

CONTENTS PAGE

1	FOREWORD FROM THE CHAIR	2
2	INTRODUCTION	4
3	WHAT IS ADULT SAFEGUARDING?	4
4	THE SAFEGUARDING ADULTS BOARD	5
5	WHAT WE ACHIEVED AS A BOARD IN 2016/17	6
6	SAB FUNDING	9
7	THE LOCAL AUTHORITY AND SAFEGUARDING ADULTS	10
9	THE CARE ACT 2014 – SECTION 42	10
10	WHAT IS MAKING SAFEGUARDING PERSONAL?	11
11	NATIONAL AND LOCAL ACTIVITY AND PERFORMANCE DATA	12
12	DEPRIVATION OF LIBERTY SAFEGUARDS	17
13	LOOKING FORWARD TO 2017/18	18
14	Appendix 1: TSAB Attendance record	19
15	Appendix 2: Issues considered	21

FOREWORD

This report marks the end of the second year of statutory safeguarding adult boards (SAB). Thurrock's SAB (TSAB) has made significant progress in some areas but we acknowledge that there is still work to do in others. TSAB's finances and its governance arrangements are now in order and we have appointed our first part-time board manager to support and drive our ambitions. TSAB fared well in a recent national audit of English SABs and partners should be proud of that. The Board is unashamedly Thurrock focused in its agendas and we review, and seek assurance about, a wide range of issues that impact upon the wellbeing of adults at risk in the borough. We learned much from our first conference which informed the ambitious and meaningful objectives that we have set for the year ahead.

Operationally I am pleased to report that safeguarding concerns recorded by the council this last year has more than doubled following two years of reductions. The numbers are skewed by large increases from police and ambulance but for reasons that we understand and are addressing. On balance, the rise in concerns raised is a good thing and the council should be commended for the effort it put in to achieve it. In the year ahead further work is planned to quality assure the safeguarding adult process and identify areas that might be improved upon.

Given that the Care Act was introduced during a period of austerity across the public sector, our Board, in common with all partner agencies, has had to cut its cloth accordingly. The resources available have tended to dictate ambition and activity. I am happy that the SAB is doing what it can to make at risk adults in Thurrock safer but undoubtedly, we can do more.

Given that context there are two things that I would ask chief executives and elected members to keep in mind in the years going forward. First, we must not lose sight of the ambition within the Act. TSAB should continue to push itself, and partner agencies, through ambitious and wide-ranging objectives even if not everything is achievable at this time. Second, although the local authority retains lead responsibility for adult safeguarding, the Act is all about partnership working. Partners have just as much of a stake in, and responsibility for contributing to, adult safeguarding in Thurrock. We need to ensure that the partnership approach to adult safeguarding in Thurrock is meaningful and that we establish a firm foundation for that going forward.

I want, on behalf of TSAB, to thank those whose efforts make it work. The local authority, the Office of the Police and Crime Commissioner and Thurrock CCG for their funding support. Les Billingham, Jane Foster-Taylor and Mark Wheeler for their work as the Executive of the SAB; and Fran Leddra for chairing the Operational Group. Bayley Keanly, both for her administrative support and for her work with Louise Smith in organising our conference. Michelle Cunningham and Jim Nicholson

from Thurrock's Community Safety Partnership for their ongoing support. Kim James, Laura Davis, Lee Price and Linda Smart for their support during the year and for the audit work they undertook on our behalf. Neil Woodbridge, Ian Evans and John Paddick for their ongoing support to our agenda and last but not least, to the SAB members who give up their time and without whom there would be no Board. Looking forward, I welcome Levi Sinden who is our new board manager.

Finally, I end this introduction by acknowledging the tremendous contribution to adult safeguarding in Thurrock that Jill Moorman has made over more than a decade. Jill retires from her role as adult safeguarding manager at the year's end and I wish her well in whatever she chooses to do next. Jill's work has touched upon and improved the lives of many of Thurrock's most vulnerable residents over the years and, on their behalf, I and the Board thank you for what you done.

Graham Carey

Independent Chair

INTRODUCTION

The Care Act 2014 requires each Safeguarding Adults Board (SAB) to produce an annual report. The report must explain what the SAB has done during the previous year to help and protect adults at risk of abuse and neglect and explain what it will focus on during the forthcoming year.

