

Sunderland Safeguarding  
Adults Board



**Sunderland Safeguarding Adults Board  
(SSAB)  
Annual Report**

**The Effectiveness of Safeguarding Adults Arrangements  
in Sunderland**

**1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015**

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This report is also available on the SSAB Website [www.alertabuse.org.uk](http://www.alertabuse.org.uk)

## **SECTION 1: FOREWORD BY SUNDERLAND SAFEGUARDING ADULTS BOARD (SSAB) INDEPENDENT CHAIR**

It is with great pleasure that I present to you the Annual Report for Sunderland's Safeguarding Adults Board for 2014-15.

I have no doubt whatsoever that 'safeguarding' those who are most vulnerable in our communities – be they children, young people, or adults – represents one of the greatest challenges and responsibilities for those who work in this most demanding areas of public service. When everything goes well and these responsibilities are discharged appropriately then all passes without even a passive recognition. Get it wrong and implications and ramifications can be immeasurable, often condemning those involved to a lifetime of misery and in some instances, much worse. We only need to look at the scandal surrounding Winterbourne View as a stark reminder of just how vulnerable a small, but important, portion of our community is.

This has been an important year in which adult safeguarding has been drawn into the public eye as safeguarding adults boards assumed statutory status placing adults at risk of harm on an equal footing with children and young people to enable them to live their lives free from abuse, neglect, and discrimination.

Sunderland had already been well placed to embrace this change in status. The Safeguarding Adults Board had already been functioning for a number of years and had focussed much attention in the run up to Care Act implementation to ensure an almost seamless move into its statutory undertaking. This of course does not progress without cost – there are significant funding implications associated with running the statutory board – which need to be shared across a broader partnership of agencies. Gone are the days that the Local Authority and the Clinical Commissioning Group can carry the funding burden.

It is important that I recognise the considerable commitment of all partner organisations represented around the Board table. This comes at a time of increased austerity not only for the general public but across all services charged with safeguarding responsibilities arising in part due to the significantly reduced funding allocations but also due to organisational changes and reconfigurations. Despite this, progress has been made on a number of fronts:

- Important work has been progressed around reforming the Hostels Strategy in order to make sure the hostel 'backstop' is of suitable quality and supply to meet the needs of very vulnerable homeless adults.
- A great deal of effort has been deployed working with private residential home providers to ensure their services are of such standard to enhance and improve life chances rather than the reverse.
- A performance framework is under refinement to enable Board members to understand how effective safeguarding services are operating, where the problem areas are, the levels and frequencies of referrals, and what, if anything, requires remedy.

During 2014/15 the SSAB also commissioned and subsequently published a Serious Case Review. Such decisions are not taken lightly but in doing so the Board demonstrated its determination to learn lessons and improve.

We are of course already well into the current year's work programme, and the SSAB Delivery Plan and its identified objectives. These are:

**Key Objective 1: Promote the active involvement of service users, their carers, their families and their advocates**

**Key Objective 2: Ensure Effective Leadership is in Place**

**Key Objective 3: Secure citywide consistency in safeguarding**

**Key Objective 4: Promote a learning culture around safeguarding**

**Key Objective 5: Performance Management of the SSAB safeguarding adults activity and outcomes**

**Key Objective 6: Respond to the Care Act Developments**

We must continue to work together to strengthen our collective resolve to improve the quality of our safeguarding services. Individual fragmentation will open up opportunities for our Partnership to be exploited and, as a consequence, undermine everything that is good in Sunderland. Our strength is working as one.

In ending I must put on record my thanks to all members of the Safeguarding Board and Executive for their continued commitment, support, and active involvement in the Boards work. This includes all of those working in the 'engine' room of the Board – the subcommittees – where most of the actual work takes place – in many instances without real recognition or acknowledgment. I must also thank the team of Council officers who do so much of the 'behind the scenes' work keeping the Board ticking over in a most effective way.

I look forward to working with everyone in our continued determination to safeguard those who are most vulnerable on our City.



**Colin Morris**  
**SSAB Independent Chair**  
**September 2015**

## SECTION 2: EXECUTIVE SUMMARY

Sunderland Safeguarding Adults Board (SSAB) is the key statutory mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of adults in Sunderland. The Board has a written Memorandum of Understanding that outlines governance arrangements, role of Board members, structure, etc and further information can be found at [www.alertabuse.org.uk](http://www.alertabuse.org.uk)

### **The City of Sunderland**

Sunderland is a large city in the North-East of England with a population of 276,110. Sunderland is the 41<sup>st</sup> most deprived Local Authority area in England<sup>1</sup>

### **Summary of SSAB Activity 2014-15**

During 2014-15, the SSAB has:

- Commissioned 1 Serious Case Review, from which the Lessons Learnt have been shared
- Developed a new Delivery Plan with 6 Key Objectives that identify the main areas where it's efforts will be focused, and to drive the work programmes of the Sub Committees
- Reviewed its role and remit in light of the new Care Act changes which were imminent (Safeguarding Adults became statutory from 1<sup>st</sup> April 2015)
- Revised its Memorandum of Understanding and refreshed its Delivery Plan, and also drafted a Strategic Plan (required from 1<sup>st</sup> April 2015), ready to meet Care Act requirements
- Revised its governance, structure and membership (including that of its Sub Committees) ready to meet Care Act requirements
- Overseen the Business Management Group and Sub Committees' programmes of work, to ensure they continue to meet the Board's Key Objectives
- Made links with the Sunderland Safeguarding Children Board's activity to ensure a 'Whole Family Approach' is followed in relation to the aims and objectives that cut across both children and adults safeguarding arenas, e.g. transition issues, domestic violence, and sexual exploitation.

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<sup>1</sup> Index of Multiple Deprivation (IMD) 2010

## **SECTION 3: SAFEGUARDING ARRANGEMENTS IN SUNDERLAND: ROLE AND FUNCTION OF SUNDERLAND SAFEGUARDING ADULTS BOARD (SSAB)**

### **Sunderland Safeguarding Adults Board: Role & Function**

Sections 42-46 of the Care Act 2014 require all Local Authorities to have a Safeguarding Adults Board (SAB) in place from 1<sup>st</sup> April 2015. The main objective of a SAB is to assure itself that the local safeguarding arrangements and partners act to help and protect adults in its area who meet the Care Act safeguarding criteria. The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. From 1<sup>st</sup> April 2015, a SAB will have 3 core duties:

1. It **must** publish a strategic plan for each financial year that sets out how it will meet its main objective and what members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
2. It **must** publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews (SARs) and any subsequent action.
3. It must conduct any SAR in accordance with Section 44 of the Act.

Chapter 14 of the Care Act Guidance sets out the functions and directions relevant to SAB's. A copy of this Guidance can be found at:

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

### **Chairing Arrangements**

The SSAB Independent Chair has been in the role since 2010. He was also (following the planned retirement of the previous Chair) appointed as the new Chair of the Sunderland Safeguarding Children Board (SSCB) in July 2014.

### **Review of SSAB Arrangements 2014-2015**

A full review was undertaken of the SSAB arrangements in 2014-2015. A SSAB development event on 16<sup>th</sup> September 2014 discussed and identified a range of 'must do' issues to ensure that the SSAB was fit for purpose to meet future challenges. It was agreed that the SSAB had to refocus on meeting its core strategic responsibilities and the Board membership was changed to reflect this

The following tasks were identified as part of this work:

- A review of Board membership
- A review of the Business Management Group functionality

- A review of Sub Committee membership
- Development of a performance scorecard
- A review of the role and functionality of business support to the SSAB

As part of this work a review of the Sub Committees supporting both the SSCB and SSAB was undertaken which found that most chairs and representative of Sub Committees perceive the merged Sub Committees to be functioning well and that these should continue. Reservations were noted from the non-merged Quality Assurance Sub Committees and the Learning and Improvement in Practice Sub Committees that their volume of work, specific focus and development of frameworks means that they are not currently in a position to merge. It found that the work of the joint Communication and Engagement Sub Committee should be strengthened and re-named the joint Communications and Engagement Sub Committee. At the same time as the SSAB review, a full review was undertaken of the SSCB and changes across the SSAB were mirrored across the SSCB.

Reviewing and remodelling membership at Board level to ensure a forward looking strategic focus is crucial. Similarly, ensuring that the operational work of the Board receives sufficient time and focus is also crucial. Thus the proposed changes to both SSAB and SSAB Executive (formerly known as Business Management Group) were proposed as a way of making the required improvements.

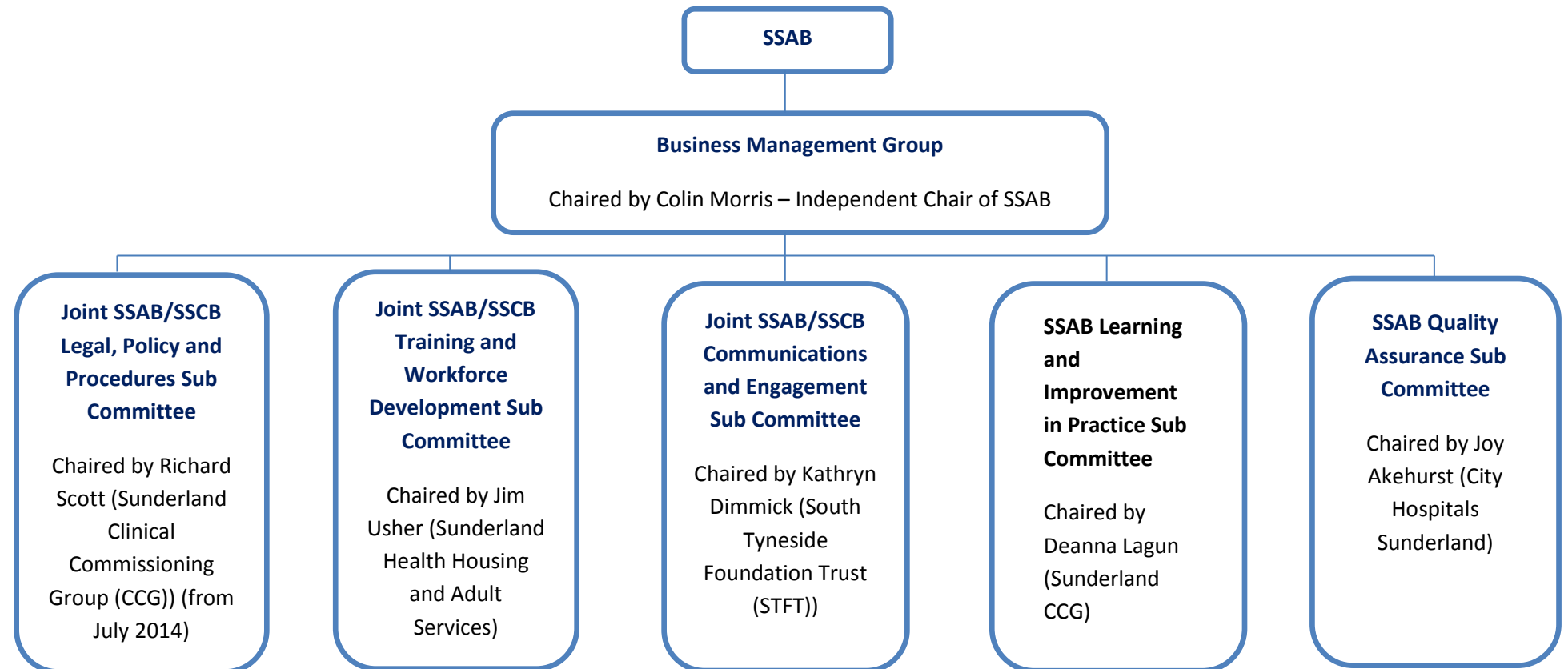
The following was proposed and agreed at the SSAB in January 2015:

- The proposed changes to the membership of the SSAB – establishing membership at Chief Executive or equivalent
- The SSAB will meet on four occasions per year, of which one should be jointly with the SSCB
- The creation of the SSAB Executive (and the subsequent deletion of the current Business Management Group (BMG) – chaired by the SSAB Chair and having a key focus on the operational agenda for the safeguarding system
- The proposed membership of the SSAB Executive – to include previous members of the Board
- The changes identified by the Sub Committees review, including the proposed membership
- The proposed changes relating to the business support supporting both SSAB and SSCB – the plan being to move to one unit supporting the function of both Boards to streamline processes and minimise duplication.



## SCOPE

Sunderland Safeguarding Adults Board (SSAB) is the key statutory focus and mechanism for agreeing how relevant organisations will co-operate to safeguard and promote the welfare of Adults at Risk of abuse and neglect in Sunderland.



For further information on the function, structure and responsibilities of the Board please go to the SSAB webpages at [www.alertabuse.org.uk](http://www.alertabuse.org.uk)

## **SECTION 4: GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS**

### **SSAB Multi-Agency Agreement and Memorandum of Understanding**

The Board has a written constitution – the Multi-Agency Agreement and Memorandum of Understanding – detailing the governance arrangements, role of Board members, SSAB structure, terms of reference and membership. This can be found at [www.alertabuse.org.uk](http://www.alertabuse.org.uk).

