

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	LOCAL SAFEGUARDING ADULTS BOARD (LSAB) ANNUAL REPORT 2015-16		
DATE OF DECISION:	27 OCTOBER 2016		
REPORT OF:	INDEPENDENT CHAIR OF THE LSAB		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY

This report introduces the 2015/16 Local Safeguarding Adults Board's ['LSAB'] annual report.

RECOMMENDATIONS:

- That the Panel review the 2015/16 Annual report and note:
- (i) The LSAB have concerns regarding the accuracy and availability of safeguarding data reported to the LSAB and NHS Digital in 2015-16.
 - (ii) Agree any feedback on the achievements in the last year and future priorities for the LSAB as set out in the Strategic plan [Appendix 2].
 - (iii) Consider and agree if there are any matters arising within the annual report or strategic plan that the Panel would like to receive further information on as part of its future work programme.

REASONS FOR REPORT RECOMMENDATIONS

1. The Health Overview and Scrutiny Panel has requested the LSAB report on the activity of the Board each year.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Not applicable

DETAIL (Including consultation carried out)

3. Adult protection became a corporate statutory duty on the 01.04.15 and the annual report sets out the work undertaken on policy formation and training by the LSAB to ensure councillors, SCC staff and staff from across the partnership were supported to meet their new duties. The LSAB also scrutinised 9 organisational audit reports, advising partners on areas for improvement to ensure that services are in a position to meet best standards in safeguarding practice.
4. A key function of the Board is to gather data to establish a picture of the prevalence of abuse and neglect in the area. The LSAB has prioritised this in the last 3 years, directing very limited resources so that we now have an analysis working with all our key partners to collect, collate and analyse data we receive. However, SCC remain unable to provide key performance data.

Data reported within the national Safeguarding Adult Collection ['SAC'] is incomplete and though this has been rectified where possible with data available to the LSAB, we do not have a reliable profile of need in the city. Whilst the LSAB understands that resources are constricting across the entire partnership, it isn't correct to require 'back office functions' of quality assurance to compete with frontline responsibilities. Safe, effective recording leads to more informed, better decision making both at an operational and strategic level. The LSAB is seeking support from HOSP that they will support LSAB in securing accurate data in a timely manner.

5. The annual report provides a detailed breakdown of the data we have received. Given difficulties reported above, the LSAB have been advised that this is unlikely to reflect practice and certainly the Safeguarding Adults Team have reported a rise in workloads, with many cases being more complex and unable to be completed within the 12 month period, as such these are not counted within SAC data which was drawn from only 73 cases completed during the year.
6. Key issues to note:
 - There is still a huge differential between concerns reported by professional partners e.g. police/ SACS and health staff etc (over 4,000) and those triaged for consideration as a safeguarding enquiry (945). It remains unclear what processes are in place to feedback to those raising concerns what action or support has been offered, increasing the risk that proactive/preventative action isn't provided in a timely manner.
 - Previously we have highlighted a high re-referral rate (23%) suggests that issues were not addressed at the earliest opportunity. Unfortunately the SAC no longer reports this data and despite requests that this continue to be reported to the LSAB we do not have these figures for 2015/16.
 - Despite introduction of a statutory duty to ensure advocacy support for safeguarding enquiries data there is still an unacceptable high level of 'unknown' or 'not recorded' against this KPI data. However, even with this there is a clear discrepancy between those who lacked capacity and those provided with support from an advocate, family or friend.
7. Embedding 'Making safeguarding personal' principles into practice across the partnership was (and remains) a key priority. There is now a statutory expectation, as set out in the Care Act guidance. In 2015-16 the LSAB provided training on what this would mean, reviewed operational practice and set up a task and finish group to consider how best to implement policy changes and monitor the impact. To date it has been difficult to monitor the impact, so an audit will be commissioned this year. HOSP are asked to note the principles and, through their work, ensure that SCC and partners understand the importance of and measurable benefits of person centred practice to encourage wider commitment.
8. The LSAB has received regular reports on the quality of health and registered social care provision within Southampton. In August 2015 the LSAB were advised standards of care within the sector were improving in response to a more collaborative approach of working with providers to agree robust improvement programmes and firmer monitoring arrangements. For the second year running there has been no reports of any organisational abuse, in addition the numbers of allegations made against social care staff

and in care settings has reduced. CQC reported that their inspection regime had changed and was more challenging, particularly in respect of safeguarding. They confirmed 36% of social care providers in the city were rated good. However, 54% of services inspected required improvement and 5% were inadequate.

9. Partners also reported on activities relating to emerging areas of risk, such as human trafficking (11 cases referred to NRM), FGM and on work done to implement learning from case reviews, e.g. police initiatives to improve communications when adults with care needs go missing.
10. The LSAB actively supported initiatives to improve mental wellbeing in Southampton by responding to consultations, seeking assurance on service redesigns and receiving reports on the implementation of action plans. The annual report also details work undertaken in respect of mortality reviews during the period. The report also details findings from case reviews and audits and the training opportunities offered by the LSAB.

RESOURCE IMPLICATIONS

Capital/Revenue

11. None.

Property/Other

12. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.

Other Legal Implications:

14. The Care Act 2014 requires Southampton City Council establish a LSAB and provides for accountability of the Independent Chair to the Chief Executive of the Local Authority.

POLICY FRAMEWORK IMPLICATIONS

15. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED: All

SUPPORTING DOCUMENTATION

Appendices

1. LSAB Annual Report 2015/16
2. LSAB Strategic Plan 2015/16

Documents In Members' Rooms

1. None

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out. No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1. None