes • Use a local multi agency pathway for dealing with reports of suspected abuse
<p style="text-align: center;">3</p> <p style="text-align: center;">Leadership</p>	<ul style="list-style-type: none"> • Make sure safeguarding is embedded in corporate and service strategies across all partners • Ensure Police and Crime Commissioners, Clinical Commissioning Group's and Healthwatch have safeguarding high on their agendas • Hold all agencies to account to deliver the safeguarding agenda and recommendations • Ensure the Board and its work are very visible • Build mechanisms to share data and intelligence • Test if risk management is proportionate and coordinated • Develop and deliver a communications strategy. Ensure communication links are developed that are effective both internally and multi-agency

<p style="text-align: center;">4</p> <p style="text-align: center;">Safeguarding Adults Board</p>	<ul style="list-style-type: none"> • Ensure the chair has the independence, knowledge and skill to challenge, lead and hold Board members to account • Regularly review the Board's constitution to keep it up to date with NHS and other organisational changes • Maintain effective links with the Health and Wellbeing Board, the Surrey Safeguarding Children's Board and the Community and Public Safety Board • Make sure the Board has the capacity to plan and carry out its strategy and objectives • Ensure the Board is using its performance framework to measure its effectiveness and hold members to account • Use the self-assessment tool to audit the Board and plan how to fill gaps • Hold development sessions to keep members up to date and encourage joint working • Find ways for the Board to hear from and responds to people who have been through safeguarding • Build mechanisms to share data and intelligence • Test if risk management is proportionate and coordinated • Develop and deliver a communications strategy
<p style="text-align: center;">5</p> <p style="text-align: center;">Safeguarding Adults Reviews:</p> <p style="text-align: center;">Serious Case Reviews (SCR), Multi Agency Reviews (MAR) and Reviews undertaken by other Boards/Partnerships</p>	<ul style="list-style-type: none"> • Agree a local protocol for deciding how and when to undertake a Safeguarding Review and how it fits into the regime of other reviews • Agree a range of proportionate types of review • Get all partners' commitment to fully participate in multi-agency reviews • Agree on how learning from reviews will be followed up and embedded in practice and procedures • Ensure that the Safeguarding Adults Reviews from other areas are considered by the board and the learning applied. • Ensure that the recommendations from Surrey's Domestic Homicide Reviews are considered by the Board and appropriate actions delivered

<p style="text-align: center;">6</p> <p style="text-align: center;">Personalisation</p>	<ul style="list-style-type: none"> • Do not start from an assumption that personal budgets and direct payments automatically increase risk • Make safeguarding and risk management integral to self-directed support • Make sure all partners understand the principles of personalisation and its implications for them • Encourage and enforce providers' standards of dignity and rights • Find ways of accrediting providers in the open care market
<p style="text-align: center;">7</p> <p style="text-align: center;">A Competent workforce</p>	<ul style="list-style-type: none"> • Ensure the Safeguarding Adults Board has a training and development strategy, which audits, delivers, and monitors • Get assurance that there is a full range of training levels to cover the needs of all people who work with adults • With partners, deliver awareness raising to all people who may come into contact with adults who may be at risk of harm through work outside social or health care fields • Adopt and implement recognised competency frameworks • Ensure safeguarding staff have the skills and competence to deploy a full range of social and legal interventions

Annual Action Plan

The Board's Annual Action Plan sets out the specific activities that will be undertaken each year to deliver the Board's Strategic Plan. The Action Plan will be presented to each Board meeting. These take place three times a year. In addition, the Board's Business Management Group will receive an 'exception report' at each meeting. These meetings take place six times a year. The exception report will include details of any action that has been completed and any action where delivery has been recorded as 'red' i.e. the activity has not yet started (and should have done) or is significantly behind the target date for delivery.

Guiding Principles

The Board's Strategic and Annual Plans have been drafted with reference to the following:

- 'No Secrets' published by the Department of Health, 2000.
- The Statement of Government Policy on Adult Safeguarding issued on 16 May 2011.
- 'Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services' published by ADASS March 2013.
- Learning from Serious Case Reviews, nationally and in Surrey.
- The Care Bill
- The Abuse of Vulnerable Adults data

Accountability

The Board will report against the delivery of the Strategic and Annual Plans in their Annual Report. The Annual Report will be presented to the Surrey County Council Cabinet, to the Health and Wellbeing Board, will be placed on the Board's webpages and paper copies made available at Surrey's libraries.

