



National Network for Chairs  
of Safeguarding Adults Boards

# Survey of Safeguarding Adults Boards in England

April 2019

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# 1. Background to the Survey

**1.1** This report summarises the findings of a survey sent to all Chairs of Safeguarding Adults Boards in England for response during September and October 2018. It was intended that this work would build upon the first survey of Safeguarding Adults Board Chairs undertaken in 2017 (National Network for Chairs of Safeguarding Adults Boards, 2017) that surveyed the impact of the implementation of the Care Act 2014.

<https://www.adass.org.uk/media/6015/the-national-network-of-safeguarding-adult-board-chairs-annual-report-final.pdf>

**1.2** The survey was undertaken by the National Network for Chairs of Safeguarding Adults Boards. The national network, established in 2009, aims to support Chairs of Safeguarding Adults Boards in order to improve the effectiveness of Safeguarding Adults Boards and safeguarding adults, and to influence and promote best practice nationally and locally through effective collaborative working.

**1.3** Thanks to Mark Godfrey, Adi Cooper (OBE), Jane Lawson, Robert Templeton and Professor Michael Preston-Shoot for the development of the survey and Philippa Lynch and Rose Pycock at the Local Government Association for completing the analysis.

## 2. The Role of Safeguarding Adults Boards

**2.1** The Care Act 2014 required local authorities to establish Safeguarding Adults Boards to co-ordinate local work to safeguard adults. Safeguarding Adults Boards are a partnership of statutory and non-statutory agencies working across an area, adopting a whole-systems approach to safeguarding, providing leadership and co-ordination. Each Safeguarding Adults Board has a chair (most of whom are independent) who is accountable for the effective working of the Board.

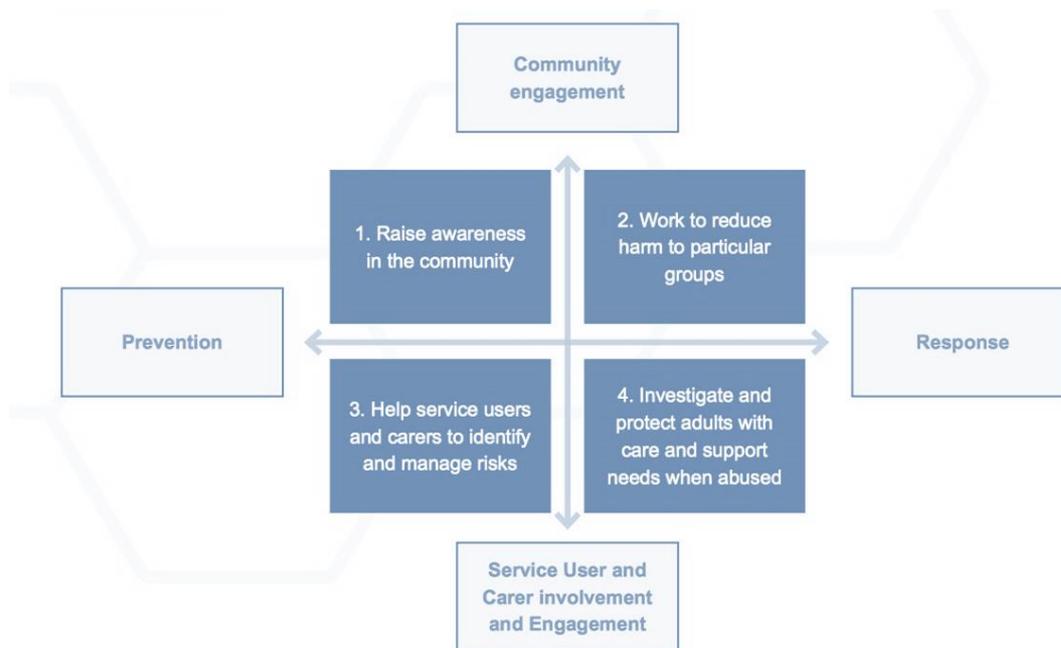
**2.2** Safeguarding Adults Boards have three statutory duties as outlined in the Care Act 2014 and amplified in the accompanying statutory guidance (DHSC, 2018): to publish a strategic plan each year that sets out how a Board will meet its main objectives and what the members of the Board will do to achieve these objectives; to publish an Annual Report detailing the work undertaken by a Safeguarding Adults Board during the year to achieve its main objectives; and to conduct any Safeguarding Adult Reviews.

**2.3** Safeguarding Adults Boards also have a wider remit as follows:

- A preventative focus in contributing to the development of cultures, systems and processes that support adults at risk of abuse or neglect, so that wherever possible, harm does not arise;
- A reactive focus in instigating Safeguarding Adults Reviews following a death, or other situation that meets the criteria set out in the Act and also responding to issues regarding provider concerns.

- A developmental focus in drawing out and disseminating the learning from Safeguarding Adult Reviews, keeping local organisations up to date with national developments, and building and nurturing inter-agency networks that support the safeguarding agenda.

**2.4** The Care Act 2014 statutory guidance sets out a range of areas of interest for Safeguarding Adult's Boards which is illustrated below:



*Source: Braye, S., Orr, D; Preston-Shoot, M,( 2011) in ADASS / LGA Making Safeguarding Personal Support for safeguarding adults boards;*[https://www.local.gov.uk/sites/default/files/documents/25.25%20-%20Chip\\_MSP%20safeguarding\\_WEB.PDF](https://www.local.gov.uk/sites/default/files/documents/25.25%20-%20Chip_MSP%20safeguarding_WEB.PDF)

### **3. Aims of the Survey**

**3.1** The aim of the survey is to report upon the progress made by Safeguarding Adults Boards, the key challenges faced by Boards and Chairs, and to support the further development of Safeguarding Adults Boards. This report will inform discussions about policy and practice within and between Safeguarding Adults Boards, the Department of Health and Social Care (DHSC), Association of Directors of Adult Social Services (ADASS), NHS England and other stakeholders.

**3.2** A total of 85 Independent Chairs responded. There are 132 Safeguarding Adult Boards. As some respondents have responsibility for more than one board, the responses represented 89 SABs, and over two thirds of local authority areas.

## 4. Headline Findings

**4.1** The main strengths reported by Safeguarding Adults Boards Chairs are:

- There is strong partnership working across organisations and 94% of SABs hold development/mutual challenge days.
- 78% reported that their Safeguarding Adults Board measures its effectiveness of impact.
- Generally good representation of senior leaders on Safeguarding Adults Boards with 96% Directors of Adult Services, 81% Superintendent or Chief Superintendent, although Clinical Commissioning Group representation is more variable with 58% Director of Nursing.
- 90% reported that their local Healthwatch is represented on the SAB.
- 53% reported Safeguarding Adult Reviews as accounting for the highest proportion of Board business.
- 94% of SABs have a Board Manager, with 26% of these shared with Local Safeguarding Children Boards, and 93% have access to admin staff.
- 65% of SABs are leading on taking action on local provider concerns.
- Nine out of 10 SAB Chairs are meeting regularly with the Council's Chief Executive and 64% meet every six-months or more frequently.

**4.2** The main challenges for Safeguarding Adults Boards Chairs are receiving information from Quality Surveillance Groups, local performance information and assurance about managing the market/market failure. Other challenges are:

- Safeguarding Adults Boards face membership challenges regarding continuity, seniority and participation;
- Low levels of service user engagement. Only 9% report that service users are represented on the Board, and less than a third (28%) say they are represented on sub-groups. Less than half (42%) say they are measuring the impact of service user involvement and responding to the learning found;
- Further assurance and focus is needed regarding local provider concerns;
- Partner agency workloads, capacity and diminishing resources are having an impact on sub-group engagement and delivery;
- Legal liability issues for Safeguarding Adults Boards need clarification and potential action.

#### 4.3 The main safeguarding practice concerns for Boards are:

- All organisations adopting the Making Safeguarding Personal approach (see LGA/ADAS, 2017 <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal/resources>)
- Prevention responses;
- Frontline staff undertaking mental capacity assessments;
- Data on Making Safeguarding Personal reported to the Safeguarding Adults Board;
- Thresholds for Section 42 Enquiries.

#### 4.4 Other Issues identified were:

- The impact of the changes to children's safeguarding partnership arrangements;
- Developing better mechanisms for assurance following Safeguarding Adult Reviews' action plans and evidencing that changes to practice/systems are embedded;
- Board Member succession planning;
- Working effectively with diminishing resources and uncertainty regarding Safeguarding Adults Boards' budget year on year;
- Managing the backlog and responding to delivering the new requirements regarding Deprivation of Liberty Safeguards;
- Improving carer engagement;
- Working with contemporary safeguarding challenges e.g. domestic abuse, online threats, homelessness, suicide and social isolation;
- Improving transitions from children's services to adult services;
- Addressing prevention and early help;
- Improving safeguarding awareness and support for third sector organisations;
- Adults at risk who do not meet the thresholds for statutory services.