### **SSAB Governance and Assurance**

The SSAB has a Delivery Plan, which details the actions that will be taken to meet the Objectives, and which Sub Committee is responsible for taking the work forward. From 1<sup>st</sup> April 2015, the Care Act also requires Safeguarding Adults Boards to have a Strategic Plan which outline their Key Objectives for each year, and this has been developed by the SSAB ready for the 2015-16 year.

### **Relationship with Key Partnerships**

Our SSAB works closely with other statutory partnerships in Sunderland including:

#### **Sunderland Health and Wellbeing Board (HWBB)**

The HWBB Board is responsible for producing both the Joint Strategic Needs Assessment (JSNA) and the HWBB Strategy. Following the formal establishment of the Health and Wellbeing Board, the governance arrangements between the Boards were reviewed to define the role and remit of each Board and their interrelationship with one another. A 'Framework of Co-operation' has been developed for the HWBB, SSAB and Sunderland Safeguarding Children Board (SSCB).

**Safer Sunderland Partnership (SSP)** - Joint work in relation to Domestic Violence, Violence against Women and Girls (VAWG) and Sexual Exploitation.

**Sunderland Safeguarding Children Board (SSCB)** – The SSAB and SSCB have had the same Independent Chair from July 2014 following the planned retirement of the previous SSCB Chair in June 2014. The purpose of appointing the same independent chair for both Boards was to strengthen the interface between safeguarding adults and children and to promote a 'Whole Family' approach to safeguarding. Further information on the Sunderland Safeguarding Children Board can be found at [www.sunderlandscb.com](http://www.sunderlandscb.com).

## SECTION 5: WORK OF THE SSAB AND ITS SUB COMMITTEES 2014-2015

### SSAB – Activity and Impact

#### Action

SSAB held 8 meetings (one of which was an Extraordinary meeting) and signed off 1 SCR

#### Review of Board Governance

- Survey on the functioning of Sub-Committees
- New Membership at Chief Executive level
- Planning for and establishment of SSAB Executive Group (ready to replace Business Management Group from April 2015)
- Preparation for new statutory (Care Act 2014) Board structure changes post-April 2015

#### Impact

- Membership at the most senior level to improve accountability and ownership across the partnership
- Arrangements in place to progress strategic and operational priorities
- Robust assessment of effectiveness of the safeguarding systems
- Identified priorities for SSAB Delivery Plan 2015 – 2017
- Statutory requirement met

**Business Management Group – Activity and Impact**

**Action**

**Impact**

Group met 6 times

- Progressed review of SSAB Governance arrangements
- Monitored progress of Sub Committees work programmes

Quality Assurance Sub Committee – Activity and Impact

Action

Impact

Sub-Committee met 11 times

Developed multi-agency audit tools, recruited multi-agency auditors and developed audit schedule

Undertook specific themed case file audits, by taking a sample of case files:

- Police referrals
- North East Ambulance Service referrals
- Audit of threshold (risk) level applied to Safeguarding Adults referrals

Developed process ready to review implementation of action plans from Learning and Improvement Activity

Started developing a Quality Assurance and Performance Framework

SSAB has robust multi-agency audit arrangements in place to evaluate effectiveness of practice

Board will have understanding of how effective agencies are at learning from reviews

Board has robust multi-agency data and performance report to measure effectiveness of practice

## SSAB Learning and Improvement in Practice Sub Committee – Activity and Impact

**Learning and Improvement Framework** – Our SSAB has a Learning and Improvement Framework. This was developed as good practice, to mirror the arrangements in place for SSCB, which is required to have this Framework in place from Working Together 2015. This enables a consistent Learning & Improvement approach across both safeguarding arenas.

### Serious Case Reviews

- Sub Committee met 6 times
- 0 meetings cancelled
- In addition, 5 scoping meetings were held:
  - One resulted in the initiation of a Serious Case Review
  - One resulted in the initiation of a Management Review
  - One meeting resulted in the implementation of a multi-agency action plan

Published the Serious Case Review Lessons Learnt Report in relation to person 'J' in November 2014

Explored the different models of Serious Case Review such as Significant Incident Learning Process (SILP) and hybrid versions of the Social Care Institute for Excellence (SCIE) model. The models have a specific focus on the involvement of practitioners and managers involved in the case

Developed SSAB Serious Case Review model, and revised it to take account of legislation (Care Act 2014) changes for safeguarding from April 2015, i.e. new Safeguarding Adults Review (SAR) criteria

### Impact

SSAB met Statutory Requirements

SSAB is open, transparent and demonstrates a learning culture

SSAB understands strengths and challenges of different models

SSAB has robust, streamlined process and manages Serious Case Review (and Safeguarding Adult Review going forward from April 2015) process to high standard

## Joint SSAB/SSCB Communications and Engagement Sub Committee – Activity and Impact

### Action

- Sub Committee met 7 times
- 0 meetings cancelled

Action Plan developed that links directly to both SSAB and SSCB Delivery Plans. Meetings are also a forum to discuss and agree dissemination of key messages around adult safeguarding

Whole Family Conference Task & Finish Group established from several Sub Committee members

Whole Family Conference planned and held 20 May 2014

Task & Finish Group established from several Sub Committee members to co-ordinate the MCA and DoLS conference, funded by Sunderland and South Tyneside CCGs

MCA and DoLS Conference planned and held 11 February 2015

### Impact

- Actions carried out by the Sub Committee progressed the SSAB Delivery Plan
- Safeguarding Adults key messages were disseminated
- Participation in regional Safeguarding Adults Awareness raising week/activity.

- Professionals informed about current safeguarding issues and also have key networking opportunities with other organisations' staff who have a responsibility for safeguarding within their organisation
- Topics covered at the Conference linked directly with SSAB priorities
- Learning from Serious Case Reviews was shared

## Joint SSAB/SSCB Training and Workforce Development Sub Committee – Activity and Impact

### Action

### Impact

- Sub Committee met 4 times
- 2 meetings cancelled

SSAB Training Strategy 2015 – 2016 drafted – future training on Safeguarding Adults topics can be planned, commissioned and delivered in a timely manner

Safeguarding Adults multi-agency training reviewed and re-commissioned, with a focus on promoting the key messages around the new safeguarding adults referral process and the revised threshold guidance tool, as well as sharing key messages from Serious Case Reviews

Learning from Serious Case Reviews is included in all SSAB Training – learning from SCRs is shared with professionals to promote and embed good practice going forward

Work started to look at developing a Training Needs analysis – training on Safeguarding Adults topics will be continued or developed which meets professionals' training needs

Safeguarding Awareness 'Alerter' e-learning course available

**400** staff completed course – a significant number of professionals have been trained on key Safeguarding Adults topics

**37** SSAB training sessions delivered in 2014-15, covering Safeguarding Adults and Mental Capacity Act & Deprivation of Liberty Safeguards topics

The majority of people were able to attend the course dates they requested – if not they were offered an alternative date – a significant number of professionals have been trained on Safeguarding Adults topics relevant to their role



Joint SSAB/SSCB Legal, Policy and Procedures Sub Committee – Activity and Impact

Action

- Sub Committee met 6 times
- 1 meeting cancelled

SSAB Multi-Agency Safeguarding Adults Procedures updated as scheduled, and cross-referenced with SSCB Safeguarding Children Multi-Agency Procedures to ensure consistency and links between them

Development of a quality assurance process (working with the Quality Assurance Sub Committee) to ensure there is an audit programme in place to look at individual agencies' Safeguarding Adults policies, to check them against a 'minimum standard' and that they are 'fit for purpose'

Procedures revised to take account of local and national requirements, and learning from Serious Case Review, including the following points:

- Transition between Children's & Adults services;
- Links to SARC process/referral in instances of unexplained injury.
- Local Authority Interface Protocol (work started to ensure is embedded across Adults and Children's Social Care)

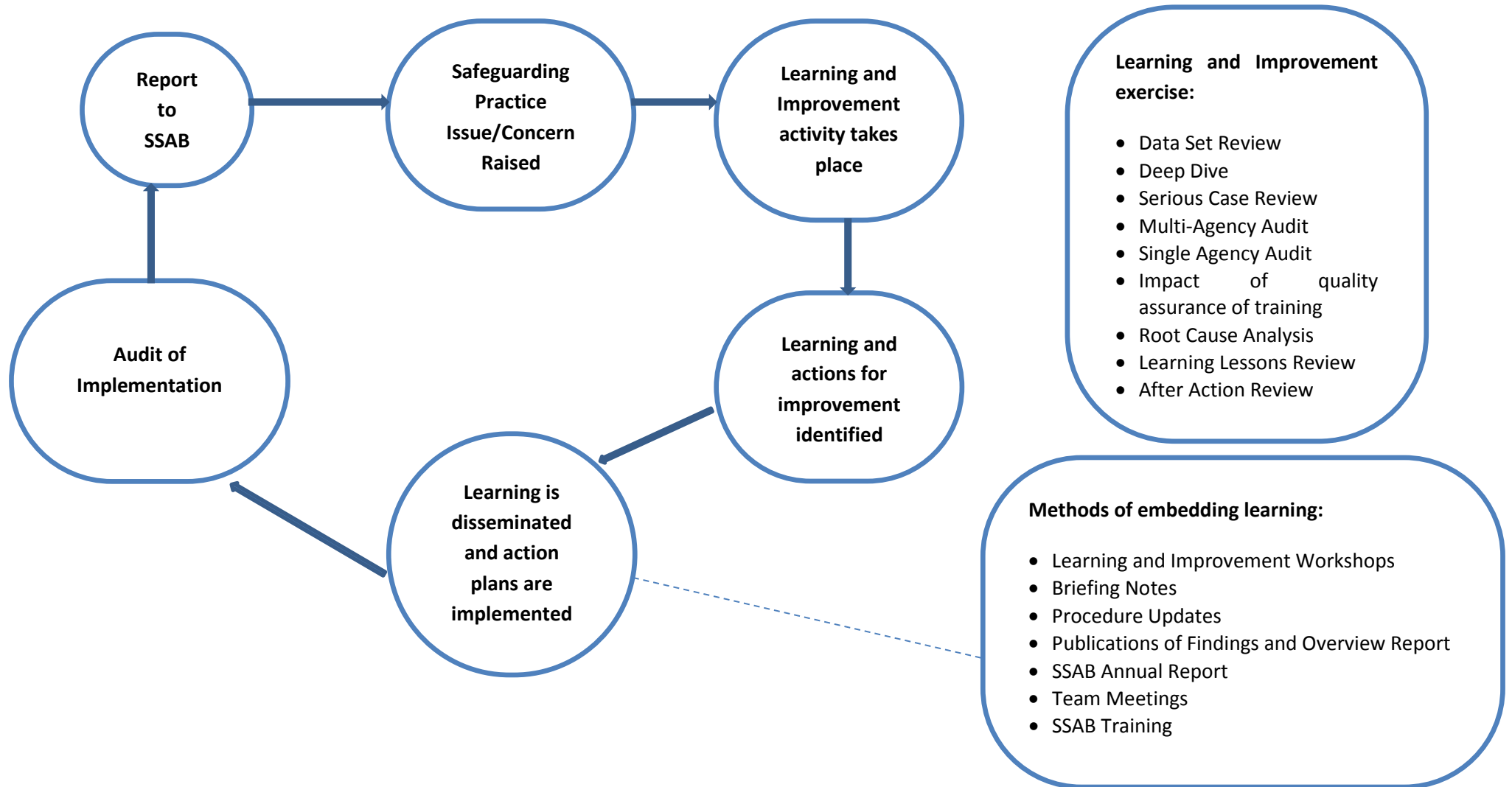
Impact

Revisions to procedures become part of the overall Multi-Agency Safeguarding Adults Procedures and strengthen the advice available to professionals and members of the public

- Professionals can view the Safeguarding Adults Procedures and use them to inform their practice
- Members of the public can view the Safeguarding Adults Procedures and be aware of the process in place to safeguard adults in Sunderland, and how to report a concern

Assurance to the SSAB that agencies have robust Safeguarding Adults policies in place

## SSAB Learning and Improvement Cycle



## SECTION 6: SSAB KEY OBJECTIVES

### Why is Key Objective 1 important?

- To ensure adults at risk of abuse and neglect are safeguarded in the community and in establishments such as care homes and hospitals through an approach across all Partners that is clearly focused on intervention and prevention to achieve outcomes.
- To ensure people experiencing safeguarding services are treated sensitively and with dignity and respect through the delivery of

### What do we want to achieve?

- Ensuring people in Sunderland know what to do if abuse or neglect happens
- Preventing abuse and raising general awareness
- Access to information, advice and guidance
- Safeguarding Website pages
- Enabling people's voices to be heard within the processes
- Involving people in quality assurance and using the feedback to alter and refine services

**Key Objective 1: Promote the active involvement of service users, their carers, their families and their advocates**

### What do we still need to do?

- Build on existing communications & engagement processes to ensure people in Sunderland know what to do if abuse or neglect happens
- Further raise awareness and promote prevention of abuse
- Refine access to information, advice and guidance
- Continually review & improve Safeguarding webpages
- Further develop processes to enable people's voices to be heard within safeguarding processes
- Further develop processes to involve people in quality assurance and use the feedback to alter and refine services