The report will describe:

- How we have worked in partnership with the voluntary and statutory partners to meet our legal duties under the Care Act.
- What safeguarding looks like in Thurrock.
- How we have worked in partnership to protect adults at risk from abuse and neglect.
- How the TSAB has spent its budget.
- What the TSAB priorities are for 2017/18

The annual report will be shared widely with all Board member organisations, including the voluntary and independent sector and will be available on Thurrock Council's and core partner agency's websites. Additionally, the Care Act requires that this annual plan is shared with:

- The Chief Executive and Leader of Thurrock Council,
- The Borough Commander for Thurrock of the Essex Police Force,
- The Chief Officer of Health watch Thurrock, and
- The Chair of the Thurrock Health and Wellbeing Board

WHAT IS ADULT SAFEGUARDING?

Safeguarding adults is very different from safeguarding children. Whereas every child has to be safeguarded, very few adults (18+) are eligible for adult safeguarding. Those that are, by and large, must also consent to being safeguarded. There are exceptions involving lack of mental capacity and, in more serious cases, authority being granted by the Court of Protection. But generally, the law does not permit the state's agents to intervene in the lives of adults without very good reason.

Adults subject to a safeguarding intervention tend to be people who have some form of dependence on others to be able to live their daily lives either in the short term, such as a hospital patient, or in the longer term. The current terminology is "adults at risk" and the Care Act talks of people unable to protect themselves against harm or abuse due to their care and support needs *whether or not the local authority is meeting any of those needs*. Local authority thresholds for the provision of care and support are irrelevant in deciding whether an adult is at risk.

The Thurrock safeguarding adult team tend mainly to deal with people who receive some form of care and support to live their lives. That may be paid for by the local authority, CCG, NHS, privately funded or being provided at no cost by families. For the most part they are elderly, may have physical or mental disabilities or ill health, dementia or learning disabilities.

Therefore, the safeguarding adult regime applies only to a small proportion of our population and usually 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 SAFEGUARDING ADULTS BOARD

Multi-agency adult safeguarding boards have existed in one form or another for about two decades, working for most of that time to the Department of Health No Secrets guidance published in 2000. They became a statutory requirement in 2015 after the implementation of the Care Act 2014. The duties and powers of a SAB are listed in Schedule 2 of the Care Act and further guidance was supplied in chapter 14 of the Statutory Guidance accompanying the Act.

Safeguarding Adult Boards (SAB) are primarily multi-agency assurance boards: to seek assurance that those things that ought to be done in an area to protect adults at risk, are being done. The Care Act says that a SAB's objective is to help and protect adults at risk in its area and that it should do that by co-ordinating and ensuring the effectiveness of what each of its members does. It goes on to say that a SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective. The SAB must also publish an Annual Report and Annual Objectives.

In January 2017 Thurrock SAB employed a part time board manager and buys a similar amount of administrative support from the local authority. In November 2016, it appointed its first independent chair (2 days pm). It has no other resources other than what partner members are willing to provide. The SAB meets quarterly for two hours.

Although the local authority retains the lead responsibility for safeguarding adults, the Care Act says that responsibility for the SAB lies with three responsible partners: the local authority, the police and the local CCG. Representation from the responsible partners, alongside the board manager and the independent chair, form the Executive Group of the SAB. Other members may be invited to join the SAB as deemed appropriate. The membership of and attendance at Thurrock's SAB is shown at Appendix 1.

Thurrock SAB had no cause to commission a serious adult review through 2016-2017.

WHAT WE ACHIEVED AS A BOARD IN 2016-2017

Objective setting and ongoing objective management was difficult in the last year due to absence of a board manger. Nonetheless, following a consultation with partners, including Healthwatch, the SAB set the following Objectives for 2016-2017.