SSAB Action Plan 2014-2015

Action	Key Priority	Owning sub-group or Board member & start date
<p>1. Board's constitution</p> <p>To review the vision and strategy on a regular basis.</p>	3 & 4	<p>Start date: 1/11/14</p> <p>Ownership: SSAB Chair</p>
<p>2. Board Membership Agreement</p> <p>2a) Review the Board's membership agreement to ensure it reflects: - the duties set out in the Care Bill, accompanying guidance and other responsibilities.</p>	1, 3 & 4	<p>2a) Start date: 1/6/14</p> <p>2a) Ownership: BMG + Local Safeguarding Adults Groups</p>

Action	Key Priority	Owning sub-group or Board member & start date
2b) Review the Board's membership agreement to ensure it reflects: - a prevention agenda / position statement to include a set of principles and activities that all Board members will deliver to support adults at risk.	1, 3 & 4	2b) Start date: 1/6/14 2 b) Ownership: BMG + Local Safeguarding Adults Groups
3. Cross Board / Partnership working To work with other Boards and Partnerships in Surrey to ensure mutual support and cohesion across the relevant priorities, policies and reviews (including children's SCRs and DHRs).	3	Start date: 1/4/14 & ongoing Ownership: SSAB chair
4. Self Assessment Audit 4a) All relevant Board members to undertake a safeguarding self assessment audit tool and associated Action Plan.	4 & 7	4a) Start date:1/4/14 Ownership: SSAB Chair
4b) To actively engage in the Board's 'Challenge and Support' event.	4 & 7	4b) Start date:1/4/14 Ownership: SSAB Chair
5. Performance Framework Following the Board's 'Challenge and Support' event: to establish a multi-agency performance framework, to include safeguarding outcomes, response times and numbers of referrals.	1, 3 & 4	Start date: 1/9/14 Ownership: BMG + Task & Finish Group
6. Development sessions To support multi-agency working through the provision of development sessions and/or events on key safeguarding issues.	4	Start date: 1/4/14 Ongoing Ownership: SSAB Chair

Action	Key Priority	Owning sub-group or Board member & start date
<p>7. Accountability to and from the Board</p> <p>To review the process by which the chairs of sub-groups and the Local Safeguarding Adults Groups report to the Board.</p>	3 & 4	<p>Start date: 1/4/14</p> <p>Ownership: SSAB Chair</p>
<p>8. Board's Annual Report</p> <p>8a) Require all agencies that will have a statutory duty under the Care Bill to report against their contribution to the Board and the delivery of the plan for the Annual Report.</p>	3 & 4	<p>8a)</p> <p>Start date: 1/4/14</p> <p>Ownership: SSAB Chair</p>
<p>8b) Present the Board's Annual Report to SCC Cabinet and ensure it is available on the Board's webpages and in Surrey libraries.</p>	3 & 4	<p>8b)</p> <p>Start date: 1/9/14</p> <p>Ownership: SSAB Chair</p>
<p>9. SSAB Multi-Agency Procedures</p> <p>9a) On receipt of safeguarding regulations and guidance: review and revise the SSAB Multi-Agency Procedures, Information and Guidance as required to ensure it always reflects current safeguarding best practice.</p>	1 & 2	<p>9a) Start date: 1/6/14</p> <p>Ownership: Policy & Procedures</p>
<p>9b) To review the thresholds that each agency uses and the definitions of adults at risk to ensure there is a common, consistent and clear understanding.</p>	1 & 2	<p>9b) Start date: 1/6/14</p> <p>Ownership: Policy & Procedures</p>

Action	Key Priority	Owning sub-group or Board member & start date
<p>10. Review of safeguarding process</p> <p>To undertake a review of the safeguarding process from the point of view of:</p> <ul style="list-style-type: none"> i) the adults at risk ii) the carer iii) the referrer <p>To consider communication, response times outcomes and the extent to which the adult at risk, carer and referrer were the centre of the process.</p>	1,2 & 6	<p>Start date: 1/6/14</p> <p>Ownership: Quality Assurance & Audit</p>
<p>11. File audit review</p> <p>Undertake multi-agency case file audits and share the learning from these with the Board to ensure the Board's vision is reflected in the adult at risk's experience of the safeguarding process.</p>	1,2 & 3	<p>Start date: 1/4/14</p> <p>Ownership: Quality Assurance & Audit</p>
<p>12. Risk Policy Implementation</p> <p>Undertake a case file audit on implementation of Risk policies by agencies and the use of the Multi-Agency Risk Tool. Present findings to the BMG.</p>	2, 3, 4 & 6	<p>Start date: 1/4/14</p> <p>Ownership: Quality Assurance & Audit</p>
<p>13. Choking Policy implementation</p> <p>To review the Board's Choking Prevention Policy 12 months after its implementation.</p>	1	<p>Start date: 1/12/14</p> <p>Ownership: Policy & Procedures</p>
<p>14. Missing Persons Protocol Implementation</p> <p>To review the Board's Missing Persons Protocol 12 months after its implementation.</p>	1	<p>Start date: 1/12/14</p> <p>Ownership: Policy & Procedures</p>

