



Strategic Action Plan

2018- 2020

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1. Introduction

The Care Act 2014¹ requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1).

The statutory objective of the SAB, prescribed in Section 43(2) of the Act is to help and protect adults in its area (whether or not ordinarily resident there) who:

- a) Have needs for care and support (whether or not the local authority is meeting any of those needs),
- b) Are experiencing, or at risk of, abuse or neglect,
- c) As a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

The Hull Safeguarding Adults Partnership Board (HSAPB) must, each financial year, publish a strategic plan in accordance with Schedule 2 of the Act. This plan must set out how it will achieve the statutory objectives and what each member will do to implement this. This plan could cover a longer period in order to enable the Board to plan ahead as long as it is reviewed and updated annually.

In preparing the strategic plan, the HSAPB must consult the local Healthwatch organisation for its area and involve the community.

The plan should be evidence based and be informed and developed by all available evidence and intelligence from partners. To ensure this plan is evidence based it has been informed by national and local safeguarding data which is collated yearly.

Analysis of this data is at Section 3.

2. Vision

Our vision is:

“People are able to live life free from harm where our community has a culture that does not tolerate abuse; works together to prevent abuse and knows what to do when abuse happens”

HSAPB members have identified a theme and agreed a commitment to work in **Partnership with People**. This provides a real emphasis and importance on the way we work; working

¹ The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

with people who use services and are at risk as well as working with partners to deliver safe services

*As a result the HSAPB wanted to develop the theme of **partnership working** within this plan for 2018-2020. This will mean working with people who are at risk, the wider public and between the partners of the HSAPB to demonstrate in practical ways how the partnership has improved safeguarding across Hull.*

3. How we identified our priorities

Each year safeguarding data is collated and published which shows safeguarding activity locally in Hull and also regionally and nationally.

This data is recorded centrally by the Safeguarding Team from Hull City Council and consists of data from across the health and social care community, Police, Fire and Rescue and community members.

Although collated by one single agency this data forms the annual picture of safeguarding activity under the Care Act 2014 in Hull.

In accordance with the Care Act this strategic plan uses this evidence based data to inform actions to prevent and reduce abuse and neglect in Hull.

Below are the themes from the latest safeguarding data for Hull and comparisons with national data and data from our peers across the Yorkshire and Humber region.

Analysis of the national safeguarding return 2016 – 2017

Every local authority has a statutory duty to make a safeguarding enquiry if a person with care and support needs is at risk of or experiencing abuse or neglect and cannot protect themselves.

The purpose of the enquiry is to protect the adult if possible by the removal or reduction of the risk which is causing the abuse or neglect.

a. Safeguarding concerns in Hull

In 2016-17 the Safeguarding Team in Hull had **1905** safeguarding concerns of alleged abuse or neglect notified to them.

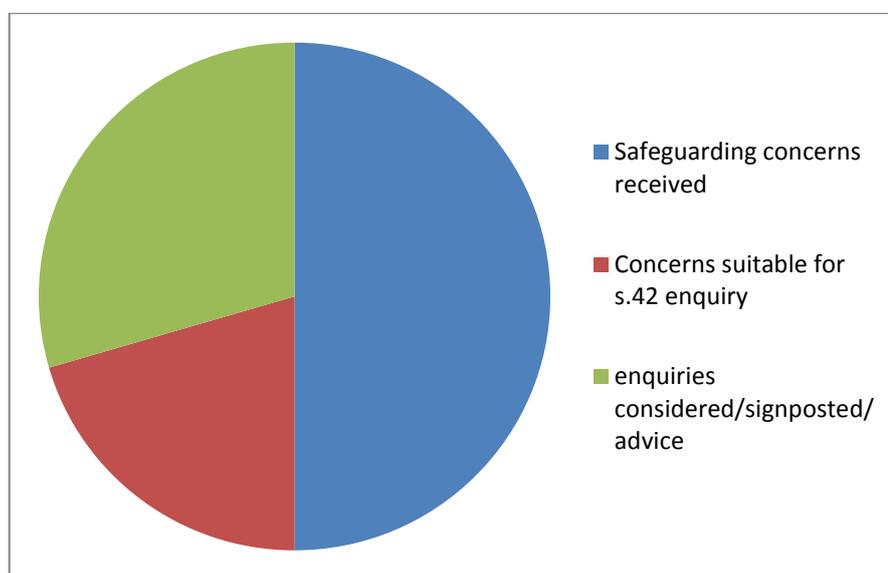
A safeguarding **concern** is where a local authority is notified about a risk of abuse. Some of these concerns will lead to a **Section 42 enquiry** where the adult meets the criteria under Section 42 of the Care Act 2014

Three things need to be present in any safeguarding concern for the incident to progress to a S42 enquiry...the person has a care and support need, they are being abused or at risk of, and they cannot protect themselves from the abuse because of their care and support need.