### What have we achieved?

- Draft SSAB Quality Assurance and Performance Framework under development
- Forward plan for reporting performance data established
- Review of SSAB Threshold Guidance to ensure it encompasses Care Act (2014) requirements (including the duty to make enquiries)
- SSAB multi-agency training reviewed to ensure content robust and includes learning from Serious Case Reviews and clear guidance on how to make a referral, including using the Threshold (assessment of risk) Matrix Tool

### Why is Key Objective 2 important?

- To ensure recognised and active leadership across all Partners – this strengthens and raises the profile of safeguarding adults
- To ensure safeguarding is embedded and clearly evidenced in corporate and service strategies across all Partners
- To ensure safe and cost effective commissioning across all Partners, enabling people to manage risks and benefits of care and support services

### What do we want to achieve?

- Each organisation is clear about its role and responsibility in safeguarding adults and meets agreed national & local standards
- Regular dialogue & effective links with other Partnerships & agendas
- Regular review of SSAB structure and governance arrangements
- Development of a Reference Group – Carers, Service Users
- Information sharing protocols are in place and followed
- Ensure safeguarding is embedded within all commissioning documents
- Effective governance and work programme of the Board
- Ensure robust models of staff supervision are evidenced, contain common principles, and are focused upon support and improvement cycles

### Key Objective 2: Ensure Effective Leadership is in Place

### What do we still need to do?

- Carry out a yearly audit of the SSAB in relation to its overall structure and governance arrangements, share the results and make any necessary changes
- Build on and further develop existing relationships with the Health & Wellbeing Board, the Domestic Violence Partnership, the Safer Sunderland Partnership and the Safeguarding Children Board
- Develop a Carer & Service User Reference Group

### What have we achieved?

- Review of SSAB structure, membership and governance arrangements to ensure compliance with the statutory requirements of the Care Act (2014).
- Framework of Cooperation between the Health & Wellbeing Board, the SSAB & the SSCB established.
- Regular dialogue and updates exchanges between the SSAB and the Safer Sunderland Partnership
- Information sharing protocol is clearly set out in the Multi-Agency Safeguarding Adults Procedures
- SSAB work programme set out in the SSAB Delivery Plan

### Why is Key Objective 3 important?

- To ensure safeguarding is everybody's business through effective service delivery and mechanisms that enable people to understand what abuse is and how to respond to it

**Key Objective 3:  
Secure citywide  
consistency in  
safeguarding**

### What do we want to achieve?

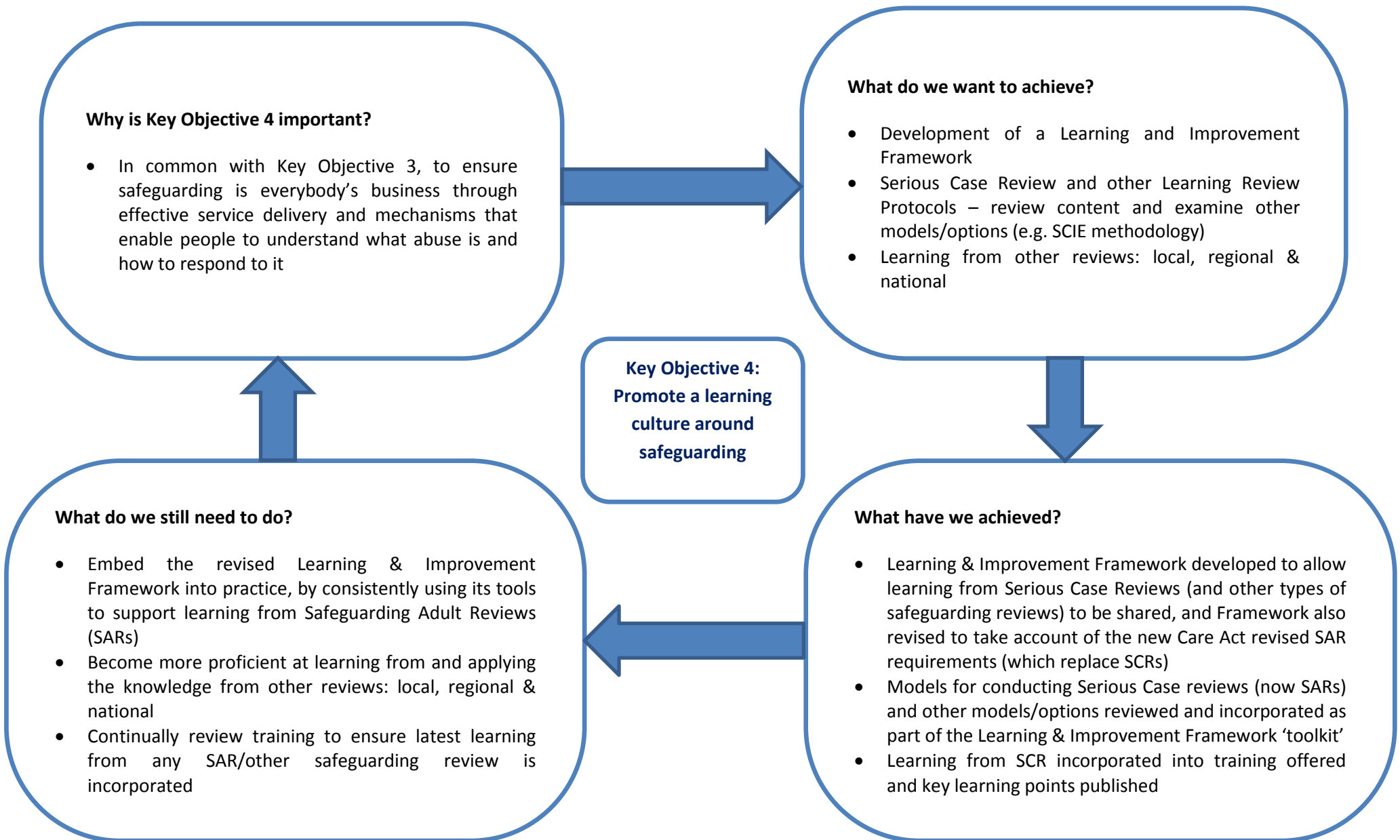
- Joint Workforce Development, including focus on individual/organisational behaviours
- Learning and development programmes for all staff and volunteers
- Training that is appropriate, timely and of high quality, supported by training needs analysis, and is evaluated
- Effective interface between the Learning & Improvement in Practice and Training & Workforce Development Sub Committees.
- Safeguarding Competency framework
- Training is offered to all
- Publishing data linked to training of staff
- Review and update of Procedures (Care Act implications)
- Interface with other Partnerships as appropriate

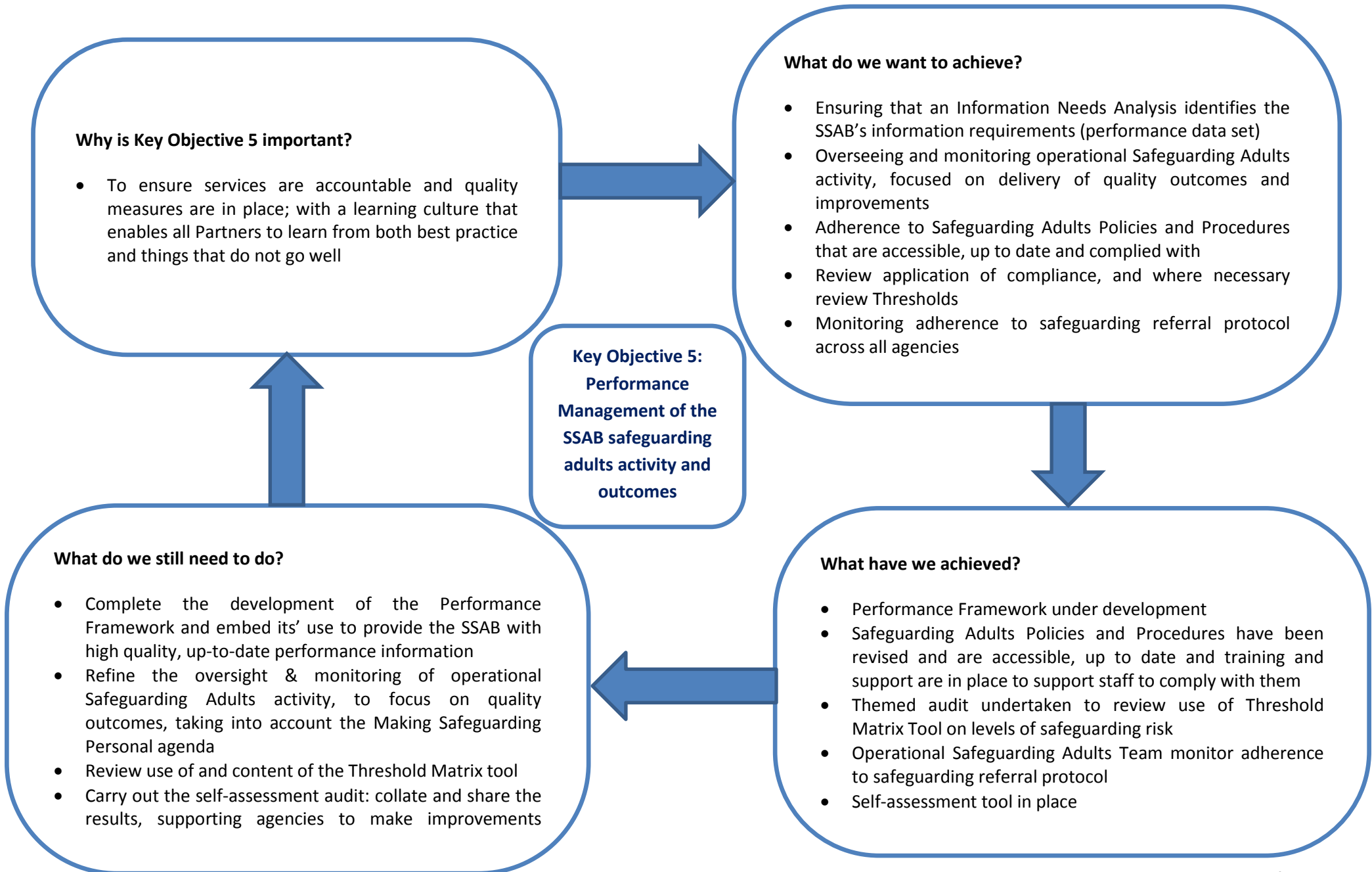
### What do we still need to do?

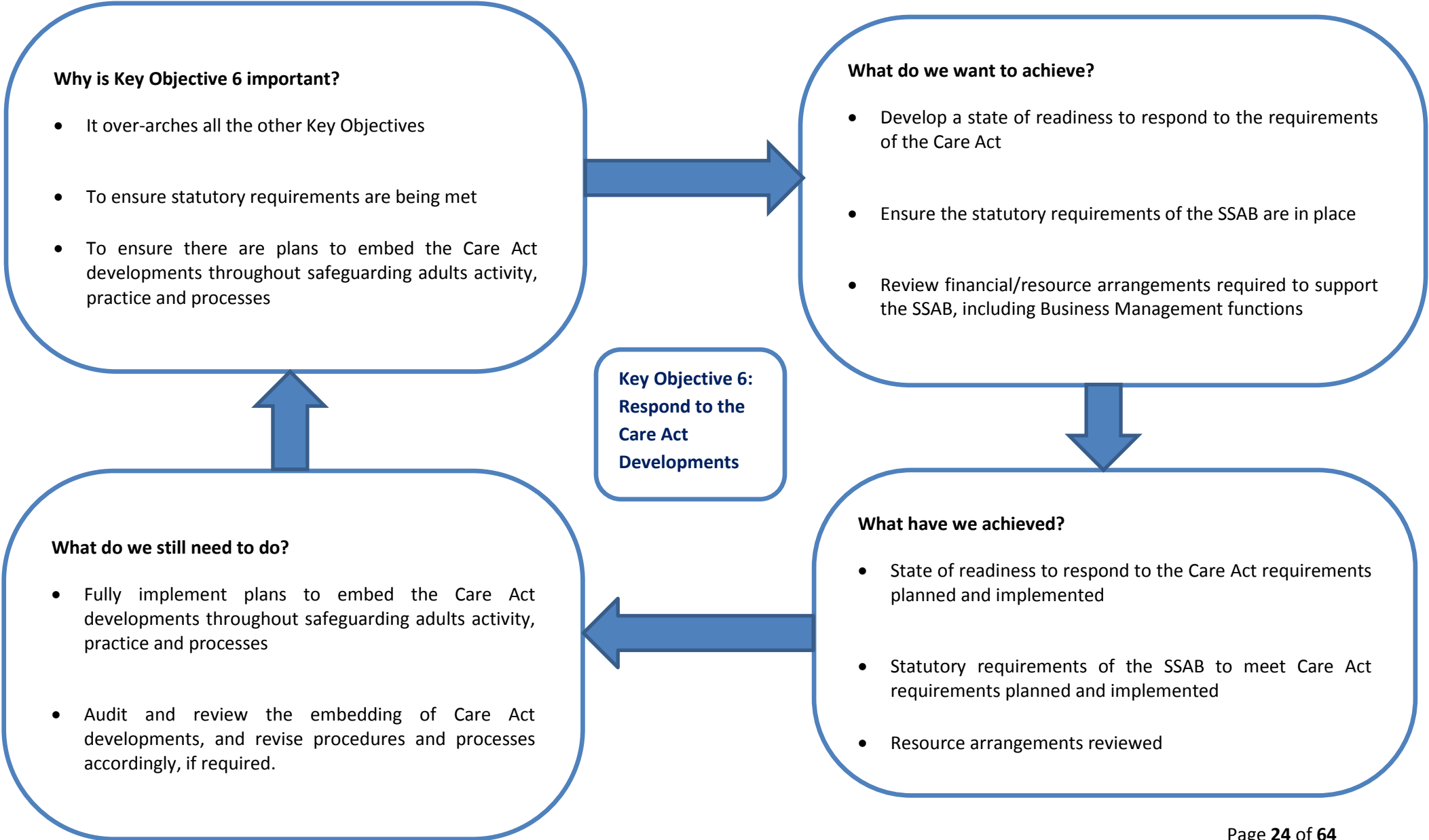
- Further progress the Training Strategy and workforce development plans
- Evaluate the refreshed Safeguarding Adults training courses, amending if necessary based on participants' feedback
- Build on existing links between Learning & Improvement in Practice Sub Committee and Training & Workforce Development Sub Committee
- Refine collection and sharing of training data
- Continue to review Procedures to ensure they provide high quality guidance to all staff