Strategic Objective 1:	
TSAB to host a one-day learning event in Thurrock for partners, Providers, carers and their families	The SAB hosted and paid for a large and very well attended conference held in October 2016.
Strategic Objective 2:	
TSAB to conduct a gap analysis from which an action plan will be produced, to further reduce the risk to vulnerable adults across Thurrock.	A Gap analysis, looking for areas of relevant work that the SAB was not particularly well sighted on was conducted in 2017 and the resulting Action Plan fed into Objective setting for 2017-2018.
Strategic Objective 3:	
TSAB to ensure that Thurrock has appropriate contract monitoring systems in place for all providers of health and social care to adults at risk in Thurrock.	<p>Contract monitoring and contract compliance processes for both the LA and the CCG were discussed in depth at a Board meeting in 2016 at which contract managers from the LA and CCG presented to the SAB. The respective managers were found to work very closely together and information exchange was good. The SAB is of the view that the processes are robust, safe and comprehensive.</p> <p>The adult social care model utilises a regionally approved methodology that is shared by all authorities in the Eastern region and works alongside CQC in assuring quality within the local provider market. The CCG makes use of an established framework that has been separately assured. The sharing of contract management activity and information locally has improved immeasurably in the recent past and more joint working is being promoted.</p>
Strategic Objective 4:	
TSAB to review the implementation of Making Safeguarding Personal, with a view to making recommendations for improvement where appropriate.	This Objective was not progressed by the SAB because the third sector group who were to be commissioned to carry out the work became subject to re-tendering by the LA. The SAB is however aware that progress towards the implementation of MSP continues within adult social care.

Other achievements

The SAB spent time last year negotiating a financial agreement with the Office of the Police and Crime Commissioner, the local authority and Thurrock CCG. The SAB also produced key governance documents including its first Constitution and new Terms of Reference.

Our SAB is also part of the Southend, Essex and Thurrock (9SET) structure and has shared governance responsibility with the SET adult safeguarding group which produces SET adult safeguarding policy and guidance.

The SAB has an operational group, chaired by the LA, which takes work forward on its behalf.

Headings for most of the substantive items discussed or reviewed by the SAB during 2016-2017 are shown at appendix 2.

Some of the projects we support or lead

The LPA Project

Over a number of years, the SAB has worked closely with the Office of the Public Guardian and Thurrock Centre for Independent Living to introduce a programme of free support and advice to people in Thurrock who are considering taking out Lasting Powers of Attorney. OPG staff trained a number of LPA champions in Thurrock who are now able to sit alongside people and complete LPA applications on-line. The project is funded by the SAB and delivered by TCIL. The SAB believes that over years to come an increased take up of lasting power of attorney, particularly by people with limited resources, will result in some adults at risk being significantly less exposed to harm or abuse.

Key deliverables of the project are:

- Increasing individual awareness and understanding of LPAs
- LPA Form Completion
- LPA Promotion & Events/Outreach
- Signposting to the OPG where appropriate

As a member of Thurrock Coalition, Thurrock Centre for Independent Living took the lead role in providing advice, information & support to individuals and helped to complete 98/99 LPA Forms between January 2016 and January 2017.

The adult safeguarding refuge

Thurrock is quite possibly the only area in England to have a property specifically equipped to act as a short-term refuge in cases of adult safeguarding. The property

was provided by the LA Housing, refurbished using SAB funds and is managed by adult social care.

SAFER training

Thurrock Lifestyle Solutions run a series of one-day training events called S.A.F.E.R (Safe, Assertive, Feel Good, Exit strategy and to know their Rights) training for vulnerable people with learning disability in conjunction with Thurrock Community Safety Partnership.

Stay Safe

Stay safe is a long running programme, run at least once a year to support approx. 75 people with Learning Disability to have a one-day event involving training and support from the Police, Fire-Brigade, First Aiders, Trading Standards and other Community Safety partners. It addresses everything from keeping strangers out of your house, through basic first aid to money lenders and Cuckooing. It is funded by Thurrock's Community safety partnership.

A stay safe event, again for adult from the learning disability community, looking at sexual boundaries, sexual knowledge, sexual consent and sexual abuse was piloted during 2016-16.

The SAB will be contributing funding to future Stay safe events.

Keep Safe programme

TCIL worked with BATIAS to bring the Keep Safe programme to Thurrock. Shops and other public places have a sticker in their window to let vulnerable adults identify a safe place to go when they feel worried or threatened.