4.5 The survey highlights that although good progress has been made in many areas there is more work to do. In response the Chairs Network has worked with the ADASS, LGA and Skills for Care to produce resources to support development in the areas where there is a need for improvement, these resources are referenced throughout this report and bibliography. This includes the forthcoming briefing on core ingredients and principles for SABs in making decisions about whether a Section 42 enquiry (Care Act, 2014) is needed. This will be available in summer 2019. <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>. The last section of this report makes recommendations in response to the issues highlighted above. These recommendations will inform the Network's priorities for 2019 to 2021.

## 5. Findings in Detail

### 5.1 Seniority of representation across core agencies

**5.1.1** Achieving senior strategic representation has long been a challenge for Safeguarding Adults Boards (Braye, Orr and Preston-Shoot, 2011) and for Adult Protection Committees in Scotland (Cornish and Preston-Shoot, 2013). The position reported in this survey shows a broadly similar picture to that reported in the previous survey (National Network, 2017).

**5.1.2** Almost all respondents (96%) reported that the Director of Adult Social Services was the most senior representative from the local authority. For the rest it was an Assistant Director. Seniority of representation from health and the police was more diverse.

**5.1.3** 58% of respondents said that the Director of Nursing was the most senior representative. For 9% it was the Chief Operating Officer, and a further 9% the Accountable Officer for the CCG. 20 (24%) respondents used 'other' as their response. Half of these included lead responsibility for safeguarding in their role.

**5.1.4** 81% of respondents reported that the most senior level of representation was Chief Superintendent (31%) or Superintendent (50%).



Q1) What is the most senior level of representation on the SAB from each of the three core agencies?

### 5.2 Membership Challenges

**5.2.1** Personnel continuity (38%), seniority of representation (37%) and participation (34%) are each reported as a challenge to at least a moderate extent by around a third of respondents.

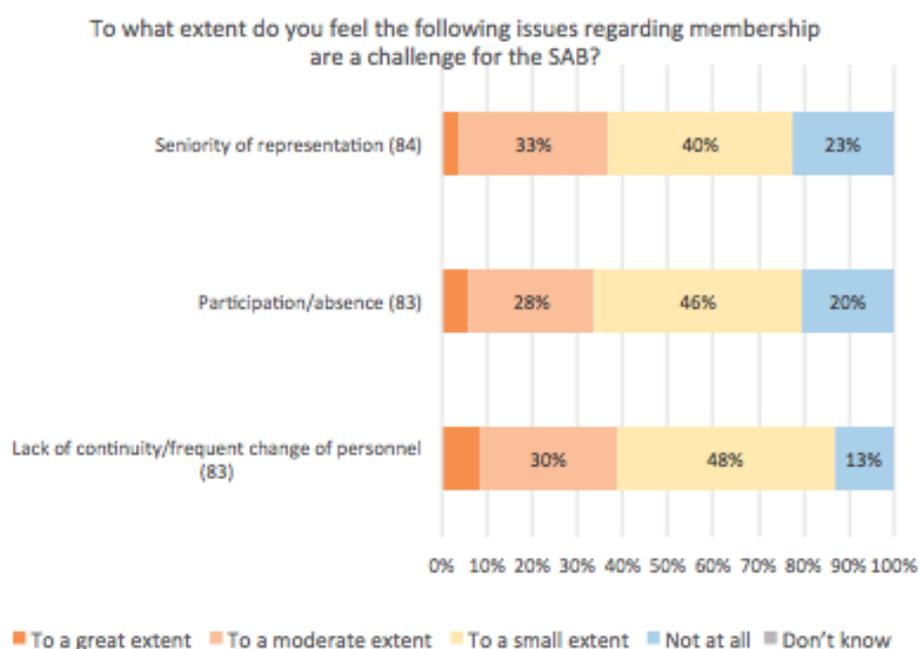
**5.2.2** Almost a fifth of respondents (19%) reported feeling all three issues to a great or moderate extent. Issues commented on for those areas included the impact of lack of continuity and attendance on the ability to

take key decisions at the Board. One area has put in place a SAB Executive, which has worked well to address these issues.

**5.2.3** Lack of continuity of personnel is cited as the biggest challenge overall, with only 13% not citing this as a challenge. A number detail challenges with police membership in terms of turnover and lack of seniority. However respondents recognised the difficulties for health and police partners in consistently resourcing the input to SABs at the desired level of seniority given the different boundaries and links with multiple SABs.

**5.2.4** Five respondents express concern with the low level of seniority of CCG membership, while five point to a lack of seniority of membership more generally.

**5.2.5** Other issues highlighted include layperson and service user representation, probation and prison representation.



I have been a chair of two different SABs and continuity/seniority of membership has always been an issue, but is getting worse - particularly 'substitutes' in police and low level of representation from CCG

Q4a) To what extent do you feel the following issues regarding membership are a challenge for the SAB?  
 Q4b) Please add any further comments regarding membership challenges as necessary.

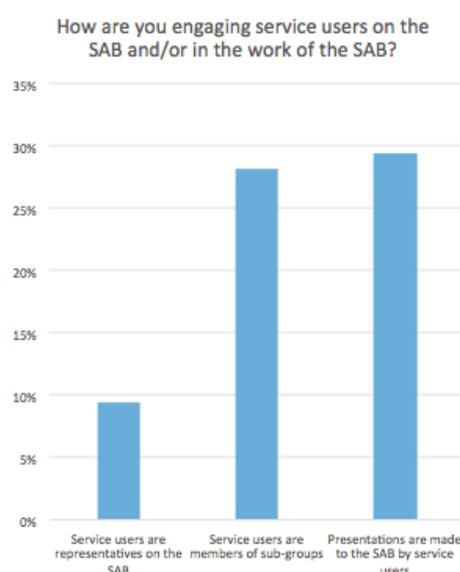
## 5.3 Service User Engagement

**5.3.1** As highlighted in the last survey, service user and carer engagement on the Board and feedback on services from residents continues to be an area of challenge for many Boards with less than one in ten (9%) reporting that they have service users as representatives on the SAB. Around a quarter of SABs have service user representation through subgroups (28%) and/or presentations made by service users (29%). The National SAB Chairs Network has worked with the LGA and ADASS to develop examples of ways in which some SABs are engaging with service users to positive effect in a resource on service user involvement on SABs which can be found here:

<https://www.local.gov.uk/making-safeguarding-personal-supporting-increased-involvement-services-users>

**5.3.2** However, 76% of Chairs report engaging with individuals or groups who have a particular focus on safeguarding. A further 70% report engagement with existing user-led groups not specifically engaged in safeguarding. While many report that wider engagement is a work in progress, other methods of engagement cited include the following:

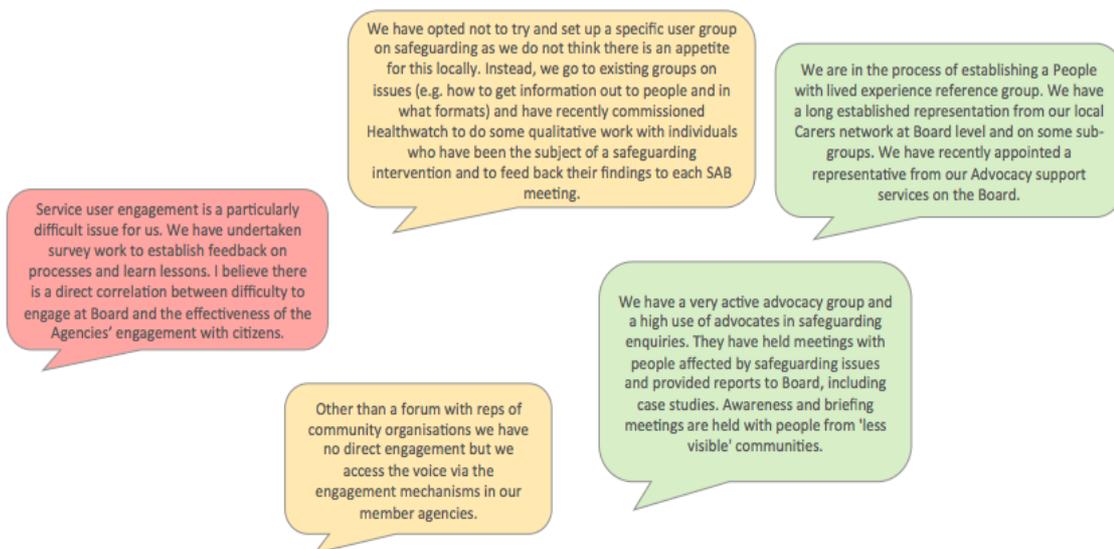
- Healthwatch;
- User/carers surveys;
- Focus groups, Service user advisory groups;
- Task and Finish/Engagement/reference groups /sub-groups;
- Advocacy providers;
- Voluntary and community sector;
- Existing user/carers groups/visiting user/carers forums;
- Targeted activities/engagement;
- Case studies;
- Lay members on SAB.



