Thurrock Safeguarding Adults Partnership Board

Annual Report 2015/16

THURROCK
SAFEGUARDING ADULTS

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Thurrock
Clinical Commissioning Group

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Foreword

2015/16 saw safeguarding adult boards finally made statutory under the Care Act 2014. The new Boards have statutory duties, obligations and powers; and new ways of working have been introduced through accompanying Statutory Guidance. Making Safeguarding Personal is now the philosophy that underpins all adult safeguarding work and "Resolution rather than Prosecution" is the new mantra for adult safeguarding. The needs and wishes of the person being safeguarded must be at the forefront of the minds of professionals dealing with adult safeguarding cases.

Unlike many areas, Thurrock's Board is long established and, we believe, performing well. The consistent membership has been a strength and we already seek to hold the Local Authority and other partners to account for adult safeguarding locally. So, for Thurrock, we believe that the changes to be brought about are more evolutionary than revolutionary and we are keen not to lose what works well for us in any rush there might be to take up new ideas.

In the year ahead we must establish an appropriate funding mechanism for the Board. That funding should come from the core partners made responsible for the provision of an effective Board: the local authority, Essex Police and Thurrock CCG. We need also to formally select and appoint an Independent chair and we are in great need of a part time board manager to better manage our business. We need also to review and renew our governance in line with the Care Act. As daunting a work plan as this is, I am confident that the Board will achieve it in the year ahead.

On operational matters, the local authority reports that it investigated or intervened in 168 adult safeguarding referrals over the last year. That number is half of the total of concerns raised, the others not being deemed to require an adult safeguarding investigation. 168 referrals is a 16% reduction over 2014/15 which had itself seen a significant reduction over 2013/14. Although any reduction in adult safeguarding referrals is to be welcomed, the Board continues to express its concerns over our lack of understanding of exactly why the referrals have dropped so significantly. Without an understanding of the underlying reasons, it is impossible to say whether the reductions are of themselves a good thing. The Board has therefore asked Thurrock Healthwatch to chair an audit into the local authority's recording and reporting processes which should report in 2016/17.

In that context, it is important to point out that Thurrock's Safeguarding Adult Board has every confidence that those matters that are investigated by the adult safeguarding team are being dealt with appropriately, speedily and properly.

Finally, there are as ever, many people and partners who need to be thanked for their contribution over the last year. Our partners include the CCG and NELFT, SEPT and BTUH as health providers; Essex Police, the Probation Service, Essex

Fire and Rescue and East of England Ambulance. Also Thurrock's Community Safety Partnership, Trading Standards, Housing, Healthwatch and the members of the care sector who give up their time. Thank you to Fran Leddra and the Operational Group and to Jill Moorman and her team. Thank you to Kim James at Healthwatch. And for their individual contributions and support, thank you also to Les Billingham, Jane Foster-Taylor, Mark Wheeler who make up our Executive Group, ably supported by Bayley Keanly. And finally thank you to Louise Brosnan, Bill Clayton, Sarah Attersall, Michelle Cunningham, Neil Woodbridge and Ian Evans.

Graham Carey

Independent champion for adult safeguarding

What is adult safeguarding?

Adult safeguarding is very different from safeguarding children. Whereas every child has to be safeguarded, very few adults (18 and over) actually come within the purview of adult safeguarding. And unlike safeguarding children where there are duties of care imposed regardless of the child's wishes, adults who are subject to adult safeguarding, by and large, have to consent to being safeguarded. The exception to that is where an adult is considered to lack the mental capacity to make a decision for themselves and even then, on occasions in more serious cases, permission for the state to intervene in their lives has to be given by the Court of Protection. The law does not permit the state to intervene in the lives of adults without very good reason.

Broadly speaking adults who may be subject to a safeguarding referral tend to be people who have some form of dependence on another, or others, to be able to live their daily lives. Those who were called vulnerable adults are now called adults at risk. That category includes people who may only be subject to some form of dependency temporarily such as adults in prisons, in police stations, in secure accommodation or in hospitals settings. It also now includes people who self-neglect.