Hate Incident Reporting Centres

HIRCs were established in some of the TCIL buildings and supported by Thurrock Coalition. This provided training for a number of hate crime ambassadors throughout the Borough.

SAB FUNDING

Previously the SAB's budget was £23,700 funded equally by the local authority, police and NHS. This supported only a part time adult safeguarding champion and limited administrative support, which was purchased from the local authority.

In 2014/15 a new funding agreement was reached. The local authority, which has lead responsibility for adult safeguarding, funds 50% of the budget, Thurrock CCG and the Office of the Police and Crime Commissioner each fund 25%. The three major NHS provider partners have not been asked to contribute to the annual budget but they have been asked, and agreed, to hold money in reserve as a contingency against a Serious Adult Review needing to be commission. The Board is grateful to SEPT, BTUH and NELFT for this consideration.

The SAB's annual budget of £75,000 funds a part time independent chair, a part time board manager and part time administrative support. Residual monies will be used to improve the effectiveness of the SAB, to support small local projects which further the preventative agenda and to commission additional work as necessary.

The chair took up his post in November 2016 and the board manager in January 2017. This produced an underspend as below which has been carried forward.

SAB Funding 2016/17	£
Thurrock Borough Council	37,500
Thurrock Clinical Commissioning Group	18,750
Office of the Police & Crime Commissioner	18,750
Total	75,000

SAB Expenditure 2016/17	£
Staff & LA admin support	35,358.19
Events, Conference & Meetings	3,215.56
Safeguarding Flat refurbishment	4,447.26
Travel	80.00
Consultancy fees	2,430.00
Expenditure miscoded	633.95
Total	46,164.96
Underspend	28,835.04

THE LOCAL AUTHORITY AND SAFEGUARDING ADULTS

The local authority has lead responsibility for safeguarding adults. For the most part, this falls to adult social care. The local authority has a responsibility to record all adult safeguarding concerns that come to its attention, as they all should. They are responsible for assessing concerns and making a decision on whether or not the concern passes the threshold to be referred to adult social care as a adult safeguarding issue. Some concerns are dealt swiftly by routine good professional social work and need no further action. Others are more complicated or more serious and may merit an enquiry in line with section 42 of the Care Act 2014 as outlined below. The local authority may ask others to carry that enquiry on its behalf but the LA remains accountable for all S42 enquiries.

THE CARE ACT 2014 – SECTION 42

Under Section 42 of the Care Act, where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

(a) has needs for care and support (whether or not the authority is meeting any of those needs) **and**

(b) is experiencing, or is at risk of, abuse or neglect **and**

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

then the local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

It is worth noting that section 42 is not without its difficulties, particularly around the issue of the threshold over which a concern must pass to become an adult safeguarding case. That threshold issue is a difficulty nationally and it remains the case that it is for an adult social care professional to decide whether or not a concern raised passes the threshold to become an adult safeguarding referral. Oversight of the application of that threshold test is the responsibility of the safeguarding adult manager.

A second national concern is that some local authorities consider every adult safeguarding case to a section 42 enquiry, others reserve section 42 only for the more serious or complicated cases. This skews figures nationally. Views differ across the country but the application of Making Safeguarding Personal is pushing more authorities towards the less formal approach.

WHAT IS MAKING SAFEGUARDING PERSONAL?

Making Safeguarding Personal (MSP) is the new philosophy that underpins all adult safeguarding. It is now well understood by most adult social care and health professionals but less understood by other partners. MSP was introduced because adult safeguarding became too focused on investigating and prosecuting perpetrators rather than resolving or dealing with the issue. Safeguarding referrals tended to be taken out against care settings, hospitals or people rather than on behalf of the person or persons suffering the harm or abuse. MSP turns that around by putting the person being safeguarded at the centre of the process. It explicitly says that the person being safeguarded should have the greatest say in determining how the matter should be resolved and that those providing support should do their best to achieve that outcome. There are some exceptions but, by and large, the professional's opinion as to the appropriate outcome is secondary to that of the person being safeguarded. This will bring significant challenges to professionals in some cases.

Guidance for police and other non-LA/health partners on the application of Making Safeguarding Personal is expected in the autumn of 2017.