Q5) Please indicate how you are engaging service users on the SAB and/or in the work of the SAB. Please also specify any other ways that you engage with service users / Q6) Do you engage with the following?

Q6) Do you engage with (1) individuals or groups with a focus on safeguarding (2) existing user-led groups not specifically engaged in safeguarding.

Q7) Please provide further details regarding this engagement as necessary



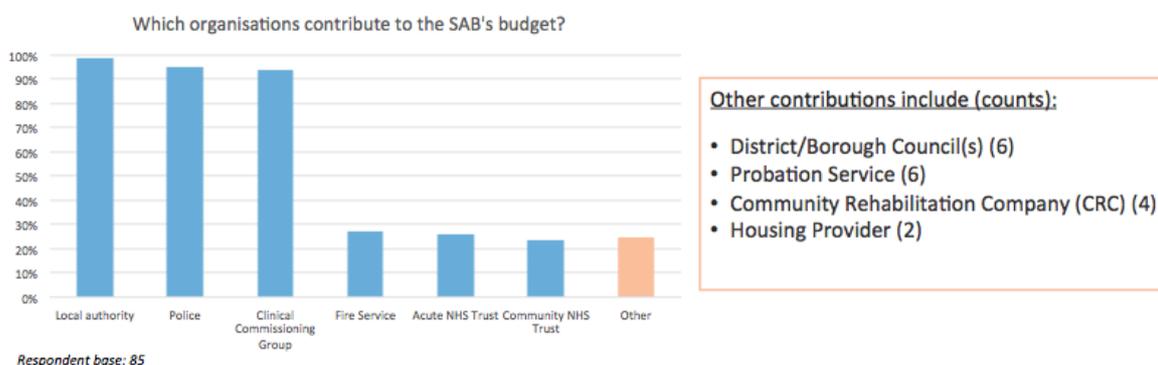
Q7) Please provide further details regarding this engagement as necessary

## 5.4 Board Resources: Support and Budget

**5.4.1** Most SABs (94%) have a board manager, with only a quarter (26%) sharing this across Children's Safeguarding. 93% say they have access to other resources such as administrative staff.

**5.4.2** Around a third (29%) said that the SAB had dedicated support posts, some of which were shared with Children's Safeguarding. 86% of respondents said they have access to secretariat and administrative support (including business management). Other frequently mentioned support included resources for training and guidance, quality assurance, data and performance information and communications (including website support).

**5.4.3** 96% report that the SAB has a budget. However, three chairs report that they do not have a budget. 99% of all respondents reported that



Q9a) Does the SAB have a Board Manager? / Q9b) If yes, is this shared across Children's Safeguarding? / Q10a) Does the SAB have access to other resources e.g. admin staff? Q10b) / If yes, please specify the nature of this resource.  
 Q15) Does the SAB have a budget? / Q16) Please identify which organisations contribute to the SAB's budget

the local authority contributes. 95% and 94% said that the police and CCG respectively contribute.

**5.4.4** However, the reported position on budgets masks considerable variation in the level of financial support being provided by the three statutory partners. Local authorities remain the largest contributors to Board budgets and there is some evidence that the contraction of the public sector is having an impact on the ability of the statutory partners to resource Board work. It is unclear what action a Board could take if a statutory partner did not contribute to a Board’s work given how the statutory guidance (DHSC, 2018) configures the responsibilities of these partners. It remains the case, as reported in the previous survey (National Network, 2017), that there is no nationally agreed formula for budgetary contributions.

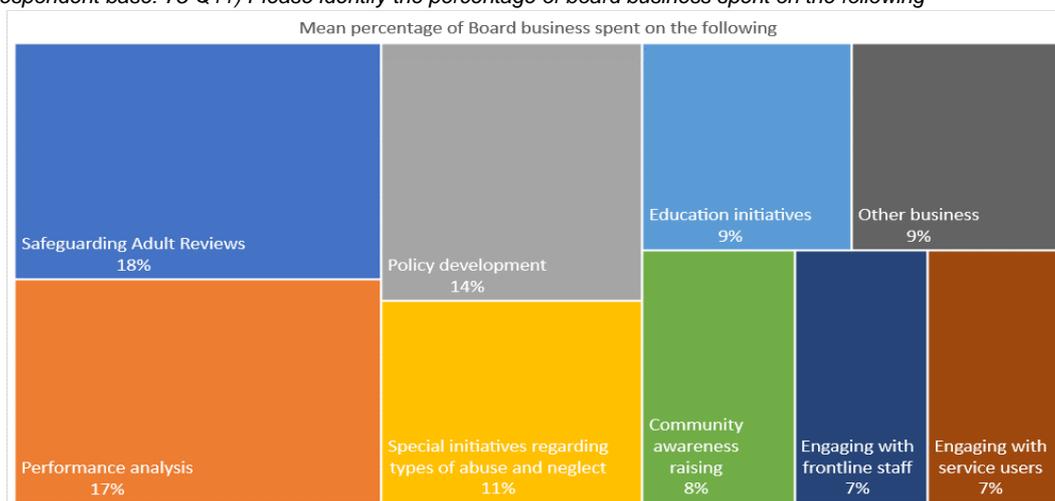
## 5.5 Board Business

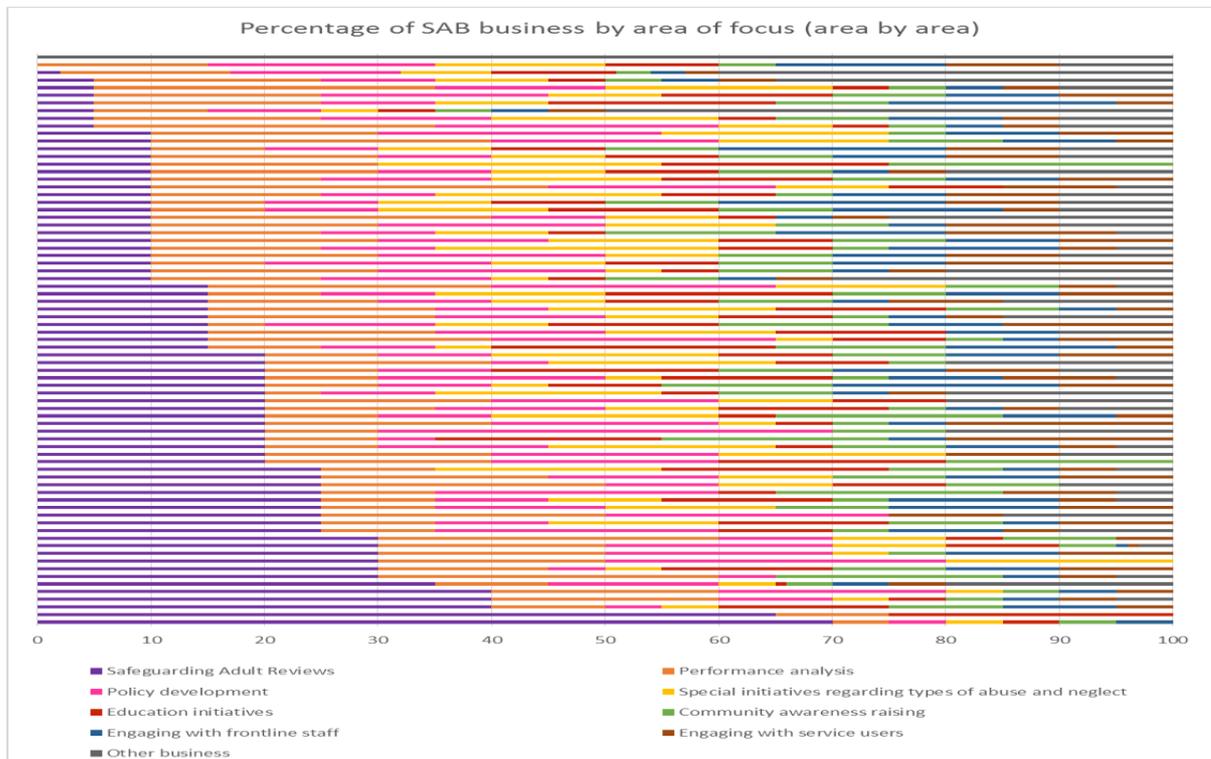
**5.5.1** On average, Chairs report that the majority of their business is spent on Safeguarding Adult Reviews (SARs) (average 18%), performance analysis (average 17%) and policy development (average 14%). However there is much variation from area to area.