The people that the local authority's adult safeguarding team deal with tend to be people who receive some form of care and support to live their lives and this includes care and support paid for by a local authority, by health or even privately funded. It also includes people who are being cared for at no charge by their own families. For the most part they are elderly, some have physical or mental disabilities or ill health, some have dementia and some have learning disabilities. Some are just unable through a lack of personal resources to fend for themselves.

It is important therefore to recognise that adult safeguarding applies only to a very small proportion of our population and that for the most part it needs to be done with consent. Most adults are perfectly entitled to take risks, even dangerous risks, and they are perfectly entitled to make their own decisions in life, even if those decisions appear unwise to others.

The national context

In adult safeguarding terms the last year has obviously been dominated by the Care Act 2014, which came into force in April 2015. The Department of Health also published Statutory Guidance to the Act, 50 pages of which cover safeguarding adults. All areas across England have been moving to establish appropriately funded and resourced Safeguarding Adult Boards and all are moving to appoint independent chairs. Some local authorities are moving to single safeguarding boards, some others are seeking to establish joint back office functions and some are keeping boards for adults and children entirely separate. There is no evidence as yet as to what works best. We have also seen new criminal offences created of ill treatment or wilful neglect by a care worker, care provider and supervisors, and, crucially, managers and directors of companies. This fills a gap in the law that has been long recognised.

There is now a national forum of independent chairs of (English) safeguarding adult boards which is funded by the LGA and Department of Health. That forum has five priority areas for the year ahead which are:

- Self Neglect
- Involving service users/patients
- Developing assurance frameworks
- Funding of Safeguarding Adult Boards
- Taking forward Making Safeguarding Personal for non-LA partners.

Thurrock's Board will be represented and participate in both national and regional adult safeguarding groups.

Thurrock context

Thurrock's Safeguarding Adult Board still has work to do to be able to carry out its duties and functions under the Care Act. It is inadequately resourced and needs to appoint both an independent chair and a part time board manager. It also still needs to produce the relevant governance documentation. That said, the Board is performing its role and it is functioning relatively well.

National and comparative data for adult safeguarding 2015-2016

There are separate, and slightly different, adult safeguarding regimes in England, Scotland, Wales and Northern Ireland. The Department of Health publishes data collected from English Safeguarding Adult Boards.

In the data below a section 42 enquiry refers to Section 42 of the Care Act 2014 which places an obligation on a local authority to make enquiries into adult safeguarding cases.

From the English national data set we know:

- That in 2015-16 there were 102,970 individuals with enquiries under S42 of the Care Act. Of these enquiries, 60% were for females and 63% of individuals at risk were aged 65 or over.

- For S42 enquiries which concluded during the reporting year, there were 124,940 risks recorded by type of risk. Of these, the most common type was neglect and acts of omission, which accounted for 34% of risks, followed by physical abuse with 26%.

- There were 110,095 risks recorded by location of risk in concluded S42 enquiries. The location of risk was most frequently the home of the adult at risk (43%) or in a care home (36%).

NB. One enquiry can include multiple risks if more than one type, location or source of risk is involved.

It is worth noting that 84% of S42 enquiries concerned people who identified as white. That percentage had reduced slowly over recent years.

It is also worth noting that 42% of S42 enquiries concerned people whose primary support need was for physical support; 14% for learning disability support; 12% for mental health support and 9% for memory and cognition support.

Finally, it is worth noting that in 86% of section 42 enquiries the source of the abuse, neglect or harm was someone known to the person being safeguarded, either someone providing care and/or support or a family member. It

Comparator data

In terms of comparison within our comparator group Thurrock's adult safeguarding referral rate is low, as the table below shows. Thurrock has less than half the national and comparator averages.