NATIONAL AND LOCAL ACTIVITY AND PERFORMANCE DATA

The national data for English local authorities and safeguarding adults

The English national data set is published each October using data from English local authorities. It allows comparative analysis between similar local authorities. The October 2016 data set refers to year ending April 2016.

What we know and what we can generalise from the national data

There were about 100,000 adult safeguarding referrals (or section42 enquiries) in England during 2015/16 involving about 125,000 identified risks. One referral for one individual may involve more than one risk.

In 2015/16 the average number of adult safeguarding referrals per 100,000 population across England was 243. In Thurrock's group of similar local authorities, it was 202. For Thurrock, it was 153. Thurrock was low on adult safeguarding referrals.

The data set has been consistent over 5 years and allows for a number of generalisations to be made. These statements do, by and large, hold true for Thurrock. All percentages have been rounded.

About 60% of referrals concern women and about 40% men and about 63% are for people over 65. Women live longer than men so that imbalance is not surprising.

We know that people aged 75-84 are over 3 times more likely to have a referral than the England average; and that the 85+ group had almost 10 times more individuals with referrals than the England rate. Being older is a significant factor in adult safeguarding.

43% of risk was located in a person's own home and 36% of risk was located in a care setting. Only 6% was in a hospital setting and 4% in the community. In a care home setting 89% of the source of risk will either be someone involved in social care or someone known to the individual.

85% of referrals concern people already known to the council but this drops to 72% for other ethnic groups. Nationally only 8% of referrals concern people who are non-white British and this varies widely across the country.

32% of referrals concerns neglect and omission, 27% assault and physical abuse, 17% theft, fraud and financial abuse, 15% psychological or emotional abuse and 5% sexual abuse.

In 50% of all safeguarding referrals the source of the risk is someone known to the victim (excluding social care). Social care support was the source of risk in about 36% of cases and 14% concerned risk from a stranger. Abuse or harm by strangers is relatively uncommon except in financial abuse and sexual abuse.

We know that most institutional abuse (69%) and neglect and omission (58%) was alleged to be caused by social care and support workers and 28% of discriminatory abuse was committed by “strangers”. Only about 21% of sexual abuse is committed by “strangers”.

In 2015/16 in 65% of cases the risk to the person being safeguarded was either reduced or removed.

In 2015/16 there were 65 adult serious case reviews in England concerning 190 adults at risk, all of whom suffered serious harm and 60 of whom died.

Thurrock local authority data for safeguarding adults 2016/17

Overview

A safeguarding concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council. Safeguarding concerns include domestic abuse, sexual exploitation, modern slavery, and self-neglect. All safeguarding concerns are recorded on form SET SAF 1.

A safeguarding enquiry (referral) is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency response.

It is for the local authority to decide whether a reported concern passes its threshold to become an adult safeguarding referral. In the data shown the conversion rate is the percentage of concerns raised that become an adult safeguarding referral and thus merit action to be undertaken by the council’s adult safeguarding team. The local authority always retains responsibility for activity or enquiries undertaken under Section 42 of the Care Act irrespective of whether or not it carries out the enquiry or activity itself or asks another to undertake the enquiry or activity on its behalf.

Every English local authority is obliged to maintain a data set for adult safeguarding in accordance with national guidance. The data set has been refined over recent years to take account of the Care Act 2014 and the introduction of Making Safeguarding Personal. All English local authorities submit their data at year end which is then published in the autumn.

The table below shows five years basic data.

Local Authority adult safeguarding data 2012/13 to 2016/17.	Concerns recorded	Referrals accepted	Conversion % of concerns to referrals
2012-13	485	386	80%
2013-14	418	311	74%
2014-15	287	199	69%
2015-16	336	168	50%

2016-17	711	181	25%
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Concerns recorded reduced in 2013/14 and then reduced again quite significantly in 2014/15. They increased by about 20% in 2015/16 and then they more than doubled in 2016/17. Referral accepted reduced year on year on year from 2012/13 and then increased slightly in 2016/17, but not as a percentage.

In Q4 2015/16, at the request of the SAB, Thurrock Healthwatch chaired a limited audit into the local authority's recording of adult safeguarding concerns and referrals. That audit exposed some concerns that adult social care staff were not recording concerns appropriately and a number of recommendations were made to adult social care which have been taken forward.

