

REPORT TO: Health Policy & Performance Board

DATE: 28th November 2017

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Halton Safeguarding Adults Board Annual Report 2016-2017

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present to the Board, the Halton Safeguarding Adults Board (HSAB) Annual Report 2016-2017.

2.0 RECOMMENDATION: That the Board

i) Note the contents of the report and associated appendix.

3.0 SUPPORTING INFORMATION

3.1 This report fulfils one of Safeguarding Adults Boards three core statutory duties:

1. Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
2. Publish an annual report detailing how effective their work has been; and
3. Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

3.2 The Annual Report (attached at **Appendix A**) covers the period from 1st April 2016-31st March 2017.

3.3 All members of HSAB, HSAB sub-group chairs and the Safeguarding Adults Partnership Forum members were invited to submit an annual summary of their work activity. The focus of work activity addresses HSAB's priorities as identified from 2015-2016 Annual Report, Performance Framework and Strategic Plan (2016-2018) in addition to acknowledging local and national safeguarding adults emerging issues/trends/policies throughout the year.

3.4 The report provides a summary analysis of the data gathered from both NHS Halton Clinical Commissioning Group and Halton Borough Council's Safeguarding Adults Collection and highlights what this information tells us, for informing the work priorities for 2017-2018.

i) There top three forms of abuse, neglect and acts of omission, physical and

financial abuse, remain consistent with previous years with slight variation in prevalence;

- ii) Females continue to experience a higher percentage of abuse than males;
- iii) The data found adults at most risk of harm are older adults (75 years plus), who live in their own home and are most at risk of neglect or acts of omission; and
- iv) For the year 2016-2017 there were some changes made to the Safeguarding Adults Collection for example:-
 - Social Care support is now classified as Service Provider;
 - location options have been expanded to include 'in the community' and further breakdown for Care Homes type and Hospital type;
 - now included are risk assessment outcomes and risk outcomes to include whether a risk remains, is reduced or removed.

3.5 Further details below include a comparison with 2015/2016 national data. Please note that at the time of writing this report, the 2016-2017 data is due for release on 15th November 2017:

- Gender split of 60% female 40% male for Halton aligns with the national average;
- The top three types of abuse that occurred in Halton are aligned to national trends, which have remained consistent since 2014 nationally
 - neglect and acts of omission is the highest form of abuse that occurs (Halton 31%, England average 32)
 - physical abuse (Halton 26.5%, England average 27%); and
 - financial and material abuse (Halton 21%, England average 17%).
- The distribution in terms of ages and prevalence of abuse is very close to national England average:
 - 65 years and over –Halton 66%, England average 63%;
 - 65-74 years – Halton 13%, England average 12%;
 - 75-84 years – Halton 25%, England average 22%; and
 - 85 years and over –Halton 29%, England average 28%.
- For location of abuse, the data reflects Halton is similar to England averages rather than North-West averages:
 - Own Home - Halton 48%, England average 43%, North-West average 37%; and
 - Care Home - Halton 30%, England average 36%, North-West average 42%
- In terms of risk outcomes, Halton differs from the England average, but this could be due to changes in the collection requirements for SAC as explained above, where these are now required but were not part of the required reporting for 2015/2016 SAC.

- No action - Halton 3%, England average 25%
- Risk reduced - Halton 72%, England average 47%

3.6 Halton Safeguarding Adults Board Priorities 2017/18

Following on from the analysis of the previous year's data and work activity and in addition to consulting with members and partners from HSAB, sub-groups and service user groups the following 3 priorities were agreed for 2017-2018.

Priority 1: Creating a safer place to live for all adults living in Halton (Safeguarding Prevention)

- Work on early intervention and prevention with the development of a Safeguarding Adults Prevention Strategy with Public Health commenced early 2017. This financial year there will be an Action Plan developed to implement the key recommendations, in partnership with Halton's Safeguarding Adults Partnership Forum and the wider community.
- There was also a well-received National Police initiative, which HSAB supported Cheshire Police in implementing locally; it was disseminated across local services and venues.

Priority 2: Providing the skills and knowledge to enable genuine care and understanding for adults at risk of harm (Awareness-raising and Training)

- Evidence through consultations with the Safeguarding Adults Partnership Forum members, HSAB sub-groups and wider partners, a training needs analysis (TNA), safeguarding concerns reported and data examination the need for continued training and awareness-raising of adult safeguarding became apparent.
- The TNA has helped inform a Training and Marketing Strategy that will be used to develop a yearlong marketing campaign and training package.
- The development of Halton Safeguarding Adults Webpage will enable a central point of access for information, with details on all resources, latest guidance and updated policies: www.haltonsafeguarding.co.uk

Priority 3: Gaining a greater understanding of how mental health can impact adults at risk being protected and cared for in the best way possible (Mental Health)

- Another theme that arose through consultations in addition to initial trends emerging from reviews was mental health. Mental health and its impact on daily living can cause additional complications when a safeguarding concern occurs.
- There were a number of areas around working with adults at risk of harm who may have mental health problems to explore, for example:
 - a. Is there a difficulty in understanding that not all adults with a mental health issue and/or diagnosis classifies them as an adult at risk of harm and so therefore would not necessarily need social care support?

- b. That sometimes adults who had health and care needs where mental health problems were also present had additional barriers to accessing support.
- c. Could service providers benefit from understanding how to support an adult with mental health when there is also a potential safeguarding concern?

Healthwatch have made a commitment to HSAB to work in partnership across services and with the local population to establish local needs and knowledge around safeguarding and mental health towards developing targeted resources.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications identified.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

None identified.

6.2 **Employment, Learning & Skills in Halton**

None identified.

6.3 **A Healthy Halton**

None identified.

6.4 **A Safer Halton**

The Annual Report contributes to the work of HBC's Safer Halton priority.

The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. The Annual report is a public document that enables the work of the SAB and it's member organisations to be scrutinised to help achieve a safer Halton.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None Identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None under the meaning of the Act.