Action	Key Priority	Owning sub-group or Board member & start date
<p>15. Safeguarding Communications Strategy</p> <p>Develop and implement a multi-agency communications strategy in relation to safeguarding, making use of social media.</p>	3, 4 & 7	<p>Start date: 1/4/14</p> <p>Ownership: Communications Team</p>
<p>16. Communication of Board's activity</p> <p>To maintain the visibility of the Board through existing communications channels, ensuring the Board's webpages and newsletters contain up to date and relevant information.</p>	3 & 4	<p>Start date: 1/3/14</p> <p>Ownership: Board Admin</p>
<p>17. Working with self-funders and hard to reach groups</p> <p>To identify and undertake activities to raise awareness of adult safeguarding with:</p> <p>i) people who do, or who may, fund their own or another's care;</p> <p>ii) people who have characteristics that make them less willing or less able to engage with statutory services.</p>	7	<p>Start date: 1/4/14</p> <p>Ownership: BMG and local Safeguarding Adults Groups</p>
<p>18. Serious Case Reviews (SCR), Multi Agency Reviews (MAR) and Reviews undertaken by other Boards/Partnerships</p> <p>18a) Review the Board's SCR & MAR Protocol to ensure the Protocol incorporates all relevant requirements from the Care Act and guidance.</p>	2,3 & 5	<p>18a) Start date: 1/2/15</p> <p>Ownership: SCR</p>
<p>18b) Review the Board's SCR & MAR Protocol to ensure the outcomes are as expected when it was revised in February 2014</p>	2,3 & 5	<p>18b) Start date: 1/2/15</p> <p>Ownership: SCR</p>

Action	Key Priority	Owning sub-group or Board member & start date
18c) Develop and implement an engagement plan to ensure agencies are robustly engaged, supported and able to respond to their responsibilities to take part in the SCR & MAR process.	2,3 & 5	18c) Start date: 1/4/14 Ownership: BMG
18d) Review the mechanism and effectiveness of agencies implementation of recommendations from Surrey's SCRs (adults), MARs and Domestic Homicide Reviews (DHRs). This will be done as part of the 'Challenge and Support' event.	2,3 & 5	18d) Start date: 1/9/14 Ownership: BMG
<p>19. Learning from national SCRs, MARs & Domestic Homicide Reviews (DHRs)</p> <p>Agree the process by which national SCRs (adults), MARs and DHRs are identified and the lessons learned are implemented by Board agencies.</p>	5	Start date:1/4/14 Ownership: Policy & Procedures
<p>20. Personalisation</p> <p>Review the impact of personalisation on Adult Safeguarding and ensure processes support this programme.</p>	6	Start date: 1/6/14 Ownership: Policy & Procedures
<p>21. Competency Framework</p> <p>Review the Board's Competency Framework to ensure it delivers the benefits anticipated.</p>	7	Start date: 1/4/14 Ownership: Training Group + Local Safeguarding Adults Groups
<p>22. Training</p> <p>22a) Review the effectiveness of the Board's multi-agency Training Programme 2014-15 and prepare the Programme for 2015-16.</p>	1 & 7	22a) Start date: 1/7/14 Ownership: Training Group

Action	Key Priority	Owning sub-group or Board member & start date
22b) To review the effectiveness of safeguarding knowledge and evaluation of practices following safeguarding training.	1 & 7	22b) Start date: 1/7/14 Ownership: Training Group
<p>23. Commissioning practice</p> <p>To ensure that those agencies responsible for commissioning services have robust contracts and practice in relation to safeguarding.</p>	2	<p>Start date:1/4/14</p> <p>Ownership: BMG</p>
<p>24. Mental Capacity</p> <p>To review the effectiveness of Mental Capacity Act knowledge and implementation.</p>	1 & 7	<p>Start date: 1/9/14</p> <p>Ownership: Quality Assurance & Audit</p>

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