Local authority performance summary

The local authority recorded 711 adult safeguarding concerns during 2016/17. Of those 711, 181 (25%) were deemed by adult social care to pass the threshold to become adult safeguarding referrals/enquiries requiring some action by adult social care.

Table 1 Source of reported concern to the local authority

Source of reported concern to the local authority.	Number of concerns reported	As % of total concerns.	Number of referrals accepted	As % of total referrals.	Conversion % of concerns to referrals
Legal agency - police, court, probation	191	26.9%	26	14.4%	13.6%
Secondary Health e.g. Hospitals, Ambulance etc.	170	23.9%	27	14.9%	15.9%
Independent Providers	93	13.1%	27	14.9%	29.0%
Other Individual	85	12.0%	31	17.1%	36.5%
Internal Social Services	43	6.0%	21	11.6%	48.8%
Family, Friend, Neighbour	33	4.6%	14	7.7%	42.4%
Other LA or other TBC Department	22	3.1%	14	7.7%	63.6%
Primary Health e.g. GP	22	3.1%	6	3.3%	27.3%
Central Government Agency, e.g. CQC	17	2.4%	1	0.6%	5.9%
LA Housing or Housing Association	13	1.8%	3	1.7%	23.1%
Self-Referral	11	1.5%	7	3.9%	63.6%
Other Agency e.g. Voluntary agency	10	1.4%	4	2.2%	40.0%
Not Known	1	0.1%	0	0.0%	0.0%

Total	711		181		
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There is a lot of relevant data in Table 1 above but it is particularly worth noting the following.

Concerns from legal agency, mainly Essex Police, rose from 44 in 2015/16 to 191. Essex police introduced a training package to all staff in late 2015, part of which covered vulnerable adults. Within that package it encouraged staff to report concerns to the three SABs the SET SAF 1 forms. The training was introduced without prior consultation and resulted in a huge increase in reported concerns, few of which passed the threshold for referrals. Essex police have now taken steps to better filter reports of concerns.

Concerns recorded from secondary health increased from 60 in 2015/16 to 170. Much of this is from ambulance service. The regional ambulance service does not use our SET paperwork and generally reports by email. Duplication and the application of a regional policy may be factors.

The other significant numerical increase came from independent providers, up from 32 in 2015/16 to 93.

It should also be noted that the conversion rate for some agencies is considerably higher for some, than others. This may be indicative of training needs and the SAB intends to review the provision of training in 2017/18.

Table 2 Abuse or harm categories

Table 2 below looks at abuse or harm categories for adult safeguarding referrals and is in line with most local authorities. Considerable effort has been made in Thurrock to raise awareness of financial abuse and, unlike many areas, Thurrock has long considered neglect as a safeguarding issue.

Referrals: Abuse type	Total	%
Neglect	56	28%
Financial	40	20%
Physical	38	19%
Emotional	34	17%
Sexual	14	7%
Institutional	10	5%
TBC	6	3%
Discriminatory	1	1%

NB: Some cases involve more than one type of abuse or harm.

Table 3 Referral by gender and age

Referrals by gender and age are in line with most other local authorities.

Age Group	Female	Male	Total
18-64	33	34	67
65-74	17	9	26
75-84	20	16	36
85-94	23	20	43
95+	8	1	9
Total	101	80	181

Table 4 Concerns and referrals by people's health or social care need.

Again, broadly in line with most other local authorities.

Concerns and referrals by people's health or social care need	Number of concerns raised	As a % of all concerns	Concerns converted to referrals	As a % of all referrals	Conversion from concern to referral as a %
Physical Disability	353	50%	106	59%	30%
Mental Health	101	14%	21	12%	21%
Other Vulnerability	95	13%	4	2%	4%
Learning Disability	69	10%	28	15%	41%
Dementia	41	6%	12	7%	29%
Substance misuse	27	4%	2	1%	7%
Sensory Impairment	12	2%	5	3%	42%
Carer	10	1%	1	1%	10%
Other	2	0%	1	1%	50%
N/A	1	0%	1	1%	100%
Grand Total	711		181		

Outcomes

In previous years the outcomes of adult safeguarding enquiries or referrals have tended to be framed in quasi-judicial terms. It was either substantiated, unsubstantiated or something between. The emphasis was always on the perpetrator's culpability rather than on the resolution of the issue in hand.