Those concerns that were suitable for a S.42 Safeguarding Enquiry were **780** which is a conversion rate of **41%**.

Put in a different way **1125** concerns made to the Safeguarding Team did NOT become a safeguarding enquiry but still took time to consider, advice upon or signpost.

The national average of conversion for the country is **41%**
The Yorkshire and Humber region average conversion rate is **36%**

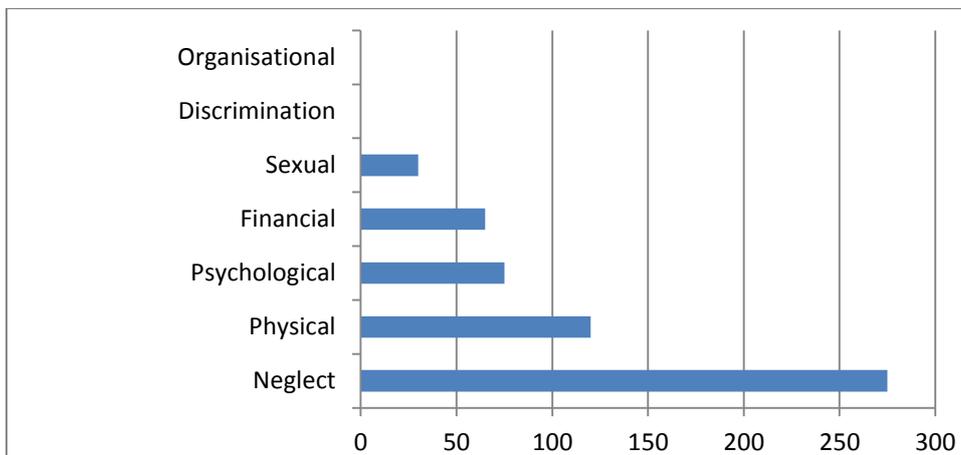


b. Types of abuse and neglect

In 2016-17 the Safeguarding Team in Hull recorded the following types of abuse and neglect from concerns reported to them

Neglect -	275
Physical -	120
Psychological -	75
Financial -	65
Sexual -	30
Discrimination -	0
Organisational -	0

These types of abuse in Hull replicate the top 5 types in the national safeguarding return. These types of abuse mirror the Yorkshire and Humber data other than Financial abuse in the aggregated Yorkshire and Humber data is higher than Psychological abuse.



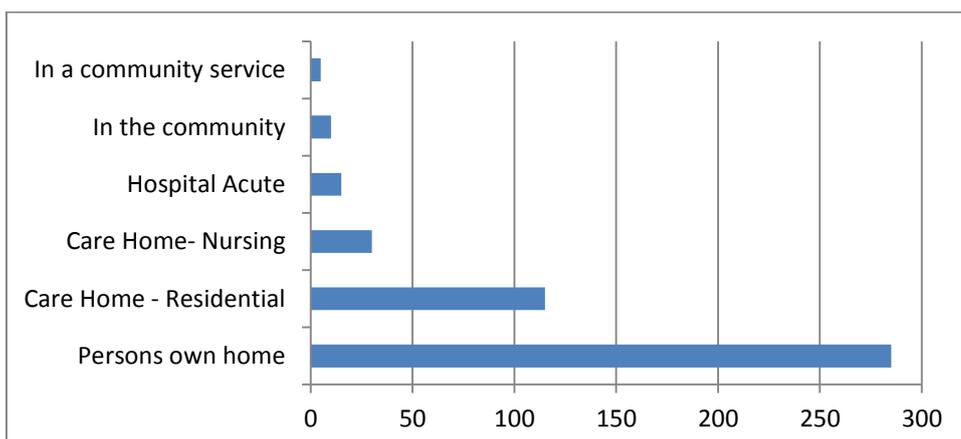
c. Location of abuse and neglect

In 2016-17 the Safeguarding Team in Hull recorded the following locations where abuse or neglect was alleged to have occurred.