**5.5.2** Engaging service users (average 7%) and frontline staff (average 7%) accounted for the lowest average proportion of business among the categories listed.

**5.5.3** These figures are not surprising given how the Care Act 2014 and the statutory guidance (DHSC, 2018) outline Board statutory duties. There has been a marked increase in the number of Safeguarding Adult Reviews since the previous survey of Board activity (National Network Survey, 2017) although again a marked variation in commissioning numbers across Boards.

*Respondent base: 75 Q11) Please identify the percentage of board business spent on the following*



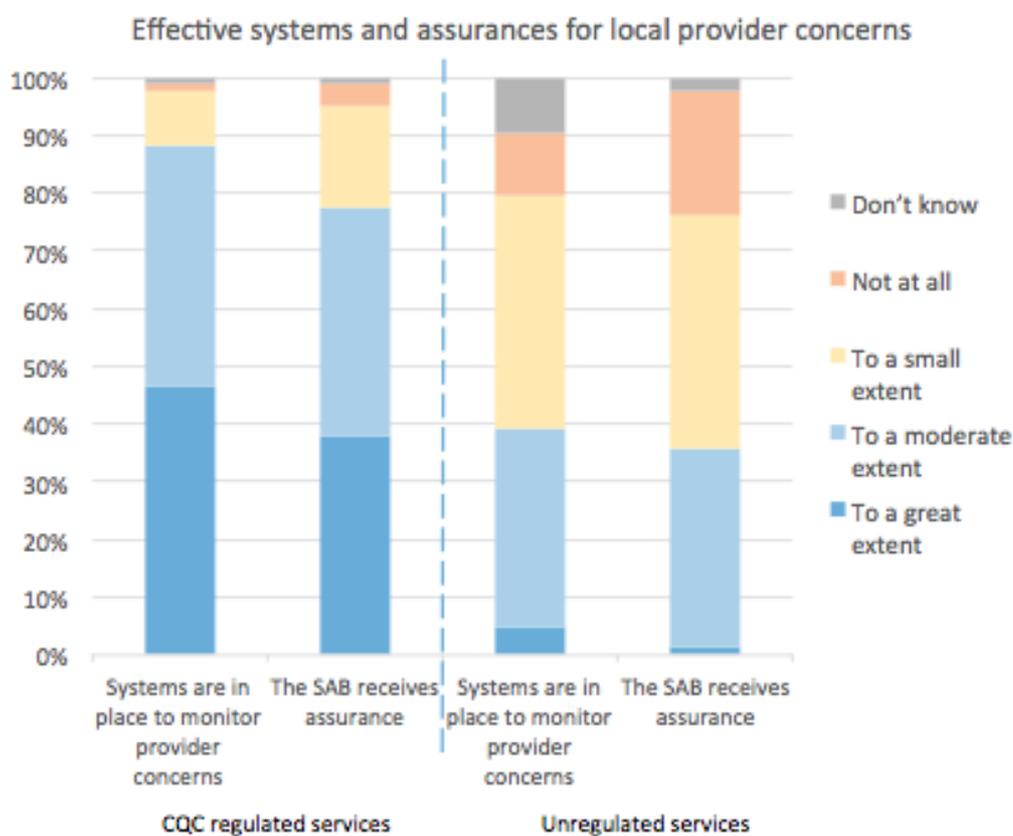


Respondent base: 75 Q11) Please identify the percentage of board business spent on the following

## 5.6 Effective Monitoring of Local Provider Concerns

- 5.6.1** Chairs were asked to indicate the extent to which they feel that there are effective systems in place to monitor local provider concerns, and that the SAB receives assurance for both CQC regulated and also unregulated services. CQC regulated services include health and social care providers of domiciliary, residential and nursing care. This focus was included because of the findings of Safeguarding Adult Reviews regarding the effectiveness of regulation and inspection in ensuring safe standards of provision, and the oversight by commissioners of commissioned services (see, for example, the analysis in thematic reviews, Braye and Preston-Shoot, 2017; Preston-Shoot, 2017).
- 5.6.2** For CQC regulated services, 88% felt, to a moderate (42%) or great (46%) degree that an effective system is in place. For unregulated services such as supported housing and voluntary and community sector support this was less than half at 40%, with only 5% (to a great extent) responding with most confidence. A further 40% felt 'to a small extent' that systems are in place for unregulated services.
- 5.6.3** Only 77% felt, to a moderate (39%) or great (38%) extent that the SAB receives assurance for CQC regulated services. 4% felt that the SAB did not receive assurance for CQC regulated services.
- 5.6.4** For unregulated services, 35% felt to a moderate extent that the SAB receives assurance, with only 1% expressing the highest level of

confidence. Nearly a quarter (24%) indicated that they do not receive assurance for unregulated services or do not know if this is the case.

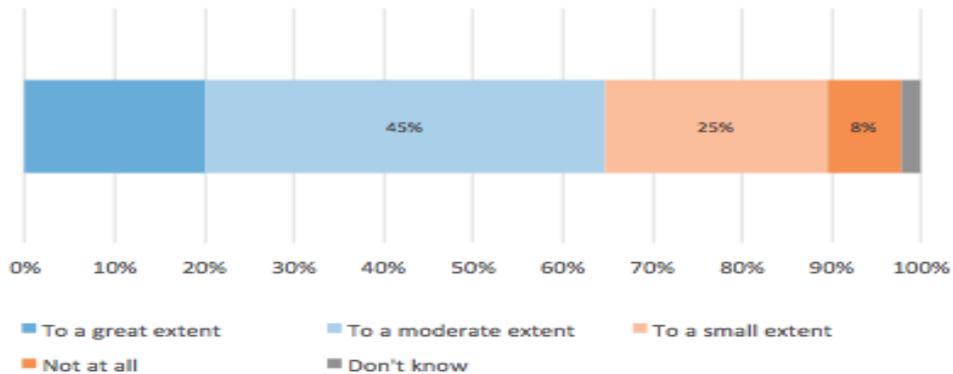


## 5.7 Identifying and Taking Action on Local Provider Concerns

**5.7.1** Almost two thirds (65%) of Chairs report that the SAB is leading on identification and taking action on local provider concerns to at least a moderate extent. However, one in ten (11%) report that no action is reportedly taken or that they are not aware.

**5.7.2** While three quarters (76%) report that the Board has an effective local Provider Concerns Protocol and practice in place, a quarter (24%) report that this is not the case.

Extent the SAB is leading on identification and taking action in respect of local provider concerns

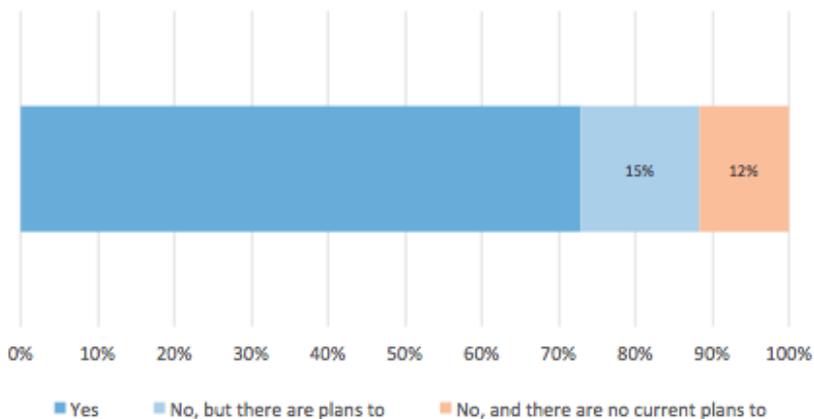


Respondent base: 85 Q13) To what extent is the SAB leading on identification and taking action in respect of local provider concerns? / Q14) Is there an effective local provider concerns protocol and practice in place.

## 5.8 Publication of Annual Budget

**5.8.1** The majority of Boards publish their budget information. However, over a quarter (27%) report that the SAB has not published its annual budget, with more than one in ten Chairs (12%) reporting that there are no current plans to do so.

Has the SAB published its annual budget?



Respondent base: 85 Q17) Has the SAB published its annual budget?