It is a key tenet of Making Safeguarding Personal that the single most important outcome of a safeguarding enquiry or referral is that it meets, as far as is reasonably possible, the wants, wishes and expectations of the person being safeguarded. Nationally, experiments are in hand to find the best way of capturing outcomes that demonstrate that a local authority is applying MSP to its adult safeguarding.

For the moment, the methodology is to ask the person subject to the enquiry to answer the question below. Work is in hand nationally to improve data gathering around outcomes.

Does the adult report their desired outcome for the enquiry as?

- Outcomes fully achieved.
- Outcome partially achieved.
- Outcomes not achieved.
- Investigation ceased at individual's request.
- Not applicable.

Table 5 The outcome survey for Thurrock. Thurrock does very well in this category compared to other local authorities.

Outcome question	Total	%
Outcomes fully achieved	90	47%
Outcomes partially achieved	33	17%
Outcome not achieved	8	4%
Investigation ceased at individual's request	12	6%
Not Applicable	48	25%
Total	191	

Ethnicity

In only 10 referrals did the person being safeguarded self-identify as being from the BME community.

DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

An amendment to the Mental Capacity Act (MCA) 2005 introduced Deprivation of Liberty Safeguards (DOLS). The safeguards aim to make sure that people (18+) in care homes/settings and hospitals are looked after in a way that does not inappropriately restrict their freedom. Care homes/settings or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation. There are six assessments which have to take place before a standard authorisation can be given. Responsibility for overseeing and managing this process is with the local authority.

In 2014 a legal judgement significantly widened the scope of DOLS and all local authorities in England and Wales experienced a huge increase in the volume of DOLS. Changes are to be made to DOLS which should both simplify the

authorisation process and remove some of the arduous administration, but this is unlikely to happen before 2020.

Thurrock local authority has seen a significant increase in its work in this area but has managed it much better than many other authorities.

For Thurrock, most requests for authorisation and renewals come from local care homes. The remainder come from the hospital or psychiatric inpatient wards. There were 395 DOLS applications in 2015/16 and 528 in 2016/17. It is commendable that despite the significant increase in its workload, Thurrock adult social care has managed to avoid the administrative problems and backlogs that have caused significant problems in many other authorities.

LOOKING FORWARD TO 2017/2018

The SAB's Strategic Objectives (SO) for 2017-2018.

1: By 31st March 2018 this Board will have published a Communication Strategy and two related local actions plans for Communication and Awareness Raising with particular emphasis on providers, carers, families and individuals and communities at risk.

2: By 31st March 2018 this Board will have produced its Strategy and associated action plan for the prevention of harm and abuse to adults at risk.

3: By 31st March 2018 this Board will have worked with SET partners to consider and publish good practice in dealing with domestic abuse in older adults and in care settings.

4: By 31st March 2018 this Board will have conducted a review of the level of sexual exploitation of adults in Thurrock and made recommendations for further action if appropriate.

5: By 31st March 2018 this Board will have reviewed and made recommendations for change if appropriate regarding any safeguarding gaps identified for at risk young people in transition to adulthood.

The objectives are discussed in further detail in the TSAB Strategic Plan 2017-2020, please refer to this document for details about delivery.