### What have we achieved?

- SSAB Multi-Agency Safeguarding Adults training courses reviewed and re-commissioned
- SSAB Training Strategy 2015-16 drafted
- Process for auditing organisations' safeguarding adults policies developed
- Themed audits undertaken and results used to drive improvements to services, processes and quality of safeguarding adult referrals received









## SECTION 7: REVIEWS, PERFORMANCE & FINANCE

### Overview of Local Government Association (LGA) Peer Challenge March 2014

The Executive Director of People Services and the SSAB Independent Chair commissioned an LGA Peer Challenge which took place in the week beginning 17<sup>th</sup> March 2014. Whilst the Peer Challenge looked at a range of areas across Adult Social Care Services, one of its key focus areas was Safeguarding Adults arrangements in Sunderland and its key ambition in relation to this was to test how far the Safeguarding Adults Board is implementing the Safeguarding Standards developed by LGA.

The Peer Challenge process looked at all aspects of Safeguarding Adults in Sunderland, from the operational process to the governance arrangements for the Board. It made the following recommendations:

Area for Consideration:	Progress/Outcome:
<b>Local Safeguarding Board</b>	
Memorandum of Understanding (MOU) document needs to be agreed to clarify role and responsibilities and arrangements with SSAB and other Boards	MOU amended to reflect this and content re-agreed by SSAB.
Immediate attention should be given to service user engagement and experience across the safeguarding agenda& safeguarding carers group	<p>Work on developing engagement processes within operational safeguarding procedures has been taken forward.</p> <p>Still to be taken forward in full: work programme to be developed including annual sample of cases within safeguarding process; focussed work with individuals and their families.</p> <p>When reviewing referrals the Safeguarding and Social Care Governance Team continually promote service user engagement to those with front line contact, and are better at engaging people in the process and ensuring that the outcomes identified by the service user are considered. Work is ongoing to capture collated information regarding service user engagement.</p> <p>Operational guidance documents have been reviewed to ensure carer consideration is explicitly included.</p> <p>The Safeguarding and Social Care Governance Team have been developing a strategy for engagement and involvement covering the range of ways the views of people can be sought. The</p>

	<p>Team have also been working on producing appropriate information to assist understanding, which will be compliant with the Care Act.</p> <p>Work plan linked to audit is addressed in QA Sub Committee. Themed audits involving specific agencies and threshold levels have taken place, and outcomes from these used to improve processes.</p>
Partner funding needs to be secured as the SSAB becomes statutory	Discussion took place at May 2014 Board regarding the funding of the SSAB infrastructure. Contributions continue to be made by the CCG and Probation Service. Northumbria Police are looking at what their funding contribution could be. Other organisations continue to support the work of the SSAB through 'payments in kind' e.g. being an Independent Chair of a Safeguarding Adults Review or providing free of charge meeting rooms for Sub Committee meetings.
There needs to be a more consistent use of metrics and outcomes by SAB	Safeguarding Performance Framework being developed – initial work already done to identify current data set & undertake data clean-up exercise to improve existing data collection.
Seek better co-ordination between the SSAB and SSCB whilst ensure the two very different development priorities of these boards are completed	Review of subcommittees completed to support plans for future co-ordination of the SSAB and SSCB priorities.
In the light of being an outlier, the SSAB needs to understand the profile of Sunderland City Council with regards to safeguarding data and associated benchmarking	Safeguarding Dashboard will support the Board to better understand the profile in Sunderland – comparative analysis will be built into the dashboard (part of the work to develop the Safeguarding Performance Framework). This data is also reported to QA Sub Committee as part of assurance process).
The provider market risk particularly around CQC/Care Homes should be reported to SSAB	Included in SSAB Forward Programme of Work, to be timetabled on Agenda for regular updates.
The current status of the Business Management Group (BMG) and its terms of reference should be clarified to ensure how it links with the SSAB	Terms of Reference reviewed again & re-drafted to fit plans for the new Executive Group which replaces BMG from 1 <sup>st</sup> April 2015, as part of the new governance arrangements to meet Care Act requirements. Minutes of the new Executive Group will be shared with SSAB at each meeting.
Review SSAB membership including director level attendance	Membership reviewed – appropriate representation at Director/Chief Officer

	level secured from partner organisations ready to meet Care Act requirements from 1 <sup>st</sup> April 2015.
Consider the creation of a robust Case File Audit process that feeds into SSAB to provide assurance about effective frontline safeguarding activity.	<p>Case File Audits are part of the Quality Assurance Sub Committee work programme; process is being progressed.</p> <p>Data sharing in IT systems being progressed. ICT are currently (Feb '15) looking at configurations and access arrangements to ensure information can be accessed across the service. There is a small task and finish group taking this forward.</p> <p>Case File Audit Tool reviewed.</p>
SSAB to carry out a baseline audit of need in preparedness for the Care Bill	Completed as part of September 2014 SSAB Development Day agenda.
Establish formal links between regular Domestic Violence reporting and the SSAB	Reporting about Domestic Violence activity (seeking assurances from a safeguarding perspective) comes via the Safer Sunderland Partnership delivering updates to SSAB.
A robust process needs to be developed to ensure that the SSAB is able to learn from audit reviews and SCRs	Terms of Reference of the Learning & Improvement Sub Committee refreshed to embed learning and improvement. Also Serious Case Review Protocol reviewed & refreshed by the Sub Committee to reflect Care Act requirements i.e. for a Safeguarding Adults Review Protocol going forward from 1 <sup>st</sup> April 2015.
Consider co-location of adult safeguarding teams to promote a better service user experience.	Safeguarding & Social Care Governance Teams merged. Governance options being explored re: 'business unit' support to SSAB & SSCB.
<b>Safeguarding: Delivery and Effective Practice</b>	
Continue to embed understanding of the new safeguarding thresholds with a view to reviewing within one year of implementation	<p>Review of Thresholds built into Operational Safeguarding Service work programme &amp; is also being looked at as part of Care Act/Making Safeguarding Personal work. Ongoing work continues to progress this, as initial issues arose with embedding this within partner agencies, and in understanding and application of the threshold tool, with little confidence that the threshold applied is the threshold it should be. Lack of quality training has also impacted upon this.</p> <p>A report was prepared for SSAB to consider actions identified which partner agencies could take in order to address</p>

	<p>the identified issues, and the training programme was reviewed, refreshed and re-commissioned.</p> <p>An audit of 64 cases was undertaken regarding the use of the threshold tool, and an outcome report produced including recommendations for improvement.</p>
Be clearer on the definitions and language used in safeguarding to ensure a consistent understanding and application of the process	<p>Review of Safeguarding Adults Procedures completed to meet the requirements of the Care Act; definitions and language used were part of this review.</p> <p>Quality Assurance Sub Committee Audit Programme/Work Plan includes action to audit cases to check organisations are using consistent language on the referral form.</p>
Ensure adequate recording throughout the safeguarding process	<p>This is built into the new operational procedures, and the Quality Assurance Sub Committee's Audit Programme/Work Plan.</p> <p>From a social work perspective, it is ensured that case note recording captures safeguarding information. This is reflected upon through the social care case file audit process.</p>
Inadequate access via Sunderland City Council website in relation to safeguarding needs urgent attention	<p>Initial changes made to make website more accessible. Corporate Communications progressing further upgrades via work with Communications &amp; Marketing Sub Committee. Also, review of SAB website undertaken and proposed changes have been reviewed by members of the public, with all new documentation relating to the Safeguarding Adults process to be available on the website from 1<sup>st</sup> April 2015.</p>
Sunderland City Council to consider the offer to carers of support and counselling and advocacy to service users in safeguarding cases	<p>Re-tendering exercise for Advocacy Services was completed, which ensured services were in place from July 2014. Operational procedures revised to reflect the offer available to family carers, and it is also reflected in practice. Making Safeguarding Personal initiative will measure the outcome and the implementation of the Care Act will ensure consistency in the use of advocates.</p>
<b>Case File Audit: People's Experiences of Safeguarding</b>	
IT systems supporting safeguarding are	Upgrade to the IT system used across

under-developed	care management and safeguarding which will enhance what can be recorded.
Little analysis displayed in case management files and risk assessment, these are substantial in safeguarding work – identification of indicators of risk of abuse needs structured approach.	Review documentation used in safeguarding investigations and staff training to be rolled out – all staff are being trained or accessing refresher training in relation to safeguarding and MCA application. Case file audit will ensure and reinforce appropriate recording.
Outcomes for individuals are not yet used in a consistent and structured way – this makes assessment of impact and progress difficult	<p>Review of operational procedures to understand how outcomes for individuals are documented within the safeguarding process – work has begun on this.</p> <p>Use of case file audit tool to monitor progress – this is part of the revised QA Sub Committee Audit Plan/Work Programme.</p> <p>Revisions made to referral form to make recording of outcomes for individuals clearer – specifically includes ascertaining what outcomes an individual wants at the early stage of the Safeguarding process. Revised documentation guidance for the Safeguarding and Social Care Governance Team will ensure this is recorded as part of the process.</p> <p>Making Safeguarding Personal initiative will ensure a greater emphasis on outcomes and recording, and documentation has been amended to include an outcome based approach: in addition to the audit tool used there is a Making Safeguarding Personal check list recently introduced by the Safeguarding and Social Care Governance Team Manager to ensure that in any audit outcomes for individuals are considered and discussed during the supervision process and used to facilitate further learning within the team.</p>
Strategy meeting minute taking and availability of minutes is problematic	Review of business support arrangements for operational safeguarding took place to resolve this issue.

### **SSAB Performance Report**

See **Appendix 1** for SSAB Performance Report.

### **SSAB Budget 2014-2015**

See **Appendix 2** for SSAB Budget Statement.

## **SECTION 8: CONTRIBUTIONS TO SAFEGUARDING ADULTS IN SUNDERLAND**

### **Engagement with the work of the SSAB**

Attendance at Board level is generally of a high level however engagement by agencies in the work of the Board and the Sub Committees is variable. See **Appendix 4** for attendance at the Board and Sub Committees by agency.

### **Key Agency Contributions to Safeguarding Adults in Sunderland**

The following pages highlight the contributions to Safeguarding Adults in Sunderland made by:

- Sunderland Clinical Commissioning Group
- City Hospitals Sunderland NHS Foundations Trust
- Northumberland Tyne & Wear NHS Foundation Trust
- South Tyneside NHS Foundation Trust

## **Sunderland Clinical Commissioning Group (CCG) – Activity**

- The Head of Safeguarding, the Designated Nurse Safeguarding Adults and the Named GP Safeguarding Adults within Sunderland Clinical Commissioning Group (CCG) provide leadership across the local health economy assuring and developing the role of health providers in safeguarding Adults and ensuring that the health needs of adults at risk are met.
- SCCG has a range of strategic documents outlining their vision and commitment to safeguarding children and vulnerable adults. The Safeguarding Strategy and associated policy documents acknowledge that safeguarding children and adults is a complex and multi-factorial activity and can only be achieved through genuine and effective multiagency approaches
- SCCG have a team of Safeguarding professionals to provide strategic leadership and day-to-day support and advice on safeguarding issues:
  - Head of Safeguarding – Deanna Lagun
  - Designated Nurse Safeguarding Adults – Richard Scott
  - The Named GP – Safeguarding Adults – Dr Jane Halpin;they are led by the Executive Lead for Safeguarding - Ann Fox – the Director of Nursing, Quality and Safety. There is a well established Strategic Safeguarding Group which reports to the Quality, Patient Safety and Risk Committee. The Safeguarding Team present a Safeguarding Annual Report to the Governing Body and undertake regular development sessions with all staff within the CCG.
- All safeguarding staff meet regularly with the Head of Safeguarding to establish, review and monitor comprehensive work plans. The CCG Designated Nurse Safeguarding Adults fulfils the Statutory Designated Adult Safeguarding Manager role which was established by the Care Act 2014 and provides support to the Head of Safeguarding and the Named GP Safeguarding Adults. The Designated Nurse Safeguarding Adults supports the Chief Officer and Head of Safeguarding in respect of SSAB attendance, attends the SSAB Executive Committee, supports the SSAB/SSCB Sub-Committees and is the Chair of the Joint Legal Policy and Procedures Sub Committee. All Designated and Named Health Professionals within the CCG provide training and supervision to a range of health staff, including GPs
- The CCG has provided continued support to the SSAB by:
  - Chairing of the Legal, Policy & Procedures Sub Committee.
  - Chairing the Learning and Improvement in Practice Sub Committee
  - Taking a lead role via Legal Policies and Procedures Sub Committee to update Multi Agency procedures to ensure they are Care Act compliant.