## 5.9 Monitoring effectiveness

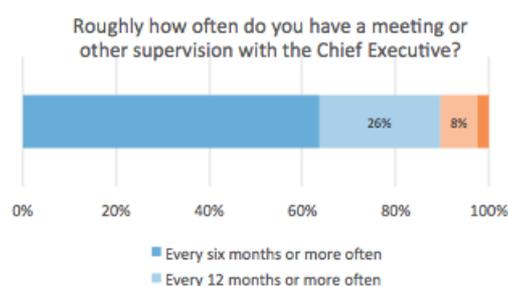
**5.9.1** Nine in ten (89%) Chairs report meeting with the Chief Executive at least every 12 months, with two thirds (64%) meeting at least every six months. Other ways in which the SAB measures the effectiveness of the Independent Chair reported through this survey included use of the 360 degree appraisal (mentioned by 33% of respondents), regular dialogue and meetings with members and key officers across the statutory partners (27%), formal annual appraisal process (13%), challenge carried out by the SAB (11%) and through the council's scrutiny and assurance processes (9%).

**5.9.2** 80% said that their partner organisations complete self-assessments. A number of respondents detailed other ways in which the SAB measures effectiveness of partnership working. Key ones mentioned include the use of multi-agency survey and monitoring performance (20% of respondents), use of peer review and challenge (16%), dedicated time for development sessions or development days for the Board (15%), and having a structured annual review process in place (13%).

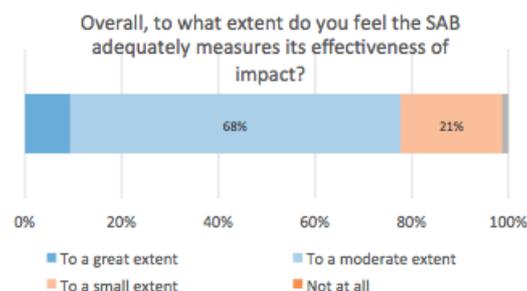
**5.9.3** 94% of respondents said that the SAB holds development and mutual challenge days.

**5.9.4** One in ten (9%) Chairs feel that the SAB adequately measures its effectiveness of impact to a great extent, with a further two thirds (68%) reporting this to a moderate extent.

**5.9.5** The previous survey identified challenges in agreeing methodologies for data collection (National Network, 2017). As then, reliance continues to be placed on a range of tools for measuring effectiveness but capturing impact remains a concern for many Chairs.



Respondent base: 85



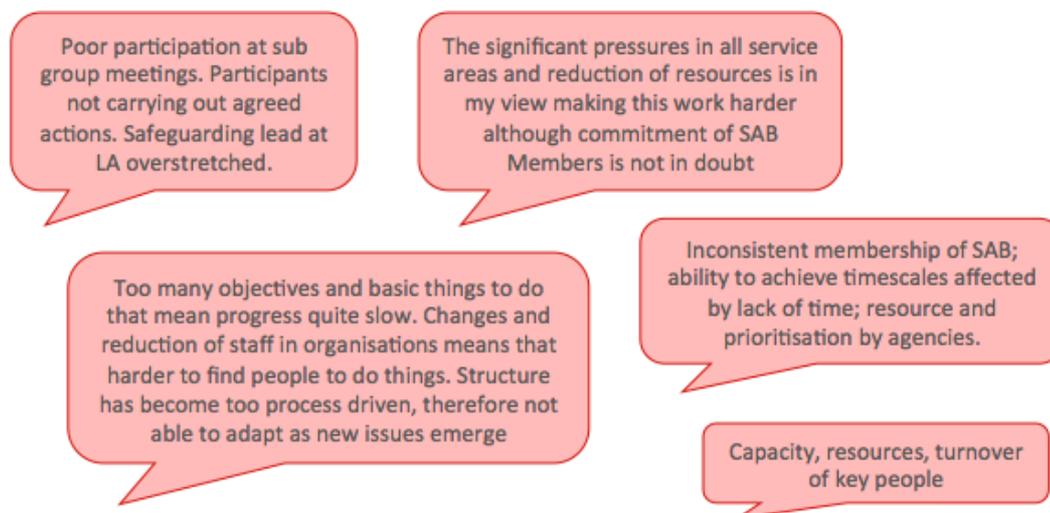
Respondent base: 85

- Q19a) For the purposes of measuring your effectiveness as Independent Chair, roughly how often, if at all, do you have a meeting or other supervision with the Chief Executive?
- Q20a) Do partner organisations complete self –assessments?
- Q21) Does the SAB hold development / mutual challenge days?
- Q25) Overall, taking everything into account, to what extent do you feel the SAB adequately measures its effectiveness of impact?



## 5.12 Barriers to Achieving Strategic Plan Objectives

- 5.12.1** The key themes highlighted by respondents as barriers to achieving SAB objectives in their strategic plan can be summarised as workloads, capacity and diminishing resources.
- 5.12.2** Austerity has led to changes and reduced resources within the partner agencies which has had an impact in a variety of ways.
- 5.12.3** Restructuring and reorganisation has changed both the availability of some key Board members, and key staff within agencies working with the Board.
- 5.12.4** Limited resources puts pressure on both the Board and services from the day job and current demands, therefore limiting scope for challenge and proactivity.



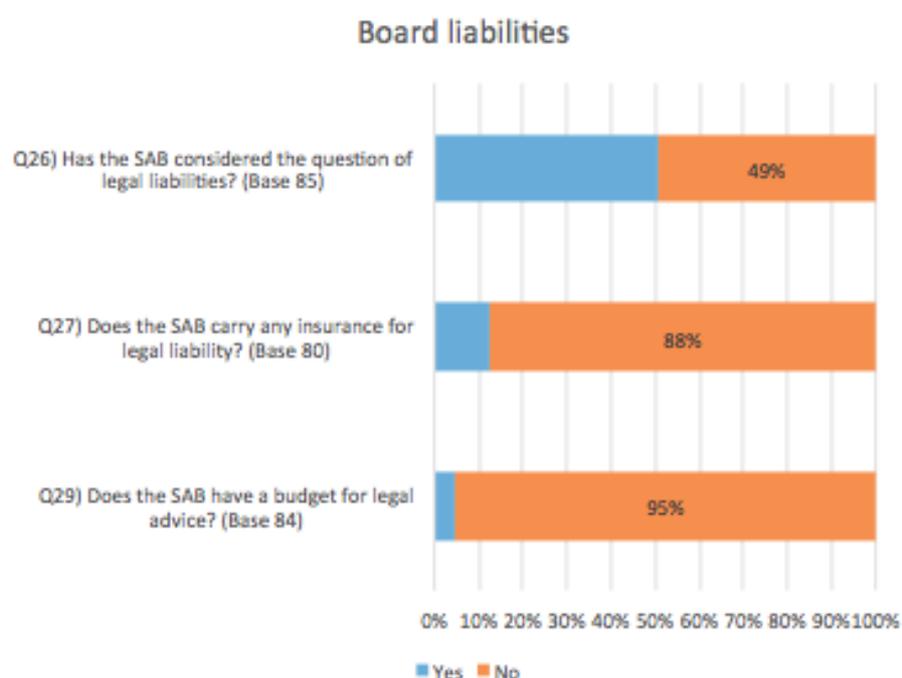
Q23) What are the barriers to you achieving the objectives in your Strategic Plan?

## 5.13 Barriers to Achieving Strategic Plan Objectives

- 5.13.1** Just over half of respondents (51%) said that their Safeguarding Adults Board has considered the question of legal liabilities. However only 13% said their SABs carry any insurance for legal liability, and only 5% have a budget for legal advice.
- 5.13.2** Additional comments on legal liabilities were very similar across all respondents. In most cases the first port of call is the local authority legal team or external services, and in many cases there is a local authority legal representative on the Board. However their focus is on safeguarding issues rather than liabilities.
- 5.13.3** Some respondents mentioned potential conflict of interest in using the local authority, but take a pragmatic approach in using external and independent advice if and when the need for this occurs.

**5.13.4** There is some sense of ambiguity around potential liabilities but comments did not suggest any significant concerns amongst respondents. Board liability, individual liability and issues related to General Data Protection Regulation (GDPR) appearing to be something that is being reviewed, were mentioned by some as recent areas considered within the Board, often in response to challenges arising through decision-making concerning Safeguarding Adult Reviews.

**5.13.5** Some Chairs mentioned having their own liability insurance and access to independent legal advice, for example through the British Association of Social Workers (BASW) membership.



Q26) Has the SAB considered the question of legal liabilities?  
 Q27) Does the SAB carry any insurance for legal advice?  
 Q28) Arrangements in place for legal advice to the Board.  
 Q29) Does the SAB have a budget for legal advice?