Total referrals per year have dropped from 386 in 2012/13 to 168 in 2015/16. Thurrock's SAB has tasked its Operational Group to enquire into the reasons behind this significant drop.

Table 1

Local Authority (Code)	Section 42 Enquiries per 100,000 Population
England	239
Thurrock (622)	**109**
Milton Keynes (613)	145
Peterborough (624)	211
Swindon (819)	186
Trafford (312)	160
Warrington (322)	243
Reading (616)	408
Telford and the Wrekin (418)	283
Stockton-on-Tees (114)	372
Medway Towns (821)	113
Bolton (304)	175
Bedford (625)	79
Derby (507)	340
Rochdale (308)	462
North Lincolnshire (217)	68
Coventry (407)	357
Comparator Group	235

Types of risk

In terms of type of risk (below table 2) Thurrock has more than most for financial and material abuse and less than most for neglect and acts of omission. Thurrock also ranks highly among 150 councils for reports of sexual abuse (8%). It ranks 140/150 for cases of discriminatory abuse (0%).

Local Authority (Code)	Physical Abuse	Psychological Abuse	Financial or Material Abuse	Neglect & acts of Omission	Other Risk Types
England	26%	15%	16%	34%	9%
Thurrock (622)	**25%**	**19%**	**22%**	**21%**	**13%**
Milton Keynes (613)	25%	17%	13%	30%	15%
Peterborough (624)	21%	15%	14%	38%	11%
Swindon (819)	33%	14%	16%	28%	10%
Trafford (312)	16%	4%	5%	73%	2%
Warrington (322)	34%	15%	15%	29%	7%
Reading (616)	21%	21%	16%	30%	11%

Telford and the Wrekin (418)	19%	16%	15%	37%	13%
Stockton-on-Tees (114)	38%	9%	14%	32%	6%
Medway Towns (821)	24%	20%	22%	24%	11%
Bolton (304)	18%	8%	8%	35%	31%
Bedford (625)	29%	9%	20%	31%	11%
Derby (507)	30%	22%	15%	23%	10%
Rochdale (308)	22%	22%	18%	25%	14%
North Lincolnshire (217)	21%	5%	30%	36%	8%
Coventry (407)	23%	9%	14%	51%	3%
Comparator Group	25%	15%	15%	34%	11%

NB: Note: Other Risk Types are; Sexual, Discriminatory, Organisational.

Source of Risk

In terms of source of risk, that is who is putting the adult at risk of harm or abuse, Thurrock has the lowest percentage of risk coming from social care support in our group, but has 21% shown as the source of risk being unknown to the individual concerned. This is another area that the Safeguarding Adult Board needs to understand better.

Table 2

Local Authority (Code)	**Social care support**	**Other - Known to individual**	**Other - Unknown to individual**
England	36%	49%	15%
Thurrock (622)	**19%**	**59%**	**21%**
Milton Keynes (613)	39%	43%	17%
Peterborough (624)	33%	54%	13%
Swindon (819)	37%	60%	3%
Trafford (312)	34%	11%	54%
Warrington (322)	46%	31%	23%
Reading (616)	36%	57%	7%
Telford and the Wrekin (418)	38%	50%	12%
Stockton-on-Tees (114)	38%	56%	6%
Medway Towns (821)	40%	50%	10%
Bolton (304)	22%	67%	10%
Bedford (625)	54%	26%	20%
Derby (507)	33%	61%	7%
Rochdale (308)	42%	43%	15%
North Lincolnshire (217)	60%	38%	3%

Coventry (407)	46%	43%	12%
Comparator Group	37%	51%	13%

Where the risk occurred

In terms of where the risk occurred (below table 3) Thurrock is lower on care homes and higher on hospital and other. The Safeguarding Adults Board needs to understand better the 19% shown as "other"