## City Hospitals Sunderland Activity

- City Hospitals Foundation Trust has a Vulnerable Adults Group which focuses on the care of patients with dementia, learning disabilities, mental health issues, mental capacity issues, the PREVENT agenda (anti-terrorism) and developments in relation to safeguarding adults. The group is multidisciplinary and includes medical, nursing, health and safety, facilities and training representation. The Executive Director of Nursing and Quality as executive lead for safeguarding chairs this meeting signifying the high priority in the Trust
- In 2014/15 the Trust has focussed on training in these key areas with the Safeguarding Symposium held in March 2015 focussing on both child and adult safeguarding
- In 2015 the Trust opened a new centre for patients with dementia and their carers (the Alexandra Centre). This centre supports vulnerable patients and their carers to rehabilitate following an acute illness, or when there is a new diagnosis of dementia. The Dementia and Delirium Outreach Team (DDOT) work out of this centre to provide specialist advice and training to staff across the organisation e.g. on Mental Capacity; Deprivation of Liberty Safeguards (DOLS)
- As a result of working with the Sunderland Clinical Commissioning Group (SCCG) and Wearside Women in Need (WWIN), we will be hosting an Independent Domestic Violence Advocate in our Emergency Department in 2015/16.



## City Hospitals Sunderland – Safeguarding Adults Case Study

City Hospitals supported an older lady with complex needs who was extremely confused on her admission from her own home to hospital. She brought a large sum of money in to hospital with her, in addition to her debit card which had her PIN attached to it, which she also divulged to a number of staff members.

They took the following action:

- Undertook a formal assessment of her capacity, where she was found to lack capacity to consent to being accommodated in hospital for the purpose of being given the proposed care and treatment.
- Made a safeguarding adults referral, due to the high risk of potential financial abuse identified.
- Made a referral to the Independent Mental Capacity Advocate (IMCA) Service, as her sister who was her next of kin had vascular dementia and also lacked capacity.
- Utilised the Deprivation of Liberty Safeguards (DoLS) process to authorise her deprivation of liberty, as she lacked the capacity to consent to stay, was subject to continuous supervision and control and was not free to leave the hospital
- Referred the lady to the Medical Social Worker, Occupational Therapist and Age UK for additional assessment and support.
- Utilised the hospital's Delirium & Dementia Outreach Team (DDOT) to provide additional support, interventions and therapy for her.

What difference did this make?

- Ensured multi-professional and inter-agency input to proactively safeguard her from the potential risk of abuse.
- Provided intensive support and intervention to manage her cognitive impairment.
- Maximised her independence and facilitated effective discharge planning.

What was the outcome?

The lady was successfully discharged back to her own home with appropriate support, in the form of a comprehensive care package. Age UK even provided her with groceries for when she got home!

## **Northumberland Tyne and Wear Mental Health Trust Activity and Impact**

- The Trust's Safeguarding and Public Protection (SAPP) team have introduced a Think Family Lead practitioner to support families in respect of the early help/intervention agenda. The support and advice for practitioners from the Think Family Practitioner has enabled children, young people and parents/carers to be signposted/referred to other agencies to meet their needs at an early stage
- The SAPP team are currently piloting a duty system for all new safeguarding concerns for staff within the trust. The pilot is identifying that staff are contacting the SAPP team for timely advice and support and ensuring appropriate safeguards are put in place.
- The SAPP team are recruiting a Safeguarding report writer for Safeguarding Adult Reviews.
- The SAPP trainers have reviewed and are facilitating training in line with the introduction of the Care Act for safeguarding adults
- The SAPP team have been trained in the revised Prevent counter-terrorism strategy and are providing training, advice and expertise to staff across the trust
- A SAR/SCR/DHR report has been developed for Trust Board, this provides an awareness of every review as well as assurance of the lessons learned and associated recommendations are completed

### **South Tyneside NHS Foundation Trust Activity**

- South Tyneside Foundation Trust has a Safeguarding Assurance Group which meets bi-monthly with representatives from all divisions. Key issues in relation to Safeguarding adults are discussed including changes to legislation, MCA / DOLS, PREVENT. Safeguarding Adults, review findings as well as training, compliance, audit findings and review of the Safeguarding risk register. This group reports to the Choose Safer Care Group which is a subgroup of the Executive Board.
- During 2014/15 430 staff received PREVENT training as part of statutory mandatory sessions or to individual teams if requested, it is also delivered within Corporate Induction as the full 1 hour WRAP session twice monthly. As a result of raising awareness, South Tyneside Foundation Trust practitioners have referred 3 cases of concern to the Protection of Vulnerable People Unit. South Tyneside Foundation Trust is recognised by NHS England as being proactive in promoting PREVENT awareness within its workforce.
- There has been a significant amount of work within South Tyneside Foundation Trust during 2014/15 in relation to the Mental Capacity Act and Deprivation of Liberty. Delivery of training and awareness raising sessions with staff has been undertaken – 44 DOLS applications were submitted in 2014/15 however it is recognised that this requires further improvement.
- Datixwels is a risk management reporting system which is used by all staff within South Tyneside Foundation Trust. All Safeguarding adults concerns are logged on the system and are overseen by the Safeguarding Advisor / Lead Nurse. Low level concerns identified by staff in relation to patients within care homes are routinely provided to CCG's in order to assist in the quality monitoring process.
- The Trust Board members attended an information session facilitated by Safeguarding colleagues which members found informative and useful.
- South Tyneside Foundation Trust were involved in two Safeguarding adults reviews in Sunderland throughout 2014/15 following which lessons learned were incorporated within training delivery and cases presented at professional forums to raise awareness.
- There are over 90 Safeguarding Champions within South Tyneside Foundation Trust who are actively promoting Safeguarding within their team meetings and act as a link to the Safeguarding Team.

## SECTION 9 – CONCLUSION

### How effective are local arrangements to safeguard adults in Sunderland?

April 2014-March 2015 has been a busy year for the SSAB and its partner agencies.

As planned the LGA Peer Review took place as outlined earlier in this report. This review made recommendations about improving Safeguarding Adults arrangements in Sunderland, most of which have been completed, some of which are still under development, or are necessarily ongoing, e.g. audits will occur on a regular basis as the audit cycle would always be in place.

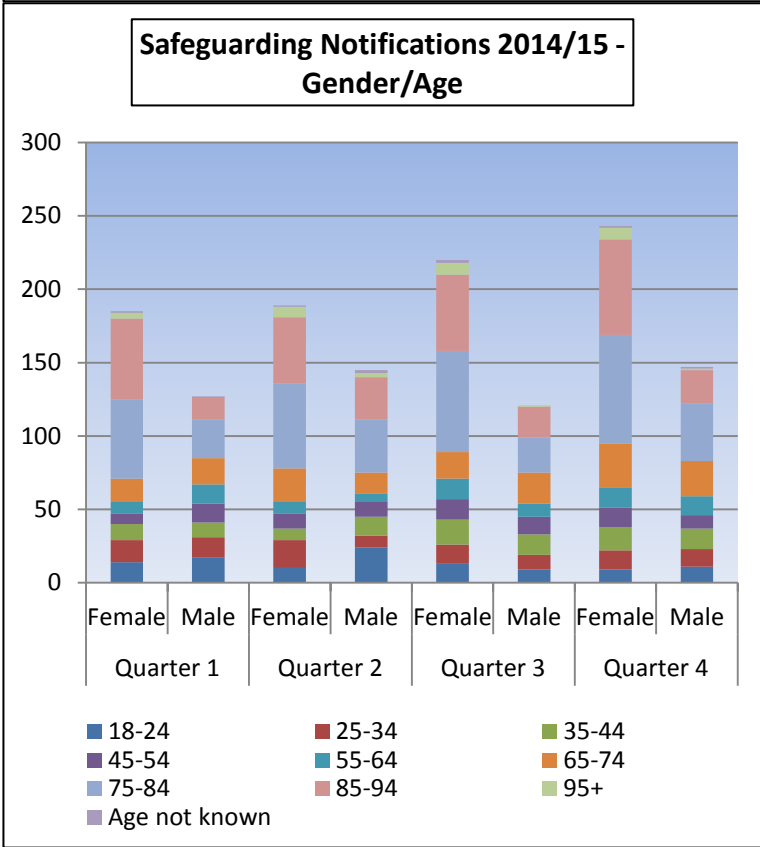
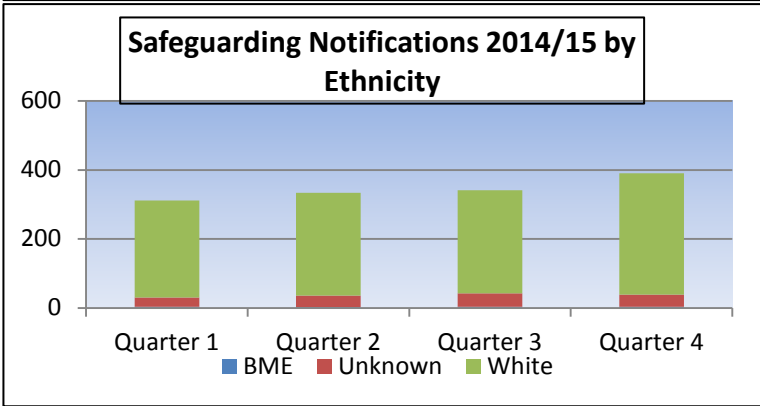
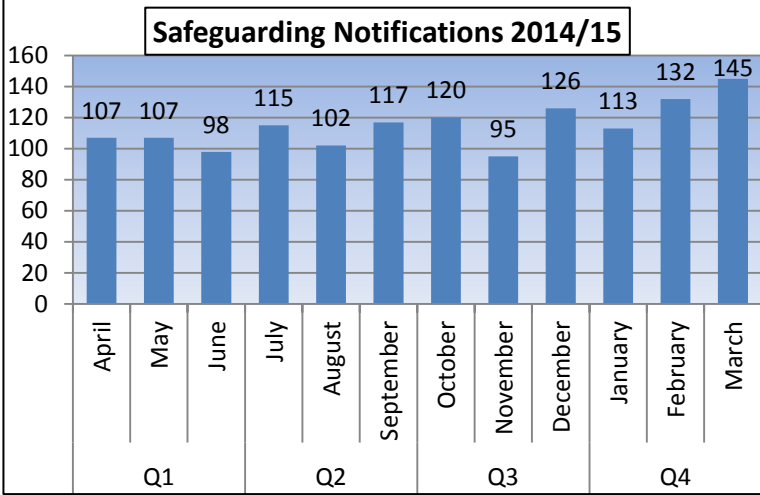
2015-2016 will see the Board implement a number of new initiatives which are designed to progress its development following the implementation of the Safeguarding Adults section of the Care Act on 1st April 2015, and continue to embed good practice in Safeguarding Adults in Sunderland. This includes:

- Implementation of a robust Quality Assurance and Performance Framework from July 2015, introduce a full audit framework and audit cycle for 2015 – 2016
- Development and implementation of a comprehensive Learning and Improvement in Practice Framework
- Implement a comprehensive SSAB Self-Audit Tool and Individual Agency Audit Tool process,
- Continue to strengthen and streamline the SAR model used in Sunderland
- Develop sexual exploitation arrangements that link to the existing MSET arrangements in Safeguarding Children, and embed these across the partnership
- Work with other North East Local Authority areas (via the Regional Safeguarding Adults Leads Network) on common topics identified to be for development, or of particular concern, where a regional approach would be of benefit
- Strengthen and streamline the support arrangements to the SSAB and SSCB
- Significant improvements were made to the quality and safety of hostel provision in Sunderland over 2014-15, via the initial implementation of the Hostel Strategy. This allowed homeless people accessing these services to be better safeguarded and to receive access to other support services. This positive work will continue into 2015-16, with the aim that hostel use will continue to decrease as individuals are engaged with and supported to access more suitable accommodation, alongside support services such as substance misuse services or mental health services.