## 5.14 Challenges Faced by Chairs

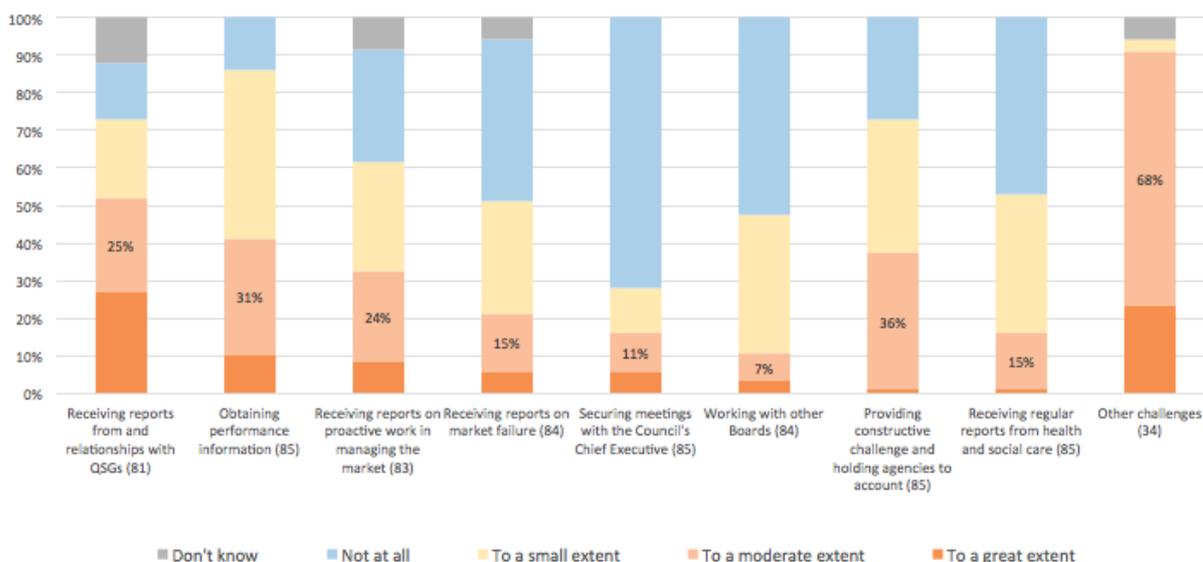
**5.14.1** A network of Quality Surveillance Groups (QSG) has been established across the country to bring together different parts of health and care economies locally to routinely share information and intelligence to safeguard the quality of care patients receive. Receiving reports from and relationships with QSGs is perceived to be a challenge to at least a moderate extent for half (52%) of Chairs. This challenge was also reported in the previous survey (National Network, 2017).

**5.14.2** Other areas of challenge highlighted were obtaining performance information (41%), receiving reports on proactive work in managing the market (33%) and market failure (21%).

**5.14.3** Twenty three respondents (27% of all respondents) mentioned other challenges, some raising more than one. Of the 34 responses detailing other challenges, 31 were considered to be challenges of a moderate or great extent.

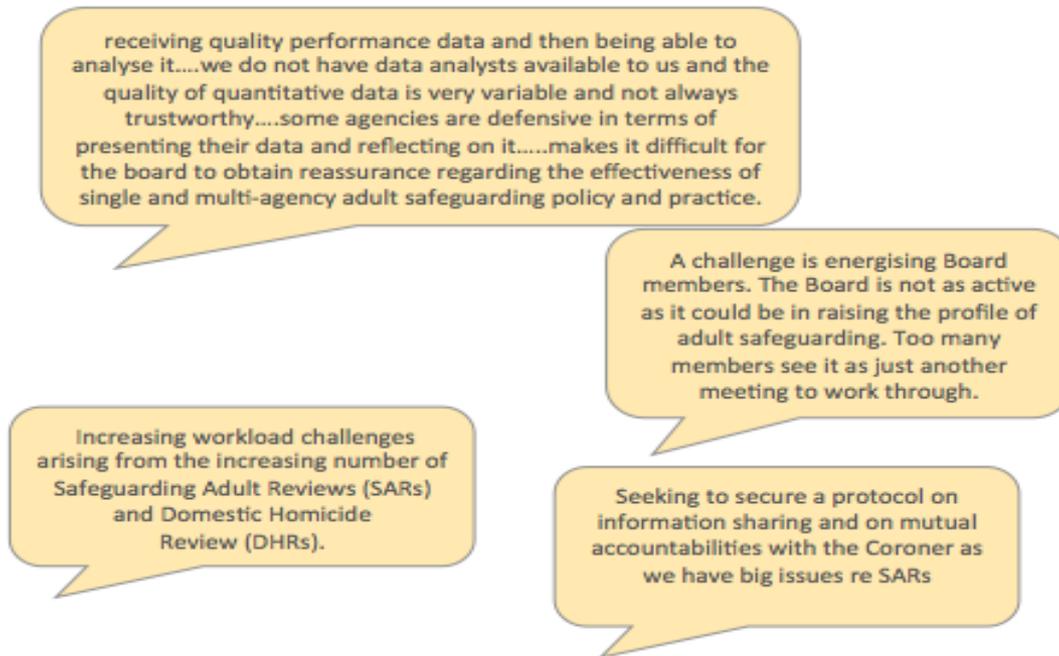
**5.14.4** In summary, these included service user engagement; understanding the impact of performance; Board resources and capacity including partner engagement and consistency of membership; interface with the Coroner with respect to Safeguarding Adult Reviews; working with Prisons; dealing with independent and unregulated providers; getting others to understand safeguarding. Current issues such as the impact of Brexit and Modern Day Slavery were also mentioned.

To what extent are you in your role as chair facing challenges in each of the following areas?



Q30a) To what extent are you in your role as Chair facing challenges in each of the following areas?

**5.14.5** Respondents were asked to provide any further comments they felt necessary about challenges faced. A number of the comments related to accessing timely and useful data and performance information from agencies, and having the capacity to use it. Also there were additional comments on capacity including that of partners impacted by having to deal with more than one SAB.



Q30b) Please add any further comments regarding these challenges as necessary

## 5.15 Safeguarding Practice Issues - Areas of Concern

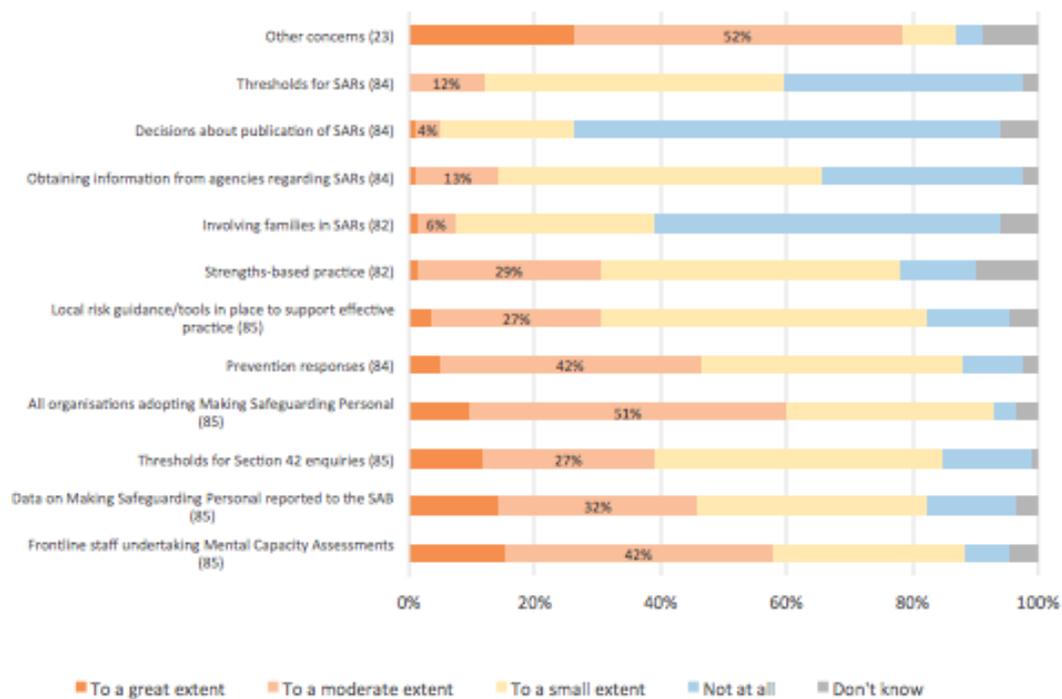
**5.15.1** Of areas of safeguarding practice, frontline staff undertaking Mental Capacity Assessments was highlighted by 57% of respondents as being a concern at least to a moderate extent for the SAB. This was followed by data on Making Safeguarding Personal (46% concern to a great or moderate extent), and thresholds for Section 42 enquiries (39%). Both these areas of concerns are mirrored in the findings of Safeguarding Adult Reviews (Braye and Preston-Shoot, 2017; Preston-Shoot, 2017).