Table 3

Local Authority (Code)	Own Home	Community Service	Care Home	Hospital	Other
England	43%	3%	36%	6%	11%
Thurrock (622)	**41%**	**1%**	**29%**	**10%**	**19%**
Milton Keynes (613)	37%	10%	28%	5%	20%
Peterborough (624)	37%	3%	38%	9%	14%
Swindon (819)	53%	1%	29%	9%	8%
Trafford (312)	43%	7%	41%	1%	7%
Warrington (322)	42%	6%	40%	1%	10%
Reading (616)	62%	1%	17%	9%	10%
Telford and the Wrekin (418)	38%	2%	45%	5%	10%
Stockton-on-Tees (114)	33%	6%	50%	10%	2%
Medway Towns (821)	47%	3%	35%	6%	10%
Bolton (304)	31%	3%	58%	3%	5%
Bedford (625)	34%	7%	23%	18%	18%
Derby (507)	46%	3%	32%	9%	10%
Rochdale (308)	41%	2%	39%	2%	16%
North Lincolnshire (217)	34%	0%	54%	7%	4%
Coventry (407)	48%	0%	37%	9%	6%
Comparator Group	43%	3%	37%	7%	10%

Referrals involving persons lacking mental capacity

In terms of the percentage of referrals where the person lacked capacity (below table 4) Thurrock is lower than most. Thurrock is also lower than most when it comes to providing advocacy support through the safeguarding process. The advocacy issue may merit further investigation.

Table 4

Local Authority (Code)	Lacking Mental Capacity	Advocate Support Provided
England	27%	62%
Thurrock (622)	**19%**	**42%**
Milton Keynes (613)	28%	42%
Peterborough (624)	38%	83%
Swindon (819)	33%	81%
Trafford (312)	51%	60%
Warrington (322)	52%	76%
Reading (616)	20%	59%
Telford and the Wrekin (418)	1%	100%
Stockton-on-Tees (114)	23%	36%
Medway Towns (821)	38%	73%
Bolton (304)	56%	29%
Bedford (625)	16%	0%
Derby (507)	32%	86%
Rochdale (308)	28%	90%
North Lincolnshire (217)	32%	100%
Coventry (407)	27%	45%
Comparator Group	30%	62%

Action taken

In terms of action taken for concluded enquiries (below table 5) Thurrock is as good as, and better, than most.

Table 5

Local Authority (Code)	No Action Taken	Action taken & risk remains	Action taken & risk reduced	Action taken & risk removed
England	25%	8%	47%	20%
Thurrock (622)	**21%**	**7%**	**41%**	**30%**
Milton Keynes (613)	12%	17%	46%	25%
Peterborough (624)	37%	5%	35%	24%
Swindon (819)	4%	10%	65%	21%
Trafford (312)	32%	2%	52%	14%
Warrington (322)	26%	12%	47%	15%

Reading (616)	43%	10%	38%	10%
Telford and the Wrekin (418)	42%	7%	34%	17%
Stockton-on-Tees (114)	40%	1%	40%	18%
Medway Towns (821)	11%	16%	38%	35%
Bolton (304)	22%	4%	60%	15%
Bedford (625)	71%	1%	20%	8%
Derby (507)	0%	16%	52%	32%
Rochdale (308)	31%	8%	53%	8%
North Lincolnshire (217)	4%	0%	16%	80%
Coventry (407)	85%	1%	9%	5%
Comparator Group	34%	8%	41%	18%

Removing the risk

Overall, in terms of risk removed or reduced, Thurrock is very good. (see table 6).