## Safeguarding Adults Performance Measures

Measure	Definition		1 April 2014 – 31 March 2015			2013-14 National Average – final
	Numerator	Denominator	Numerator	Denominator	Indicator	
Number of safeguarding notifications received per 1,000 18+ population	Number of notifications received in the period	Population 18+	1377	221536	6.22	N/A
% of safeguarding notifications not progressing to strategy meeting	Number of notifications received not progressing to strategy meeting	Number of notifications received in the period	1101	1377	80%	N/A
Number of completed investigations per 1,000 population	Number of completed investigations in the period	Population 18+	53	221536	0.24	2.46
% of completed investigations where the outcome was substantiated or partially substantiated	Number of completed investigations with an outcome of substantiated or partially substantiated in the period	Number of completed investigations in the period	32	53	60%	43%
% of completed investigations where people report they feel safe	Currently in development by the Department of Health as part of the Adult Social Care Outcome Framework					

**Performance Area** | **Analysis**



**Notifications**

There have been 1,377 safeguarding notifications received between 1 April 2014 and 31 March 2015 (this is a 54% increase on the 896 received in 2013/14).

Number of notifications received per quarter:

- Quarter 1 = 312 notifications received (average of 104 per month)
- Quarter 2 = 334 notifications received (average of 111 per month)
- Quarter 3 = 341 notifications received (average of 114 per month)
- Quarter 4 = 390 notifications received (average of 130 per month)

There has been a 25% increase in the number of notifications received between quarter 1 and quarter 4 of 2014/15 from 312 to 390. March 2015 had the highest number of notifications received at 145; this is significantly higher than the average of the 75 per month during the 2013/14.

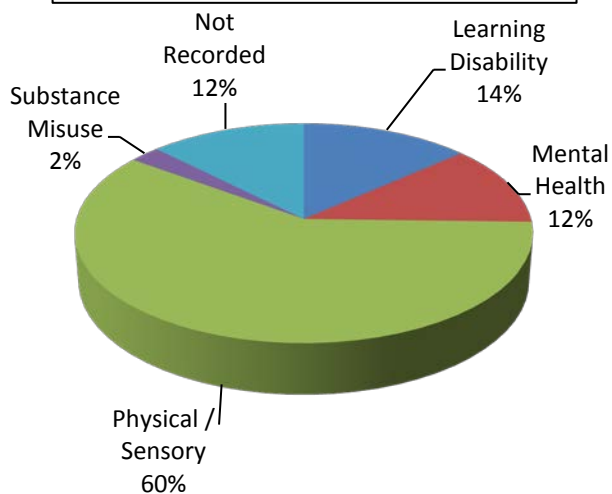
Of the notifications received during 2014/15, 89% of the alleged victims were 'White', 1% from a BME background and the remainder (10%) not yet provided.

61% of alleged victims were female, similar to the percentage for 2013/14 (60%).

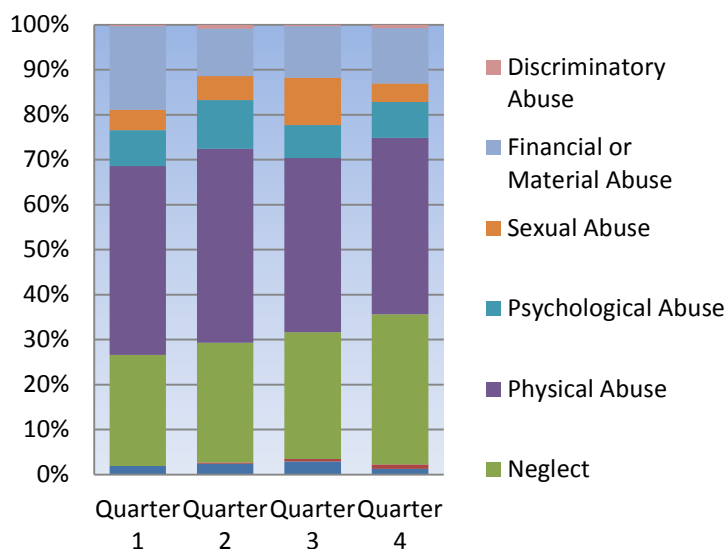
The majority of notifications received during 2014/15 were for alleged victims aged 75 to 84 (28%), followed by 22% for those aged 85 to 94.

Females aged 75 to 84 is the predominant alleged victim category in during 2014/15 (19%) followed by males aged 85 to 94 (16%). For 56% of those females aged 75 to 84 the abuse is alleged to have taken place in a care home and 35% in their own home.

**Safeguarding Notifications 2014/15 by Primary Support Reason**



**Safeguarding Notifications 2014/15 - Main Category of Abuse**



The majority of notifications received in 2014/15 (60%) were for people with physical disabilities/sensory support needs followed by 14% for people with learning disabilities.

The largest main category of alleged abuse identified at notification in quarter 4 was physical abuse (39%), with neglect being the second largest category at 33% followed by financial abuse at 12% and sexual abuse at 4%. There had been an 70% increase in notifications relating to neglect from 77 in quarter 1 to 130 in quarter 4.

Overall during 2014/15, the largest main category of alleged abuse identified at notification was physical abuse (41%), with neglect being the second largest category at 28% followed by financial abuse at 13% and sexual abuse at 6%.

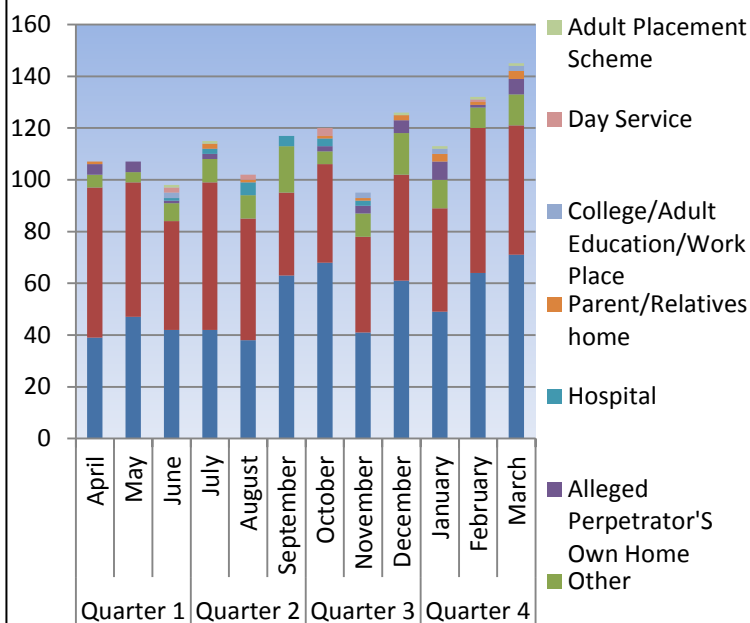
Of the 1,377 notifications received during 2014/15, 45% were alleged to have taken place in care homes and 40% were alleged to have taken place in the victims own home.

There has been an increase in the number of allegations in care homes from 128 in quarter 1 to 184 in quarter 4. Within March 2015 there was 71 notifications alleged to have taken place in care homes, compared to an average previously in the year of 50 per month, 40% of those were for people aged 85 & over.

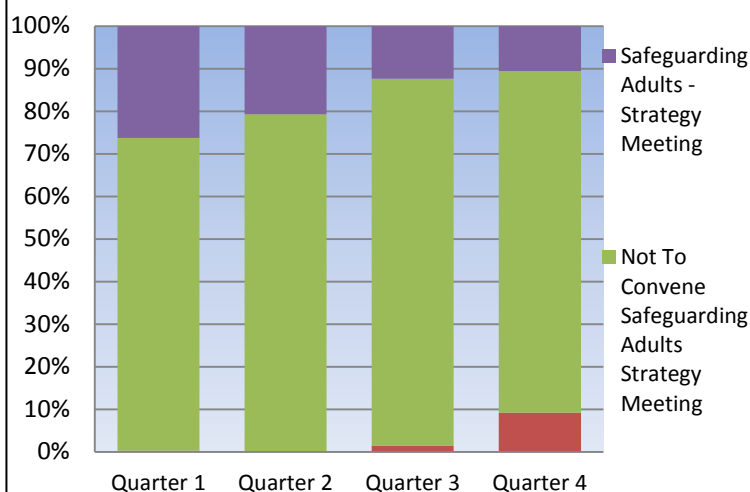
Of those allegations in care homes, 66% of the notifications came from care homes. Broken down by primary support reason:

72% of allegations in care homes involving people with mental health issues came from the care home  
66% of allegations in care homes involving people with physical disabilities came from the care

**Location of Alleged Abuse for notifications received in 2014/15**



**Safeguarding Notifications 2014/15 - Outcome of Notification**



home

61% of allegations in care homes involving people with learning disabilities came from the care home

The percentage of notifications progressing to a strategy meeting has declined during 2014/15 from 24% in quarter 1 to 11% in quarter 4. In quarter 4 in 2013/14, 27% progressed to a strategy meeting. Overall, in 2014/15, 17% of notifications are identified as progressing to a strategy meeting, 80% have not progressed and 3% are yet to be determined or unknown.

The majority of notifications received in 2014/15 were identified as 'Low' (49%), followed by 26% identified as 'Significant'.

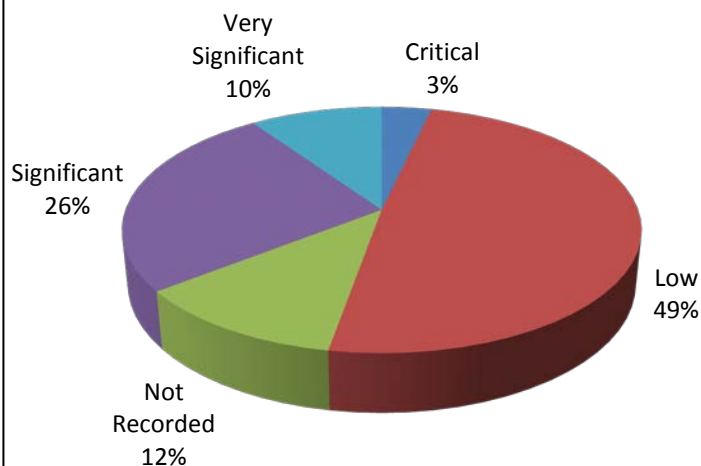
7% of those notifications identified as 'Low' actually progressed on to a strategy meeting whereas 67% of those notifications identified as at least 'Significant' did not progress to a strategy meeting.

From the additional information provided at notification for those received between 1 April 2014 and 31 March 2015 – key points are:

- 21% of named adults at risk were recorded as consenting to the referral.
- 52% of notifications identified concerns in relation to the capacity of the adult at risk.
- 13% identified concerns in relation to Domestic Violence for the adult at risk.
- 36 identified that children could be at risk as a result of the incident or concern. Of these, 21 identified that someone responsible for the safeguarding of children and young people had been made aware.
- 22% of alleged perpetrators were also identified as an adult at risk.
- 21% of notifications identified concerns in relation to the capacity of the alleged perpetrator.



**Threshold Level - 2014/15**



The 1,377 notifications received in the period relate to 1,046 individuals.

Of the 66 individuals who had more than 2 notifications in the period, 33 (50%) had at least one notification which progressed on to a strategy meeting.

**Strategy Meetings**

There were 202 strategy meetings completed between 1 April 2014 and 31 March 2015 (24% decrease on the 265 completed in 2013/14).

Notifications progressing to Strategy Meetings:

Threshold Level	Progress to Strategy Meeting	Not Progress to Strategy Meeting	Not Yet Determined / Unknown	Total
Low	45	615	17	677
Significant	99	244	13	356
Very Significant	44	82	7	133
Critical	14	35	1	50
Not Recorded	32	125	4	161
<b>Grand Total</b>	<b>234</b>	<b>1101</b>	<b>42</b>	<b>1377</b>

Number of strategy meetings completed per quarter:

Quarter 1 = 88 completed (average of 29 per month), 33% progressed to safeguarding adults investigation  
 Quarter 2 = 81 completed (average of 27 per month), 33% progressed to safeguarding adults investigation  
 Quarter 3 = 24 (average of 8 per month), 29% progressed to safeguarding adults investigation  
 Quarter 4 = 9 (average of 3 per month), 44% progressed to safeguarding adults investigation

The 202 strategy meetings were for 196 individuals, 6 individuals had 2 strategy meetings within the period.

Number of notifications per individual:

Number of notifications in period	Number of Individuals
1	819
2	161
3	40
4	20
5	4
6	1
10	1
<b>Total</b>	<b>1,046</b>

Overall for 2014/15, 33% of strategy meetings progressed to an investigation, lower than 45% in 2013-14.

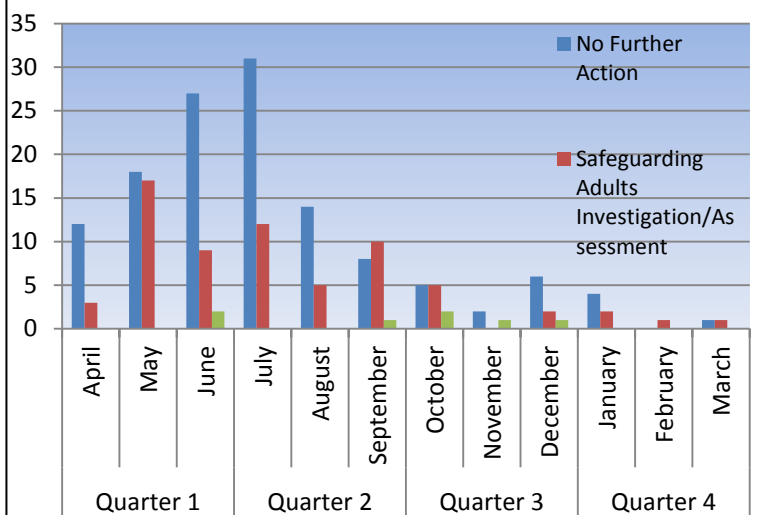
**Investigations**

There were 53 investigations completed between 1 April 2014 and 31 March 2015.