**5.15.2** 60% highlighted organisations adopting Making Safeguarding Personal, however only 9% flagged this as an area where the concern was to a great extent.

**5.15.3** 16 respondents (19%) mentioned other challenges, some raising more than one. Of the 23 responses detailing other challenges, 18 were considered to be challenges of a moderate or great extent. In summary, these included:

- Local authority funding and staffing;
- Working with partners including consistency of understanding, opinion and implementation of Board policies;
- Sharing information, and
- SARs, including identification of the family were not clear, out of area placements, and criteria for escalating concerns within partner agencies.

To what extent are each of the following practice areas a cause for concern for the SAB?



Q31a) To what extent are each of the following practice areas a cause for concern for the SAB? Please also add any local concerns that you are struggling with in the spaces provided

## 5.16 Safeguarding Adult Reviews (SAR) Protocol

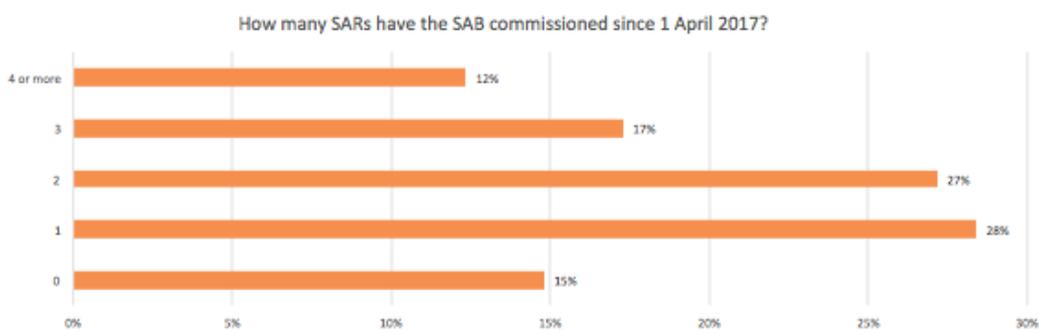
**5.16.1** Over nine in ten (93%) SABs report that a SAR protocol is in place. The remaining 7% say that a protocol is being drafted.

**5.16.2** 19% of those reporting that a SAR protocol is in place report that the Quality Markers (SCIE, 2017) have been included.

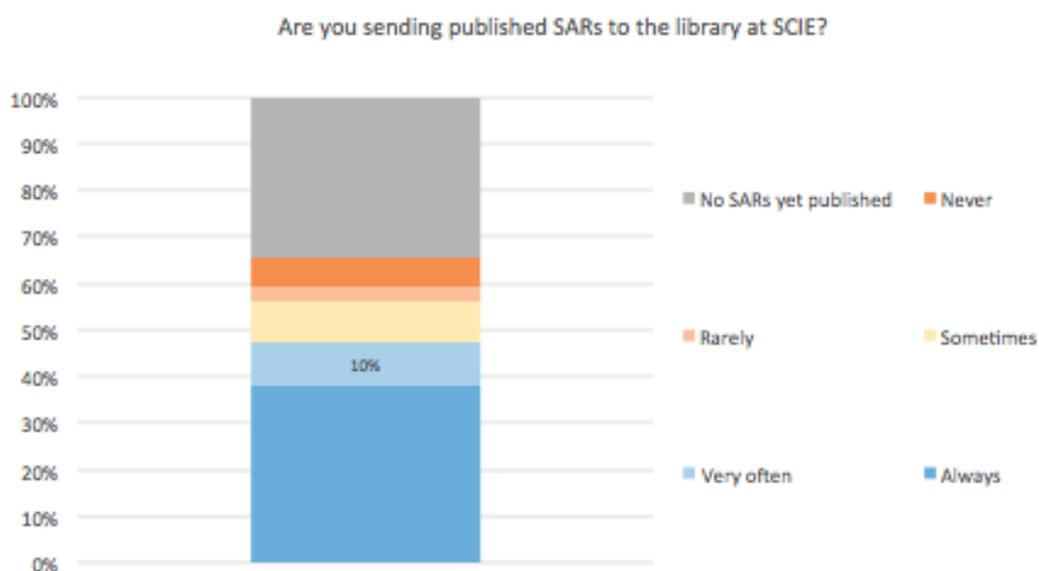
**5.16.3** The average number of SARs commissioned since April 2017 is two. The highest number of reported SARs was seven, with 12 Chairs reporting that no SARs had been commissioned. Comparison with the previous survey (National Network, 2017) shows that Boards are commissioning an increasing number of reviews and continuing to explore a range of methodologies.

**5.16.4** 88% of those responding said that their SAB has commissioned 3 or less Safeguarding Adults Reviews since April 2017.

**5.16.5** 48% of respondents that they always or very often send published SARs to the library at the Social Care Institute for Excellence (SCIE). However, the library contains only a percentage of reviews that have been completed and the search facility currently limits the ease with which Boards can interrogate the available learning, for example on different types of abuse and neglect.



Respondent base: 81



Q32a) Is there a SAR protocol in place? / Q32b) If you have a protocol in place, have you included Quality Markers?  
 Q33) How many SARs have the SAB commissioned since 1 April 2017? / Q34) Are you sending published SARs to the library at SCIE?

## 6. Progress since the last Survey

**6.1** The last Chairs Survey in 2017 focused on the implementation of the Care Act (2014) so it is not possible to make a direct comparison between the two surveys in all areas. However, in general comparison Safeguarding Adult Boards have grown in strength and confidence in many areas as well as facing some new challenges.

**6.2** The survey highlights strong partnership working across organisations with 78% Safeguarding Adults Board measuring their effectiveness and impact. There is continued strong representation of senior leaders on Safeguarding Adults Boards with some issues of consistency with Police representation and seniority with health. 90% of Boards had a Healthwatch representative, an increase of 7% from the last survey. Almost all Boards (94%) had a Board Manager, with 26% of these shared with Local Safeguarding Children Boards, and 93% have access to administrative

support. 65% of SABs are leading on taking action on local provider concerns and 90% of SAB Chairs meet regularly with the Council's Chief Executive and wider partners.

**6.3** The table below outlines the work of the network in response to the recommendations of the last survey.

Survey 2017 Recommendation	Response
<p>1. Improving Performance and Data</p> <p>Network to work with NHS Digital, LGA and others to ensure adult safeguarding performance data is developed to enable SABs to evaluate and benchmark performance.</p>	<p>The network has worked with NHS Digital to influence the National Safeguarding Adults Collection (SAC). The network has supported Boards to use the NHS Digital Safeguarding Adults collection data and reports and identified gaps in the current collection. The information given from the Network fed into NHS Digital's review of the data collection.</p> <p>Explore how SABs are using NHS Digital data (via SAB Chairs' survey) and how this data can drive more effective intelligence and decision-making.</p>
<p>2. SAB Broadened Remit</p> <p>The Network to work both nationally and regionally to ensure SABs work with other partnerships and contribute to cross cutting areas such as: Modern Day Slavery and Human Trafficking; PREVENT; CSE; Harmful Cultural Practices; Domestic Abuse; Suicides and Self Harm; Cyber Crime – Desk Top and Door Step Crime; Self-Neglect and Hoarding; Homelessness; social isolation, elder abuse; and LD Mortality Reviews.</p>	<p>The Network has engaged with the following organisations:</p> <ul style="list-style-type: none"> <li>• Home Office - Modern Day Slavery and Human Trafficking and PREVENT</li> <li>• Office of the Public Guardian - Self-Neglect and Hoarding - National Trading Standards - Cyber Crime – Desk Top and Door Step Crime;</li> <li>• NHS England - All areas - Norah Fry Centre for Disability Studies - Learning Disability Mortality Reviews</li> <li>• The Association of Independent - LSCB Chairs - CSE; Harmful Cultural Practices</li> </ul>
<p>3. Safeguarding Adult Reviews</p> <p>The Network to promote a consistent approach to SAR's; supporting the new National SAR Library, and explore how SARs can impact on practice and promote culture change.</p>	<p>The Network played a key role in supporting a national project to establish a SAR Library and quality standards for undertaking Safeguarding Adults Reviews (SARs) led by SCIE and RiPFA. The Network has also fed into reviews, reports, guidance and tools to support practitioners working in safeguarding.</p>
<p>4. Making Safeguarding Personal</p> <p>Ensure that SABs play a key role in implementing Making Safeguarding Personal across partnerships; and improve engagement of service users with the SABs.</p>	<p>The Network has helped in the development of the LGA/ADASS MSP programme, including promoting and disseminating a suite of resources to support SABs and partners (presentation to December meeting) in implementing and engaging with service users and also promoted a range of audiovisual resources identified through this programme.</p>
<p>5. Develop SAB work on quality and prevention of provider failure.</p>	<p>The network has promoted examples of local and regional best practice in quality assurance panels, linked to 'Quality Matters' priorities and promoted local and regional best practice regarding links between SABs and QSGs</p> <p>The Network has supported SAB Chairs to seek</p>