Table 6

Local Authority (Code)	**Risk Reduced or Removed**
England	67%
Thurrock (622)	**71%**
Milton Keynes (613)	71%
Peterborough (624)	58%
Swindon (819)	86%
Trafford (312)	66%
Warrington (322)	62%
Reading (616)	47%
Telford and the Wrekin (418)	51%
Stockton-on-Tees (114)	59%
Medway Towns (821)	73%
Bolton (304)	75%
Bedford (625)	28%
Derby (507)	84%
Rochdale (308)	61%
North Lincolnshire (217)	96%
Coventry (407)	14%
Comparator Group	58%

The Role of Thurrock's Safeguarding Adult Board

The role of all safeguarding adult boards is laid out in the Statutory Guidance accompanying the Care Act 2014. Thurrock's SAB is essentially an assurance board whose role it is to be assured that the other relevant agencies and partners who interact with adults at risk in Thurrock are doing those things that they should be doing, or that the Board believes they should be doing, to safeguard at risk adults in Thurrock. The Board also has a new role in leading efforts and initiatives to prevent or reduce the risk of harm or abuse happening to adults at risk. To that end, the Board has sought assurances from partners on a number of important and relevant issues throughout 2015/16 including:

- Ambulance service response to traveller sites.
- Low number of referrals to the Independent Mental Capacity Advocacy (IMCA) service.
- The absence of a Suicide Prevention Strategy in Thurrock.
- Concerns over GP services in Tilbury.
- Concerns over the inappropriate use of psychotropic medication on people with learning disabilities in care settings.
- Seeking assurances that the Multi-Agency Public Protection Arrangements (MAPPA) are working as well as they should be.
- Concerns that the Appropriate Adult Service for vulnerable adults is not working well.
- Concerns in delays over police being able to conduct best evidence interviews with vulnerable adults who are victims of crime.
- Concerns over a lack of Ministry of Justice Registered Intermediaries to support people with communication problems who are victims of crime.
- Concerns over risks in the private, voluntary and independent care provider sector.
- Persistent low numbers of annual health checks to adults with learning disabilities.

The Board has also initiated a number of discussions on measures to support and assist at risk adults in Thurrock, including:

- The use of new technology (GPS tracking devices) to protect persons suffering from dementia who may go missing from their care setting or family home. This is now a local project.
- Discussing adult safeguarding with local GPs, Practice managers and Practice Nurses at formal Time to Learn sessions. All SABs across England

report difficulties in engaging with primary care. Thurrock is fortunate that our engagement is good and, very unusually for a safeguarding adult board, we have a local GP as a board member.

A death of note

Sadly, in April 2015, a young man with severe learning disabilities, who was cared for locally in supported accommodation, died while on a shopping trip to the town centre. The young man, who was in a wheelchair, choked upon a latex surgical glove which it is believed his carer may have either discarded inappropriately or had on her person in such a way that he was able to attain it. Despite the best efforts of ambulance crew, he failed to recover consciousness at the scene and was later declared dead at hospital.

The incident was investigated by police who, after almost a year of investigation, decided not to prosecute the carer concerned. The death will go before HM Coroner in June 2016.

The nature of the incident did not fit the criteria for a Serious Adult Review as laid down in the Care Act, primarily because the death involved a single agency and a member of their staff rather than a failure between agencies.

Nevertheless, the Board took the view that it should look closely at the death, the care provided by the agency concerned and at how the police investigation was conducted. The Board also worked closely with the young man's parents to ensure they were included in and aware of all the discussions and enquiries that took place.

A decision on how to progress any lessons learned from this tragedy will be made after the inquest takes place in 2016/17.

Other activities and initiatives

The Lasting Power of Attorney project

In 2013, the Board invited staff from the Office of the Public Guardian (OPG) to attend Thurrock and give presentations to local professionals on what Lasting Power of Attorney were and how they worked. Over 100 professionals attended the two sessions. From that, the Board began a dialogue and a relationship with staff from the OPG which led to a project to promote take up of LPA from people who might be considered harder to reach, particularly people in Thurrock with less resources who might be put off by the charges made by solicitors and legal firms.

This last year the Board funded a small project between Thurrock Centre for Independent living (TCIL) and the OPG in which OPG staff came to Thurrock in November 2015 and trained 15 volunteers to be LPA champions. These champions offer their services free of charge and can both explain the LPA process and sit with people to assist them to complete the necessary application forms using the OPG on line proformas. The project has begun well and we look forward to it growing in the years ahead.

