

 <b>Brent</b>	<p align="center"><b>Community and Wellbeing Scrutiny Committee</b></p> <p align="center">1 February 2017</p> <p><b>Report from the Independent Chair of Brent Safeguarding Adults Board</b></p>
<p align="right">Wards affected: ALL</p>	
<p align="center"><b>Safeguarding Adults Board Annual Report 2015-16</b></p>	

## **1.0 Summary**

- 1.1 The purpose of this report is for the Independent Chair to present the Safeguarding Adults Board's Annual Report for 2015-16

## **2.0 Recommendations**

- 2.1 That the Scrutiny Committee reviews and notes the contents of the Brent SAB Annual Report.

## **3.0 Detail**

- 3.1 2015/16 saw the implementation of the Care Act 2014. This placed Safeguarding Adults Boards on a statutory footing, specified the circumstances where Safeguarding Adult Reviews must and may be commissioned, required Boards to produce annual reports and business plans, and itemised the roles in particular of three statutory partners, namely the local authority, the police and the clinical commissioning group. The types of abuse and neglect with which Safeguarding Adults Boards must have policies and procedures, have been extended to cover, for example, self-neglect and modern slavery, alongside physical and institutional abuse, discriminatory abuse and domestic violence. The Care Act 2014 requires all agencies with roles in the protection of adults from abuse and neglect to co-operate both in strategic planning and in the operational delivery of services. It also emphasises that services should be acutely tuned into the needs and aspirations of people needing care and services, with a particular focus on the outcomes they desire through an approach known as making safeguarding personal.

3.2 The report provides a summary of safeguarding activity carried out by Brent SAB partners across social care, health and criminal justice sectors in Brent and is divided into 4 sections:-

- Prevalence of Abuse
- Multi-agency response to safeguarding risks
- BSAB's strategic priorities, and
- Learning from case reviews to improve practice

It also sets the profile of abuse faced by those in need of care and support and how well agencies, including the Council's Safeguarding Adults team, are meeting the needs of those who are at risk or experiencing abuse and neglect. It also benchmarks data against national comparators.

3.3 In 2015-16 the Safeguarding Adults Team (SAT) received 1,678 concerns relating to 1,468 separate individuals, compared with 1,720 concerns in 2014-15. Of the 1,678 concerns raised, 540 were not taken forward as safeguarding issues, a further 151 were concluded within 24 hours and a further 191 concluded within 7 days. The SAT reported that in many of these cases individuals were not at risk of harm or were not in need of care and support. Most would have been offered advice and information. Where there was a welfare concern they were referred to another more appropriate service, for example requesting an assessment of social or health care needs or a review of current care and support packages.

3.4 The source of referral and whether the individual was already known to social care services are no longer reported nationally; however, the Board continues to request this information as it is an important measure of how well one of our key messages, namely that 'safeguarding is everyone's responsibility', is understood. It is notable that there is a relatively high level of public awareness regarding safeguarding; 10% of concerns are raised by the public.

3.5 The report details the findings of the 616 concluded section 42 safeguarding enquiries in 2016, compared with 2014/15. In 2016, neglect/acts of omission accounted for 31%, physical abuse 27%, financial/material abuse 21% (of which 62% is perpetrated by a known associate in the person's home), sexual abuse 7%, domestic abuse 7%.

3.6 Of note is the sharp rise in investigations of sexual abuse, from 7 in 2014-15 to 65 this year. In part this may reflect the rise in reporting of historical sexual abuse claims noted nationally, but improvements in communication between partner agencies have been made following a thematic review by BSAB (reported in the final section of the report) to ensure that allegations of sexual harm by staff are reported to the SAT and that safeguarding enquiries and police investigations are undertaken speedily with appropriate supports to enable adults at risk to be involved.