	<p>assurance of local arrangements for working with poor providers and has worked with NHS England to explore opportunities to achieve ways of strengthening relationships between SABs and QSGs.</p>
<p>6. The Network to support Greater Collaborations on a National Level</p>	<p>The Network is represented and has worked in partnership with ADASS Safeguarding Adults National Policy Group and DHSC Adult Safeguarding Leadership Group.</p>
<p>7. Supporting Integration:</p> <p>The Network to work with regional groups and partners to link the role of the SAB to health and social care integration work and share good practice.</p>	<p>A number of regional groups have fed back regularly to the Network on this area sharing models of good practice and highlighting areas where links have been made between SABs and STP governance systems.</p>
<p>8. SAB Peer Review: Look for options to apply national SAB peer review methodology (LGA) and investigate how local outputs can evidence improving Board effectiveness and good practice.</p>	<p>Members of the Network participated in the LGA Peer Review Pilot and 2 SAB peer reviews were undertaken. The methodology was finalised and published.</p>
<p>9. Implement SAB Chairs workforce plan: work with Skills for Care to develop and implement a workforce plan for SAB Chairs</p>	<p>The Network has worked with Skills for Care to develop a Safeguarding Adults Chair Workforce Framework focusing on the role of the Safeguarding Adults Board Chair.</p>
<p>10. Develop and strengthen regional SAB Chair Networks</p>	<p>The network has worked closely with regional Chairs Networks. There are currently active networks in London, The Southeast, Southwest, West Midlands, East Midlands, the Northwest and Yorkshire and Humber.</p>

## 7. Recommendations

7.1 This survey highlights that although good progress has been made in many areas there is more work to do. Based on the findings from the respondents, the following issues and proposed recommendations have been drawn. This will be discussed and taken forward by the National Network of SAB Chairs.

### SAB Chairs

Issue	Recommendation
1 Membership challenges: continuity, seniority and participation and Board member succession planning	The SAB Chairs Network to emphasise the importance of continuity, seniority and participation of partners by working with national bodies representing police and health partners and highlighting the impact of SABs locally.
2 Low levels of service user engagement.	The SAB Chairs Network to work to ensure Boards are using and embedding the MSP resource of the MSP Supporting Increased Involvement of service users: <a href="https://www.local.gov.uk/sites/default/files/documents/25%2026%20-%20Chip_MSP%20Safeguarding%20Adults%20Boards_WEB.PDF">https://www.local.gov.uk/sites/default/files/documents/25%2026%20-%20Chip_MSP%20Safeguarding%20Adults%20Boards_WEB.PDF</a> The network to work with Service User and Carer groups to identify good examples of service user engagement with SABs and to make links with those cited in the resource as having made good progress on this.
3 Assurance on local provider concerns	The SAB Chairs Network to work with the LGA Care and Health Improvement Programme (CHIP) and ADASS policy network to explore examples of good practice. The SAB Chairs Network will also work with NHS England's Safeguarding Adults National Network to identify opportunities to achieve ways of strengthening relationships between SABs and QSGs.
4 Partner agency workloads, capacity, diminishing resources and impact on sub-group engagement and delivery	The SAB Chairs Network to highlight these pressures to the DHSC through the DHSC leadership group.
5 Legal liability issues for Safeguarding Adults Boards and Chairs	The SAB Chairs Network to seek support and advice from the DHSC, NHS England and the LGA.

### Safeguarding Practice

Issue	Recommendation
1 All organisations adopting the Making Safeguarding Personal approach.	The SAB Chairs Network to work to support Boards using and embedding MSP resources and encourage sharing of good practice.
2 Data and other information and insights on Making Safeguarding Personal reported to the SABs	The SAB Chairs Network to work with SABs locally and NHS Digital to see how to improve collection of MSP data, Encouraging use of the MSP Outcomes Framework <a href="https://www.local.gov.uk/sites/default/files/documents/msp-">https://www.local.gov.uk/sites/default/files/documents/msp-</a>

3	Prevention responses including Addressing prevention and early help	The SAB Chairs Network to put out a call for good practice in the area.
4	Frontline staff undertaking mental capacity assessments;	The SAB Chairs Network to put out a call for good practice in the area.
5	Thresholds for Section 42 Enquiries.	The SAB Chairs Network to explore ways of enabling greater consistency with the ADASS policy group/LGA CHIP.

## Safeguarding Adult Boards

	Other issues	Recommendation
1	The impact of the changes to children's safeguarding arrangements	The SAB Chairs Network to work with the Association of LSCB Chairs to monitor the impact of the changes to children's safeguarding arrangements.
2	Developing better mechanisms for assurance following Safeguarding Adult Reviews (SARs) action plans and evidencing that changes to practice/systems are embedded	The SAB Chairs Network to work with the LGA CHIP to explore ways of developing better mechanisms for assurance following a SAR.
3	Working effectively with diminishing resources and uncertainty regarding Safeguarding Adult Boards budget year on year	The SAB Chairs Network to highlight the impact of this issue to ADASS, LGA, NHS England and the DHSC
4	Managing the backlog and responding to delivering the new requirements regarding Deprivation of Liberty Safeguards	The SAB Chairs Network to highlight this issue to the LGA, ADASS and DHSC.
5	Improving carer engagement	The SAB Chairs Network to work with Carer's organisations such as 'Carers UK' and to identify and disseminate good practice in this area.
6	Working with contemporary safeguarding challenges e.g. domestic abuse, online threats, homelessness, suicide and social isolation;	The SAB Chairs Network to work with organisations such as Women's Aid, St Mungos, Crisis, Shelter, Carers UK and others to identify and disseminate good practice in this area
7	Improving transitions from children's services to adulthood	The SAB Chairs Network to work with the Association of LSCB Chairs ADASS and Association Directors of Children's Services (ADCS).
8	Improving safeguarding awareness and support for third sector organisations	The Network to recognise and encourage SABs to underline the important role of this sector in safeguarding adults. Work with the National Care Forum (NCF) to identify ways of promoting safeguarding awareness to third sector organisations
9	Adults at risk who do not meet thresholds for statutory services	The SAB Chairs Network to work with ADASS policy network and LGA CHIP to address this issue.



## 8. Bibliography

Resources to support Making Safeguarding Personal; This suite of resources to support Safeguarding Adults Boards and partners in developing and promoting MSP: [www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal](http://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal)

The National Chair Network has also worked with the LGA and ADASS to bring together a consolidated list of key safeguarding resources Safeguarding Boards and their partners these resources can be found here: <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources>

### **Other useful resources can be found here:**

Association of Directors of Adult Social Services (ADASS) Making Safeguarding Personal Temperature Check 2016 : <https://www.adass.org.uk/making-safeguarding-personal-temperature-check-2016>

Department of Health (2016) Statutory guidance to support local authorities implement the Care Act 2014 Updated March 2016, London, HMSO <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

National Network for Chairs of Safeguarding Adults Boards - Annual Report 2016-17 <https://www.adass.org.uk/media/6015/the-national-network-of-safeguarding-adult-board-chairs-annual-report-final.pdf>

National Network for Chairs of Safeguarding Adults Boards Audit 2017 on the the impact of becoming Statutory Safeguarding Adults Boards <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources>

Social Care Institute of Excellence SCIE (2015) Engagement and Communication. Available at: <http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-Boards-checklist-and-resources/engagement-and-communication/>

Social Care Institute of Excellence SCIE (2015) Care Act 2014 Role and duties of Safeguarding Adults Boards Available at: <http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-Boards-checklist-and-resources/role-and-duties.asp>

The role of the Safeguarding Adults Board Chair: [https://www.local.gov.uk/sites/default/files/documents/Safeguarding%20Adults%20Board%20Chair%20paper%20final%20%20October%202018\\_0.pdf](https://www.local.gov.uk/sites/default/files/documents/Safeguarding%20Adults%20Board%20Chair%20paper%20final%20%20October%202018_0.pdf)