Stay Safe event on sexuality and sexual boundaries for adults with learning disabilities

The Board has long had concerns that issues around sex, sexuality, sexual boundaries, consent and sexual abuse among and within the community of adults with learning disabilities in Thurrock, is not being properly addressed. To that end Thurrock lifestyle Solutions, the Community safety partnership, SERICC and relevant health professionals ran a trial stay safe event for 24 local adults with learning disabilities aimed specifically at these issues. Previous Stay Safe events involving adults with learning disabilities have been concerned with personal safety. The event was successful and lessons were learned from it that will better inform our activity in this area in the years ahead.

Adult safeguarding refuge accommodation

Through negotiation with the LA housing, adult social care acquired a property in Thurrock which will be used specifically as a refuge for adults who are subject to an adult safeguarding referral, should it be deemed necessary to find that person a short-term place of safety. The Board is funding the necessary redecoration and refurbishment work that is required to make the refuge habitable. The refuge is not yet ready for use. To the best of our knowledge and after taking to other Boards, Thurrock appears to be the first local authority to have gone down this route.

Modern Day Slavery Conference

At the beginning of the year Thurrock hosted a conference on Modern Day Slavery. This is of particular importance as it also included as a type of adult abuse within the Care Act. The conference covered the following: -

• Understand Modern Day Slavery in the context of Thurrock

• Understand the context of child sexual exploitation and trafficking to identify different types of Modern Day Slavery

The conference had a wide target audience and was supported by Unchosen, a leading charity in this area. 94 people attended an informative and interactive day representing adult services, child services, schools and health services.

Making Safeguarding Personal

We have signed up to Making Safeguarding Personal to achieve a Bronze level in the next year. There has been a pilot questionnaire put in place to collate information from people who are reported to have experienced abuse and their views about their expectations of outcomes from our enquiries and actions. This is also being incorporated into our electronic systems.

While we are confident that people are already included in decision making and outcome setting it is important that it is formally recorded to enable us to monitor our performance. This will also enable us to look at our use of advocacy in safeguarding.

Executive Partner Reflections for 2015/16

Essex Police

This past year Essex Police reviewed and increased staff within its Safeguarding of Vulnerable Adults (SOVA) team. It now includes a Detective Sergeant and Detective Inspector. The SOVA team triages safeguarding referrals received by Essex Police to determine the necessary investigative and safeguarding actions needed to protect individuals from harm. It works closely social care to ensure that information is shared and plans are implemented to protect vulnerable people.

We continue to work closely with partners across Essex to safeguard those who are vulnerable and at risk of harm or neglect. We worked with the Police and Crime Commissioner, colleagues across Southend, Essex and Thurrock and Crime stoppers in the development of an Elder Abuse Helpline which was launched in February 2015 as a pilot.

Dealing with and supporting the victims of domestic abuse is very important to Essex Police and there can be overlap between domestic abuse and adult safeguarding. We recognise the importance of information sharing in this area. We work hard to monitor offenders and target those considered to be particularly dangerous and improved support is available facilitate survivors leaving abusive relationships and starting afresh.

Essex Police together with health partners piloted a Street Triage project during 2014/15. Triage cars operated at night on weekends and support was offered to police officers through a telephone helpline outside of those hours. Initial findings indicate that the helpline was not well used by Police and had limited impact on diverting individuals to appropriate mental health resources.

During the project, the street triage cars dealt with 269 individuals, diverting 110 people to appropriate mental health services. 20 people accepted an offer of informal admission. This significantly reduced the number of people that police would have otherwise considered detaining under police or Mental Health Act powers. This is undoubtedly a good thing in terms of dealing appropriately with people who have

problems and it is a good thing for police not to have to use police cells to detain people with mental health issues. It also represents something of a shift in police culture.