Number of investigations completed per quarter:

Quarter 1 = 25 completed, 60% were substantiated/partially substantiated  
 Quarter 2 = 18 completed, 61% were substantiated/partially substantiated  
 Quarter 3 = 8 completed, 50% were substantiated/partially substantiated  
 Quarter 4 = 2 completed, 100% were substantiated/partially substantiated

**Strategy Meetings 2014/15 - by outcome**

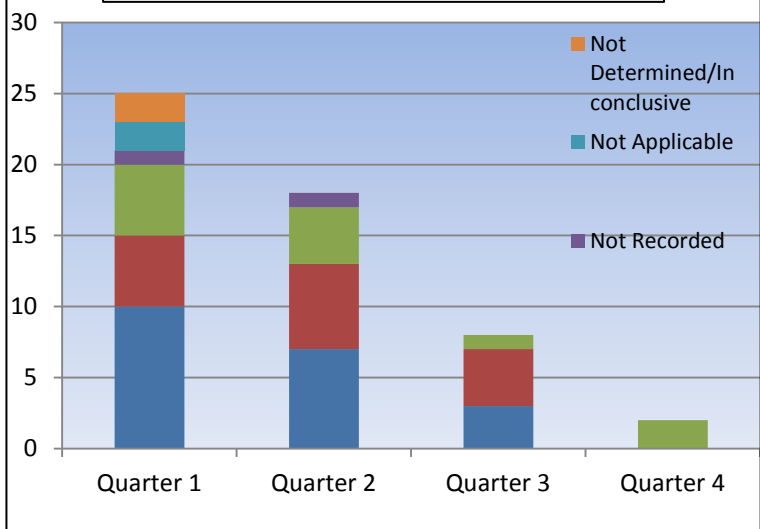


substantiated

Overall during the period, 20 of the 53 investigations were substantiated (38%), 23% were partially substantiated, 28% were not substantiated and 11% were not determined / inconclusive / not applicable.

As at 31 March 2015, 27 investigations were in progress.

**Safeguarding Investigations completed in 2014/15**



**Performance Measures**

Appendix A contains a list of proposed performance measures.

The number of safeguarding notifications received in 2014/15 was 1,377 which equates to 6.22 per 1,000 population, this is a significant increase (54%) compared to the 896 in 2013/14 which equated to 4.05 per 1,000 population. There was an average of 344 per quarter in 2014/15 compared to average of 224 per quarter in 2013/14).

The proportion of notifications not progressing onto strategy meeting is 80%, due to the large volume of notifications received which were identified as 'Low' via the Threshold tool.

The number of safeguarding investigations completed in 2013/14 was 126 which equated to 0.57 per 1,000 population, considerably lower than the national average in 2013/14 of 2.46 per 1,000 population. Performance for April to March 2015 is showing 53 investigations completed which is

significantly below the 2013/14 national average and considerably lower than the 126 in 2013/14.

Information shared by the regional Local Authorities for the number of investigations completed between 1 April and 30 September 2014 showed an average of 1.56 per 1,000 population, with Sunderland only having 0.2 per 1000 population for that period.

### Deprivation of Liberty Safeguards

Deprivation of Liberty requests in relation to those in care homes and hospitals.

During the 1 April 2013 to 31 March 2014, there were 103 Deprivation of Liberty requests completed in the period resulting in 64 (62%) authorisations granted.

During 1 April 2014 to 31 March 2015, there have been 1,349 requests of these 88% have authorisations granted and 12% have been declined.

### Complaints

There have been 4 complaints received in relation to the Safeguarding Adults during 2014/15.

### Training

Between 1 April 2014 to 31 March 2015, 37 training courses were held.

Sector Attendance	
Housing	77
Independent Care Sector	155
Council	195
NHS	51
Voluntary/Charity	52
<b>TOTAL</b>	<b>530</b>

In order to understand the impact of the training courses attendees were asked to rate their knowledge/skills/confidence, at the beginning of the training and upon completion. 1 being low level and 6 being the highest.

15 April 2014 - Mental Capacity Act	Attended
Housing	5
Independent Care Sector	8
Internal	2
NHS	2
	17

15 April 2014 - Deprivation of Liberty Safeguards	Attended
Housing	6
Independent Care Sector	5
Internal	2
NHS	1
	14

<b>16 April 2014 - Threshold Guidance</b>	Attended
Independent Care Sector	5
Internal	13
NHS	1
	19
<b>23 April 2014 - Level 2 Managing the Alert</b>	Attended
Internal	3
NHS	2
	5
<b>24 April 2014 - Threshold Guidance</b>	Attended
Independent Care Sector	1
Internal	3
NHS	3
Voluntary Sector/Other	2
	9
<b>25 April 2014 - Mental Capacity Act</b>	Attended
Housing	4
Independent Care Sector	4
Internal	4
	12
<b>25 April 2014 - Deprivation of Liberty Safeguards</b>	Attended
Housing	4
Independent Care Sector	9
Internal	3
	16
<b>25 April 2014 - Level 2 Managing the Alert</b>	Attended
Independent Care Sector	1
Internal	8
NHS	4
	13
<b>28 April 2014 - Mental Capacity Act</b>	Attended
Housing	6
Independent Care Sector	4
Internal	2
NHS	5
Voluntary Sector/Other	1
	18

**28 April 2014 - Deprivation of Liberty Safeguards**

Attended
5
3
1
5
14

Housing
Independent Care Sector
Internal
NHS
14

**30 April 2014 - Level 3 Multi Agency Roles**

Attended
3
3
1
7

Housing
Independent Care Sector
Internal
7

**2 May 2014 - Threshold Guidance**

Attended
9
4
2
15

Independent Care Sector
Internal
NHS
15

Of the 15 attendees, 14 completed the evaluation form. 100% said the training had improved their knowledge/skills/confidence. 50% rated their knowledge/ skills/confidence as 6 following completion, 49% rated it as 5, 1% rated it as 4.

**15 May 2015 - Mental Capacity Act**

Attended
2
1
4
7

Housing
Independent Care Sector
Internal
7

Of the 7 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 29% rated their knowledge/ skills/confidence as 6 following completion, 57% rated it as 5, 14% rated it as 4.

**15 May 2015 - Deprivation of Liberty Safeguards**

Attended
2
1
4
1
8

Housing
Independent Care Sector
Internal
NHS
8

Of the 8 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 88% rated their knowledge/ skills/confidence as 6 following completion, 12% rated it as 5.

<b>19 May 2014 - Level 2 Managing the Alert</b>	Attended
Housing	2
Independent Care Sector	1
Internal	2
NHS	1
	6

Of the 6 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 50% rated their knowledge/ skills/confidence as 6 following completion, 34% rated it as 5, 16% rated it as 4.

<b>28 May 2014 - Threshold Guidance</b>	Attended
Independent Care Sector	2
Internal	2
NHS	3
	7

Of the 7 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 29% rated their knowledge/ skills/confidence as 6 following completion, 43% rated it as 5, 14% rated it as 4, 14% rated as 3.

<b>30 May 2015 Level 3 Multi Agency Roles</b>	Attended
Independent Care Sector	2
Internal	1
NHS	2
Voluntary Sector/Other	2
	7

Of the 7 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 29% rated their knowledge/ skills/confidence as 6 following completion, 57% rated it as 5, 14% rated it as 4.

**03 June 2014 - Threshold Guidance****Attended**

Independent Care Sector	3
Internal	6
NHS	1
	10

Of the 10 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 10% rated their knowledge/ skills/confidence as 6 following completion, 70% rated it as 5, 20% rated it as 3.

**04 June 2014 - Mental Capacity Act****Attended**

Housing	3
Internal	6
NHS	1
Voluntary Sector/Other	3
	13

Of the 13 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 46% rated their knowledge/ skills/confidence as 6 following completion, 23% rated it as 5, 31% rated it as 4.

**04 June 2014 - Deprivation of Liberty Safeguards****Attended**

Housing	2
Independent Care Sector	4
Internal	3
NHS	1
Voluntary Sector/Other	3
	13

Of the 13 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 38% rated their knowledge/ skills/confidence as 6 following completion, 31% rated it as 5, 23% rated it as 4, 8% rated it as 3.

**12 June 2014 - Level 2 Managing the Alert****Attended**

Independent Care Sector	6
Internal	5
Voluntary Sector/Other	1
	12

Of the 12 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 25% rated their knowledge/ skills/confidence as 6 following completion, 67% rated it as 5, 8% rated it as 4.

<b>23 June 2014 - Threshold Guidance</b>	<b>Attended</b>
Housing	1
Independent Care Sector	9
Internal	10
NHS	1
	21

Of the 21 attendees, 18 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 22% rated their knowledge/ skills/confidence as 6 following completion, 56% rated it as 5, 22% rated it as 4.

<b>24 June 2014 - Mental Capacity Act</b>	<b>Attended</b>
Housing	1
Independent Care Sector	5
Internal	3
NHS	4
	13

Of the 13 attendees, 12 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 17% rated their knowledge/ skills/confidence as 6 following completion, 58% rated it as 5, 25% rated it as 4.

<b>24 June 2014 - Deprivation of Liberty Safeguards</b>	<b>Attended</b>
Housing	1
Independent Care Sector	9
Internal	4
NHS	1
	15



Of the 15 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 27% rated their knowledge/ skills/confidence as 6 following completion, 60% rated it as 5, 13% rated it as 4.

<b>26 June 2014 - Level 3 Multi Agency Roles</b>	<b>Attended</b>
Housing	3
Independent Care Sector	4
Internal	1
NHS	3
	11

Of the 11 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 27% rated their knowledge/ skills/confidence as 6 following completion, 55% rated it as 5, 18% rated it as 4.

<b>02 July 2014 - Level 2 Managing the Alert</b>	<b>Attended</b>
Independent Care Sector	2
Internal	5
NHS	3
	10

Of the 10 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 10% rated their knowledge/ skills/confidence as 6 following completion, 80% rated it as 5, 10% rated it as 4.

<b>03 July 2014 - Mental Capacity Act</b>	<b>Attended</b>
Housing	4
Independent Care Sector	2
Internal	7
Voluntary Sector/Other	1
	14

Of the 14 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 21% rated their knowledge/ skills/confidence as 6

following completion, 58% rated it as 5, 21% rated it as 4.

**03 July 2014 - Deprivation of Liberty Safeguards**

	Attended
Housing	5
Independent Care Sector	1
Internal	13
Voluntary Sector/Other	2
	21

Of the 21 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 6% rated their knowledge/ skills/confidence as 6 following completion, 71% rated it as 5, 14% rated it as 4, 9% rated it as 3.

**04 July 2014 - Threshold Guidance**

	Attended
Independent Care Sector	10
Internal	12
	22

Of the 22 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 14% rated their knowledge/ skills/confidence as 6 following completion, 77% rated it as 5, 9% rated it as 4.

**17 July 2014 Level 2 Managing the Alert**

	Attended
Independent Care Sector	4
Internal	13
NHS	3
	20

Of the 20 attendees, 18 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 22% rated their knowledge/ skills/confidence as 6 following completion, 50% rated it as 5, 28% rated it as 4.

**25 July 2014 - Level 3 Multi Agency Roles**

Attended

Independent Care Sector	6
Internal	9
Voluntary Sector/Other	2
	17

No evaluations received. Attendance gained from signing in book at Stanfield Business Centre.

**30 July 2014 - Mental Capacity Act**

Attended

Housing	2
Independent Care Sector	3
Internal	9
Voluntary Sector/Other	5
	19

Of the 19 attendees, 15 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 7% rated their knowledge/skills/confidence as 6 following completion, 86% rated it as 5, 7% rated it as 4.

**30 July 2014 - Deprivation of Liberty Safeguards**

Attended

Housing	3
Independent Care Sector	5
Internal	10
NHS	1
Voluntary Sector/Other	3
	22

Of the 22 attendees, 22 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 27% rated their knowledge/ skills/confidence as 6 following completion, 64% rated it as 5, 9% rated it as 4.

**31 July 2014 - Threshold Guidance**

Attended

Independent Care Sector	8
Internal	11
	19

Of the 22 attendees, 22 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 27% rated their knowledge/ skills/confidence as 6 following completion, 64% rated it as 5, 9% rated it as 4.

**24 March 2015 - Raising a Safeguarding Referral**

	Attended
Housing	3
Independent Care Sector	9
Internal	2
Voluntary Sector/Other	6
	20

Of the 20 attendees, all completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 25% rated their knowledge/ skills/confidence as 6 following completion, 70% rated it as 5, 5% rated it as 4.