3.7 There is also a corresponding drop in reports of abuse/ neglect occurring within care homes in Brent, down from 28% in Brent in 2014-15 and 36% nationally to 20%. This shows a positive trend in downward referrals from such settings,

suggesting the improvements made to monitoring arrangements by commissioners and regulators is having a positive impact.

- 3.8 A key priority for the Board was to ensure that 'making safeguarding personal' ['MSP'] principles were embedded into service provision and the focus of multi-agency safeguarding enquires to improve outcomes for adults at risk. The data reported demonstrates significant strides have been made to embed these principles within enquiries undertaken in line with the section 42 safeguarding duties. Case studies have been used to illustrate this, and other good practice in key safeguarding activity including mental capacity and the carer experience.
- 3.9 The report provides evidence of the multi-agency response to safeguarding and details activity undertaken by the BSAB with respect to training, data collection, surveys, audits and learning and challenge events, to provide assurance of an effective multi-agency approach to safeguarding across the partnership.
- 3.10 Pages 17-20 sets out the BSAB Strategic Priorities for 2015/16. The Board has recently held a development day to review its priorities and to consolidate its business plan for 2016/17.
- 3.11 The report details the learning from case reviews to improve practice which were commissioned and completed in 2015/16. Subsequently one further Safeguarding Adult Review has been completed and another has been commissioned. Learning and service development events will be held to ensure that lessons are embedded in future policy and practice.

#### **4.0 Financial Implications**

- 4.1 There are no specific financial implications to note

#### **5.0 Legal Implications**

- 5.1 The Care Act 2014 requires Brent Council to establish a SAB and provides for accountability of the Independent Chair to the Chief Executive of the Local Authority. The Act also requires that the Board publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action. Annual Report must be circulated to Healthwatch, the Borough Police Commander, chair of the health and wellbeing board and the CCG. This has been done.

#### **6.0 Diversity Implications**

- 6.1 Brent Safeguarding Adults Board works closely with the Brent Adult Social Care Safeguarding Team to deliver its statutory functions, in compliance with the Equality Act 2010 and in conjunction with Brent Equality Strategy 2015-19.

Data on gender, age and ethnicity is regularly collected and monitored, as is the primary support need of anyone who is the subject of a safeguarding enquiry. As with previous years, the data demonstrates that the diversity profile of individuals subject of safeguarding enquiries broadly reflects the demographic makeup of Brent. The nature of primary support needs identified in Brent in 2015-16 were broadly comparable to the national profile.

The Board recognises that there are still gaps that need to be addressed in terms of its engagement with service users, carers, faith groups and LGBT communities, for example, and is currently developing its plans to narrow these gaps.

## **7.0 Equality Implications**

### **7.1 As above**

## **Background Papers**

*Amended list from Brent SAB Constitution below e.g. National Probation Service not Trust, Healthwatch Brent. Carer's Forum added.*

Membership of the SAB will consist of representatives from the following:-

- Brent Council
  - Director of Adults Social Care
  - Director of Children and Families
  - Director of Housing Services
  - Director of Regulatory Services
- Metropolitan Police: Brent
- National Probation Service
- Community Rehabilitation Company
- Brent Clinical Commissioning Group
- NHS England (London)
- London North West Healthcare NHS Trust
- Central and North West London NHS Foundation Trust
- London Ambulance Service
- Healthwatch Brent
- London Fire Brigade
- Care Quality Commission
- Brent Community Voluntary Services
- Brent Carers Forum
- Department for Work and Pensions
- Crown Prosecution Service

Other membership of the SAB who will act in an advisory/observer role and will include:-

- The Lead Cabinet Member for Health and Adult Social Care
- The Director of Public Health
- Designated Health Professionals
- Principal Social Worker
- Brent Mencap
- Legal Advisor to the Board

### **Contact Officers**

Catherine Crawford  
Interim LSAB Business Manager  
Brent Safeguarding Adults Board

**Michael Preston-Shoot**  
**Independent Chair**  
**Brent Safeguarding Adult Board**