Thurrock Clinical Commissioning Group

Thurrock Clinical Commissioning Group (CCG) actively supports and embraces partnership working for the Adult Safeguarding agenda across the locality. It is committed to the SET safeguarding adults policy and guidelines and it provides support to staff within the CCG, commissioned services and Primary Care. Our Chief Nurse, Jane Foster-Taylor is Executive lead. Dr Grewal is GP lead for safeguarding and is a member of the adult safeguarding board. Linda Smart is the Designated Adult Safeguarding Manager (DASM) for the CCG.

We have taken on board the change in the law around Deprivation of Liberty Safeguards (DOLS) and plans are in place to apply to the Court of Protection for DOLS authorisations where a person is receiving care funded by the CCG but is not living in a hospital or care home

In line with mandatory CCG requirements, all staff undertake safeguarding adults training, PREVENT training and Board members training is available on MCA and DOLS. The CCG also host Time to Learn sessions which are attended by General Practitioners (GP), Practice managers and Nurses from member practices across the locality. Training has been provided to these sessions by Graham Carey and Jill Moorman from adult safeguarding and Andrea Metcalfe from the CCG. This covered the fundamentals of safeguarding adults, the mental Capacity Act 2005, and more recently legal and policy updates. We are arranging additional MCA/DOLS training for staff in Primary Care over the next few months.

Last Year's Key Objectives

In preparation for our new statutory duty to prepare and publish annual plans, the Board agreed 4 Key Objectives for this last year. The Board's Operational Group lead on the Objectives and although progress was made on all of them, the absence of a board manager to coordinate and take forward the work meant that the outcomes were not as clear or successful as we would have hoped. Nonetheless we have learned lessons about objective setting and about objective management which is why we undertook this ahead of our legal requirement to do so. A revised methodology is in place for both objective setting and management through 2016/17.

The Key Objectives were:

KO 1: Develop a relevant local audit tool to include both a qualitative person centred focus and a set of performance data with relevant analysis and reporting functionality to drive improvement.

Outcome: An audit tool was not produced because it was considered too early to do so. An ad-hoc audit group was set up and chaired by Thurrock Healthwatch. Its first task is to investigate and provide the board with an understanding of reductions in adult safeguarding referrals over the last three years. The work is ongoing but preliminary findings should be available soon.

KO 2: Implement a process check to ensure appropriate processes for delivering a Serious Adult Review locally in accordance with national guidance.

Outcome: This was not achieved. A SET adult safeguarding working group, which works for all three adult safeguarding boards is to work on and produce new guidelines for the SAR process for all three boards. Thurrock are represented on that working group.

KO 3: Implement and evaluate processes that demonstrate the key principles associated with "Making Safeguarding Personal" are in place across all partner agencies

Outcome: Making Safeguarding Personal (MSP) is the relatively new philosophy that underpins adult safeguarding in England. It represents a significant change and in both culture and approach to adult safeguarding. It continues to be revised and improved by LGA, ADASS and the Department of Health. The core of MSP is that, with a few exceptions, it is the wishes and wants of the individual at the centre of the adult safeguarding process that matter most: more so in fact that the opinion of the professional. Resolution of, and recovery from, the problem is more important than prosecution of the perpetrator.

While the Board is content that MSP is becoming business as usual among social workers and some other front line local authority staff involved in adult safeguarding,

the same cannot be said for partner agencies at this time. There is work underway nationally to provide guidance and a "toolbox" to other partner agencies to whom Making Safeguarding Personal may still be something of an anathema.

For local authority staff involved in adult safeguarding there are new measures in place which record and show the degree to which MSP is met.

KO 4: Provide clear evidence of community involvement in, and understanding of, local safeguarding policy development and operational delivery.

Outcome: This objective has not been met. The Board accepts that local area co-ordinators and front line housing staff have received adult safeguarding awareness training and that both sets of staff do report adult safeguarding concerns. It is also the case that adult safeguarding awareness is fairly widespread through the third sector in Thurrock through long standing relationships and interactions. There is no hard evidence as yet as to the degree to which the local community is involved in and understand the adult safeguarding agenda.