**25 March 2015 - Multi Agency Roles**

	Attended
Housing	4
Independent Care Sector	1
Internal	6
Voluntary Sector/Other	11
	22

Of the 22 attendees, 19 completed the evaluation form. 100% said the training had improved their knowledge/skills /confidence. 15% rated their knowledge/ skills/confidence as 6 following completion, 75% rated it as 5, 10% rated it as 4.

**26 March 2015 - MCA & DoLS**

	Attended
Housing	6
Independent Care Sector	5
Internal	3
Voluntary Sector/Other	8
	22

Of the 22 attendees, 21 completed the evaluation form. 95% said the training had improved their knowledge/skills /confidence 5% rated it the same before (both as 6). 24% rated their knowledge/skills/confidence as 6 following completion, 62% rated it as 5, 14% rated it as 4.

### Safeguarding Adults E-Learning Training Courses 2014-15

<b>Course: Alerter</b>	Housing	ICS	NHS	Other	SCC	Vol/Charity	Total
Applied (not attempted)	12	178	13	2		10	215
Studying		8			1	2	11
Competent	12	394	29	6	10	64	515
Failed to reach the 75% pass mark		3					3
	24	583	42	8	11	76	744

642 people applied.  
102 where already on the system and completed within the 2014-2015 financial year.

<b>Course: Mental Capacity Act</b>	Housing	ICS	NHS	Other	SCC	Vol/Charity	Total
Applied (not attempted)	11	183	23	2	1	36	256
Studying	0	15	3	1		2	21
Competent	4	282	8	4	6	17	321
Failed to reach the 75% pass mark		12				0	12
	15	492	34	7	7	55	610

564 people applied.  
46 people were already on the system and completed within the 2014-2015 financial year.

**Course:  
Deprivation of  
Liberty Safeguards**

	Housing	ICS	NHS	Other	SCC	Vol/Charity	Total
Applied (not attempted)	11	164	12	2	1	15	205
Studying		13	2	2	1	3	21
Competent	3	249	2	2	3	13	272
Failed to reach the 75% pass mark		10			2		12
	14	436	16	6	7	31	510

493 people applied.  
17 people were already on the system and completed within the 2014-2015 financial year.

## 2014/15 Budget Outturn Statement

The Sunderland Safeguarding Adults Board (SSAB) had a balanced outturn in 2014/15 as shown below.

Expenditure	2014/15 Budget	Actual Expenditure	(Over)/ Under
Business Unit Employees	£558,009	£558,009	£0
Independent Chair	£17,000	£16,174	£826
Serious Case Reviews	£15,000	£11,450	£3,550
Supplies & Services	£42,677	£47,053	(£4,376)
Sub Total	£632,686	£632,686	£0

Income	2014/15 Budget	Actual Income	(Over)/ Under
People's Services	(£520,865)	(£520,865)	£0
Sunderland CCG	(£111,321)	(£111,321)	£0
Northumbria Probation Service	(£500)	(£500)	£0
Sub Total	(£632,686)	(£632,686)	£0

<b>Total (Over)/Underspend</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>
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**Learning Lessons: Findings from Learning and Improvement Activity April 2014 – March 2015**

The learning from these pieces of work is identified below. Please note the case is anonymised to protect the identity of the adult.

**Young Person J Serious Case Review**

The Lessons Learnt Report for Young Person J was published in November 2014 and is available at [www.alertabuse.org.uk](http://www.alertabuse.org.uk)

**LGA Peer Challenge 2014**

See Annual Report page 24.



## Board and Sub-Committee Attendance

NB: apologies were submitted for those not in attendance

SSAB Board Meeting								
Agency Represented	Date of Meeting						Attended	% Attendance
	06/05/14	08/07/14	16/09/14	18/11/14	13/01/15	17/03/15		
Independent Chair	✓	✓	✓	✓	✓	✓	6/6	100%
Strategic Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓	6/6	100%
Community Safety, SCC	✓	✓	X	✓	✓	X	4/6	66.7%
People Directorate, SCC	✓	✓	✓	✓	✓	✓	6/6	100%
Integrated Commissioning, SCC	✓	✓	✓	✓	✓	✓	6/6	100%
Portfolio Holder for Health, Housing and Adult Services, SCC	X	X	✓	X	X	✓	2/6	33.3%
Children's Services, SCC	✓	X	X	X	X	X	1/6	16.7%
Safeguarding and Social Care Governance, SCC	X	X	X	✓	X	X	1/6	16.7%
NHS England	✓	✓	X	X	X	X	2/6	33.3%
NHS Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	✓	6/6	100%
Northumberland, Tyne and Wear NHS Foundation Trust	✓	✓	X	✓	✓	✓	5/6	83.3%
Northumbria Police	✓	✓	X	✓	✓	X	4/6	66.7%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	✓	6/6	100%
Gentoo	X	X	✓	✓	X	X	2/6	33.3%
Tyne and Wear Care Alliance	✓	✓	X	X	X	✓	3/6	50%
Tyne and Wear Fire and Rescue Service	✓	✓	X	✓	X	X	3/6	50%
Healthwatch (Changing Lives)	✓	X	X	X	X	X	1/6	16.7%
Voluntary and Community Action Sunderland (VCAS)	X	X	✓	X	✓	✓	3/6	50%
City Hospitals Sunderland NHS Foundation Trust	X	✓	✓	X	✓	✓	4/6	66.7%
National Probation Service	X	X	X	✓	✓	X	2/6	33.3%
Northumbria Rehabilitation Company	X	X	✓	X	X	✓	2/6	33.3%
Sunderland Carers Centre	✓	✓	X	✓	✓	X	4/6	66.7%
Age UK Sunderland	✓	✓	✓	X	X	✓	4/6	66.7%

## Business Management Group

Agency Represented	Date of Meeting						Attended	% Attendance
	15/04/14	10/06/14	19/08/14	14/10/14	16/12/14	17/02/15		
Independent Chair	✓	✓	✓	✓	✓	✓	6/6	100%
Strategic Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓	6/6	100%
Integrated Commissioning (SCC)	✓	✓	✓	X	✓	X	4/6	66.7%
People Directorate, SCC	X	✓	X	✓	✓	✓	4/6	66.7%
City Hospitals Sunderland NHS Foundation Trust	✓	✓	X	✓	✓	X	4/6	66.7%
NHS Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	✓	6/6	100%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	✓	6/6	100%

**Joint SSCB/SSAB Legal, Policy and Procedures Sub-Committee**

Agency Represented	Date of Meeting					Attended	% Attendance
	12.06.14	04.08.14	06.10.14	01.12.14	02.02.15		
SSCB Business Unit	✓	X	✓	X	✓	3/5	60%
Children’s Safeguarding, Sunderland City Council (SCC)	✓	X	X	✓	X	2/5	40%
Commissioning Rep (SCC)	✓	✓	X	X	✓	3/5	60%
Legal Rep (SCC)	✓	✓	X	✓	X	3/5	60%
Youth Offending Service (SCC)	X	X	✓	X	✓	2/5	40%
Northumberland, Tyne and Wear NHS Trust	X	X	X	X	✓	1/5	20%
Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	5/5	100%
City Hospitals Sunderland	X	X	✓	X	X	1/5	20%
Northumbria Police	✓	X	✓	X	X	2/5	40%
Early Intervention Services (SCC)	✓	✓	X	X	✓	3/5	60%
South Tyneside NHS Foundation Trust	✓	X	X	✓	✓	3/5	60%
National Probation Service	✓	X	X	X	X	1/5	20%
Health, Housing and Adult Services (SSAB Rep)	✓	✓	✓	✓	✓	5/5	100%

## Joint SSCB/SSAB Communication and Engagement Sub-Committee

Agency Represented	Date of Meeting						Attended	% Attendance
	16.05.14	18.07.14	19.09.14	14.11.14	16.01.15	06.03.15		
SSCB Business Unit	✓	✓	✓	X	✓	✓	5/6	83%
Children's Safeguarding, Sunderland City Council (SCC)	X	X	X	✓	✓	✓	3/6	50%
Anti-Bullying Co-Ordinator (SCC)	✓	✓	✓	✓	✓	X	5/6	83%
Community Safety Representative (SCC)	✓	✓	✓	✓	X	✓	5/6	83%
Communications Team (SCC)	✓	X	✓	✓	✓	✓	5/6	83%
Sunderland Clinical Commissioning Group	✓	X	✓	X	✓	✓	4/6	67%
City Hospitals Sunderland	✓	✓	X	✓	✓	✓	5/6	83%
Northumbria Police	X	X	X	X	X	✓	1/6	17%
South Tyneside NHS Foundation Trust	✓	✓	✓	✓	✓	✓	6/6	100%
Health, Housing and Adult Services (SSAB Rep)	X	✓	✓	✓	✓	X	4/6	67%
Sunderland Carers Association	✓	X	✓	✓	✓	✓	5/6	83%

## Joint SSCB/SSAB Training and Workforce Development Sub-Committee

Agency Represented	Date of Meeting			Attended	% Attendance
	15.05.14	04.09.14	31.10.14		
SSCB Business Unit	✓	X	✓	2/3	67%
Workforce Development, Sunderland City Council (SCC)	X	X	✓	1/3	33%
Sunderland Clinical Commissioning Group	X	✓	✓	2/3	67%
City Hospitals Sunderland	X	X	X	0/3	0%
Northumbria Police	X	X	X	0/3	0%
Northumberland, Tyne and Wear NHS Trust	✓	✓	X	2/3	67%
South Tyneside NHS Foundation Trust	X	X	X	0/3	0%
Tyne and Wear Care Alliance	X	X	✓	1/3	33%
Health, Housing and Adult Services (SSAB Rep)	✓	✓	✓	3/3	100%

## Learning and Improvement in Practice

Agency Represented	Date of Meeting							Attended	% Attendance
	04/02/14	08/04/14	03/06/14	23/09/14	18/11/14	13/01/15	10/03/15		
Strategic Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓	✓	7/7	100%
Legal Advisor, SCC	X	X	X	✓	✓	✓	X	3/7	42.8%
Safeguarding and Social Care Governance, SCC	X	X	X	✓	✓	X	X	2/7	28.6%
People Directorate, SCC	✓	X	X	✓	X	X	✓	3/7	42.8%
Community Safety, SCC	✓	✓	✓	X	✓	✓	✓	6/7	85.7%
Children's Services, SCC	✓	✓	✓	X	X	✓	✓	5/7	71.4%
Public Health, SCC	X	X	✓	✓	✓	X	X	3/7	42.8%
Northumberland, Tyne and Wear NHS Foundation Trust	X	X	X	X	✓	✓	✓	3/7	42.8%
Tyne and Wear Fire and Rescue Service	✓	X	✓	X	✓	X	X	3/7	42.8%
Gentoo	✓	✓	X	✓	✓	X	✓	5/7	71.4%
Northumbria Police	X	X	✓	X	✓	✓	X	3/7	42.8%
City Hospitals Sunderland NHS Foundation Trust	X	✓	✓	X	✓	✓	✓	5/7	71.4%
NHS Sunderland Clinical Commissioning Group	✓	✓	✓	X	✓	✓	✓	6/7	85.7%
South Tyneside NHS Foundation Trust	X	✓	✓	✓	X	✓	X	4/7	57.1%

Quality Assurance										
Agency Represented	Date of Meeting								Attended	% Attendance
	22/04/14	03/06/14	23/07/14	02/09/14	21/10/14	02/12/14	20/01/15	24/02/15		
Strategic Safeguarding, Sunderland City Council (SCC)	✓	✓	✓	✓	✓	✓		✓	7/9	77.8%
Integrated Commissioning (SCC)	✓	✓	✓	✓	✓	✓	✓	✓	9/9	100%
Legal Advisor, SCC		✓	✓	✓	✓				4/9	44.4%
Safeguarding and Social Care Governance, SCC			✓	✓	✓	✓	✓	✓	7/9	77.8%
People Directorate, SCC									1/9	11.1%
North Tyne and Wear NHS Foundation Trust									0/9	0%
Sunderland Carers Centre	✓	✓	✓				✓		4/9	44.4%
Northumbria Police									0/9	0%
City Hospitals Sunderland NHS Foundation Trust	✓		✓		✓		✓		5/9	55.6%
NHS Sunderland Clinical Commissioning Group	✓	✓	✓	✓	✓	✓		✓	8/9	88.9%
South Tyneside NHS Foundation Trust	✓	✓	✓		✓				5/9	55.6%

## Glossary

### **Joint Strategic Needs Assessment (JSNA)**

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to joint strategic needs assessments (JSNAs).

Local authorities and clinical commissioning groups have equal and joint duties to prepare JSNAs. The responsibility falls on the health and wellbeing board as a whole with success being dependent upon all members working together.

**Health and Wellbeing Board (HWBB)** – This partnership is a requirement of the Health and Social Care Bill 2012 which requires a Health and Wellbeing Board to be developed as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Sunderland HWBB has the vision of achieving the “best possible health and wellbeing for Sunderland ...by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities”.

**Safeguarding** - the process of protecting adults from abuse or neglect. The Care Act guidance states: “Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances”.