APPENDIX 1

SAB Membership and attendance record

Attendee	18th April 2016	18th July 2016	25th October 2016	8th February 2017
Independent Chair	ATTENDED	ATTENDED	ATTENDED	ATTENDED
Safeguarding Board Manager	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	ATTENDED
Safeguarding Board Coordinator	ATTENDED	ATTENDED	ATTENDED	ATTENDED
Head of Adult Services, Local Authority	ATTENDED	ATTENDED	ATTENDED	ATTENDED
Safeguarding Team Manager, Local Authority	ATTENDED	ATTENDED	*	ATTENDED
Strategic Lead for Safeguarding, Local Authority	ATTENDED	ATTENDED	ATTENDED	ATTENDED
Strategic Lead for Commissioning, Local Authority	*	*	*	*
Head of Housing, Local Authority	*	*	*	*
Portfolio Holder Councillor, Local Authority	*	*	ATTENDED	*
Shadow Portfolio Holder Councillor, Local Authority	*	*	ATTENDED	*
Chief Nurse, Clinical Commissioning Group	SUBSTITUTE	ATTENDED	ATTENDED	ATTENDED
Detective Superintendent Public Protection, Essex Police	ATTENDED	ATTENDED	ATTENDED	ATTENDED
Thurrock District Commander, Essex Police	ATTENDED	*	*	ATTENDED
Adult Safeguarding Manager, SEPT	ATTENDED	*	ATTENDED	ATTENDED
Integrated Care Director, NELFT	ATTENDED	ATTENDED	ATTENDED	ATTENDED
Head of Adult Safeguarding, BTUH	SUBSTITUTE	SUBSTITUTE	*	*
Head of Service, Public Health	SUBSTITUTE	*	*	ATTENDED

Community Partnership Local Authority Safety Manager,	ATTENDED	ATTENDED	ATTENDED	ATTENDED
Chief Operating Officer, Healthwatch	SUBSTITUTE	ATTENDED	ATTENDED	ATTENDED
Principal, Thurrock Adult Community College	ATTENDED	*	*	*
Head of Children's Services, Local Authority	SUBSTITUTE	SUBSTITUTE	SUBSTITUTE	ATTENDED
Thurrock GP, Clinical Commissioning Group	ATTENDED	*	*	*
Advocacy Manager, POhWER	*	*	ATTENDED	*
Manor Court Care Representative	*	ATTENDED	*	ATTENDED
Runwood Homes Representative	*	ATTENDED	*	*
Chief Executive, Thurrock Lifestyle Solutions	*	ATTENDED	ATTENDED	*
Chief Executive, Thurrock Coalition	*	ATTENDED	ATTENDED	ATTENDED
Director, AK Supported Housing	ATTENDED	ATTENDED	ATTENDED	*
Director, Community Rehabilitation Company	ATTENDED	ATTENDED	*	SUBSTITUTE
Essex Probation Service	*	*	ATTENDED	ATTENDED
East of England Ambulance Service	*	*	*	SUBSTITUTE

* No attendance

APPENDIX 2

Thurrock SABs agenda for 2016-2017 included discussions and seeking assurance around the following subjects.

1. The absence of a Suicide Prevention Strategy in Thurrock.
2. The police investigation and inquest into the death of a young adult with learning disabilities.
3. The Essex Multi-Agency Public Protection Arrangements (MAPPA).
4. Absence of vulnerable adult data within Thurrock's JSNA.
5. FGM strategy.
6. Health checks for adults with learning disabilities in Thurrock.
7. The Transforming Care agenda in Thurrock.
8. The Learning Disability Mortality Review Programme.
9. The provision of a safeguarding refuge property in Thurrock.
10. The use and promotion of GPS safer walking devices for people with dementia/Alzheimer's.
11. Safeguarding in Houses of Multiple occupation.
12. The Essex sexual assault referral centre.
13. The Shared Lives programme in Thurrock.
14. Risk in the homecare sector in Thurrock.
15. Risk in hospital discharges for Thurrock patients.
16. Changes to section 136 places of safety in Essex.
17. The lack of availability of registered intermediaries to support adults with severe LD who were victims of crime in Thurrock.
18. The Appropriate Adult Service for adults at risk within Essex police custody blocks.
19. A protocol for homeless victims and survivors of violence in Thurrock.
20. A limited local audit of the LA process for recording and investigation safeguarding concerns.
21. Thurrock corporate appointee team.
22. National audit of English safeguarding boards.
23. Publication of national comparative data set for adult safeguarding.
24. SAB member training.
25. Governance of the SET urgent care mental health group.
26. Review of recent HMIC investigation of safeguarding and Essex police.
27. New NHS safeguarding guidance and recommended performance indicator package.
28. Quarterly and annual review of LA adult safeguarding team's performance data.
29. Proposal for out of hours visits to care homes.
30. Risks in the care provide sector.
31. Gang violence and exploitation of vulnerable adults.