There remains work to be done to ensure greater awareness of adult safeguarding in the broader community. It is the board's view that this issue should be dealt with through an agreed communication strategy.

The Structure of the Board

The new Safeguarding Adult Board is independent. It sits alone within local structures but has good links and thus perhaps "dotted lines" to the Health and Wellbeing Board; the Community Safety Partnership Board and the Local Safeguarding Children's Board.

The Executive Group

The Care Act 2014 is clear that lead responsibility for adult safeguarding remains with the local authority. However, it also makes clear that the responsibility for establishing and running an effective safeguarding adult Board lies primarily with three responsible partners: The Local Authority; the local police chief and the local Clinical Commissioning Group.

To that end the Board established, during 2015/16, an Executive Group consisting of representation from the three responsible partners named above and the chair of the board. It is the role of the Executive Group to show leadership and to ensure that Thurrock has an effective and efficient safeguarding adult board that is able to meet its obligations and duties under the care Act 2014.

The Safeguarding Adult Board

Thurrock's Safeguarding Adult Board meets four times a year for two hour meetings. Additional meetings can be called if required. The Board is supported by administrative support provided by the local authority but paid for by the Board. The Board also employs an independent adult safeguarding champion.

The membership of Thurrock's Safeguarding Adult Board is as below:

Membership of Thurrock's SAB.	
Thurrock Council Adult Social Care	LSCB
Thurrock CCG	LA Children's services
Essex Police	NHS England
Community Safety Partnership	Basildon & Thurrock Hospital
South Essex Partnership Trust.	Thurrock Healthwatch
North East London Foundation Trust	Adult Education services
Community Rehab (Probation)	Advocacy services
Two elected councillors	Age concern
Thurrock Police	3rd Sector Disability Alliance
East of England Ambulance Service	Three care provider reps
Essex Fire Service	LD Commissioner
GP representative	LA Housing
Public Health	Non-LA housing

Attendance throughout the year has been strong although it is disappointing that elected councillors have not been able to attend any of the meetings.

Operational Group

The Operational Group is chaired by the local authority and works to direction of the Safeguarding Adult Board.

Board finance

The Board has functioned on very limited finances. Its budget for 2015/16 was £31,600. Unless an alternative funding arrangement is found the budget will be the same for the year 2016/17. Management of the Board's finances needs to addressed soon.

Board income	
Local authority	£ 7,900.00
Essex Police	£ 7,900.00
Thurrock CCG	£ 7,900.00
OPCC	£ 7,900.00
Total	**£ 31,600.00**

Board expenditure	
LA Admin support	£ 12,500.00
Ind Champion	£ 10,590.00
Advertising	£ 3,275.00
Refuge flat refurbishment	£ 5,000.00
Enquiry into death	£ 4,000.00
Total	**£ 35,365.00**
Additional funding by LA	
LPA Project.	£ 4,500.00

Looking forward to 2016/17

Annual Plan Objectives

This year the Board undertook a much broader consultation process around objective setting for the year ahead. We have consulted with various partners and board members as well as meeting our statutory obligation to consult with Healthwatch. The Board's Annual Plan Objectives for 2016/17 are:

1. By 31st March 2017 this Board will have hosted a one day learning event in Thurrock for partners, providers, carers and families.

2. By 31st March 2017 this Board will have conducted a gap analysis and produced an action plan from that analysis to further reduce risk to vulnerable adults across Thurrock.

3. By 31st March 2017 this Board will have satisfied itself that appropriate contract monitoring systems are in place for all providers of health and care to adults at risk in Thurrock.

4. By 31st March 2017 this Board will have conducted, and made recommendations for improvement where appropriate, a meaningful review of the implementation of Making Safeguarding Personal in Thurrock.

“To work in partnership, preventing abuse and ensuring excellent practice and timely responses to the safety and protection of individuals or groups within our communities”