- The persons own home - **285**
- Care Home – Residential - **115**
- Care Home – Nursing **30**
- Hospital Acute – **15**
- In the Community – **10**
- In a Community Service – **5**

These locations are replicated in the same order in the national average safeguarding return.

The Yorkshire and Humber region average has Care Home – Residential the highest risk location and secondly, the Persons own Home



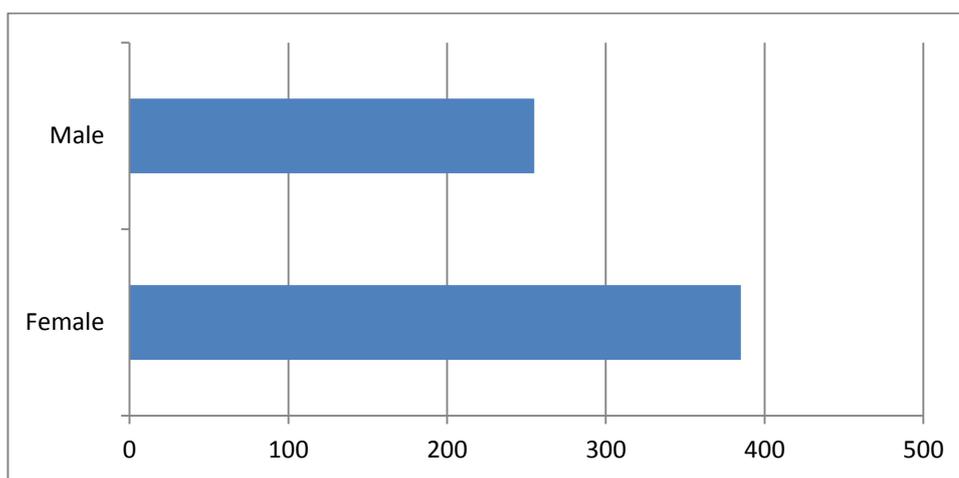
d. Who are most at risk of abuse or neglect in relation to gender?

In 2016-17 the Safeguarding Team in Hull recorded the following groups of people as being alleged victims of abuse or neglect in relation to gender

Female - **385**

Male - **255**

This gender split is replicated nationally and regionally



e. Who are most at risk of abuse or neglect in relation to primary support need?

In 2016-17 the Safeguarding Team in Hull recorded the following groups of people as being alleged victims of abuse or neglect in relation to their primary support need

Physical - **190**

Sensory - **5**

Memory and Cognition - **20**

Learning Disability - **45**

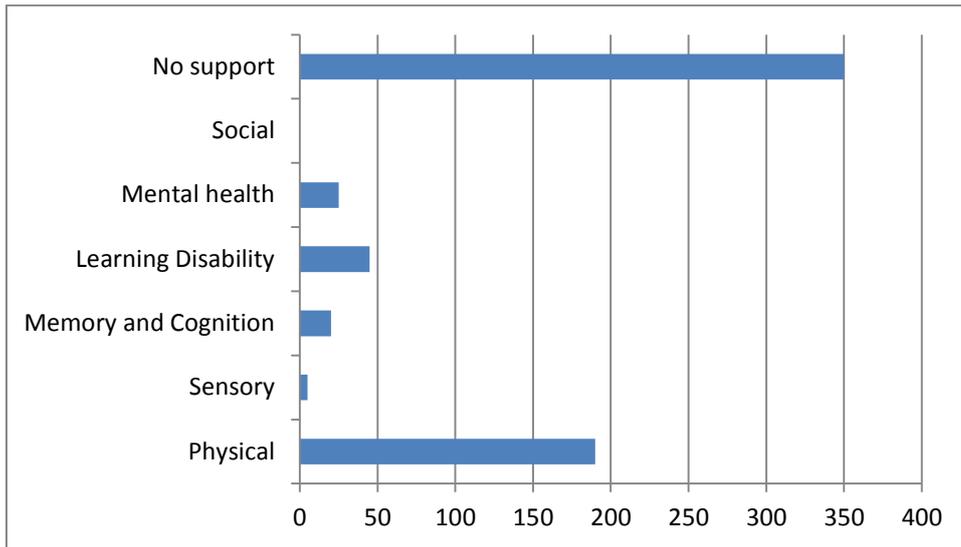
Mental Health - **25**

Social - **0**

No support – **350**

These Support reasons are broadly replicated in the same order in the national average safeguarding return.

The Yorkshire and Humber region average shows Physical, Learning Disability, Memory and Mental health as the top four, with a slight change between Memory as third before Mental Health.

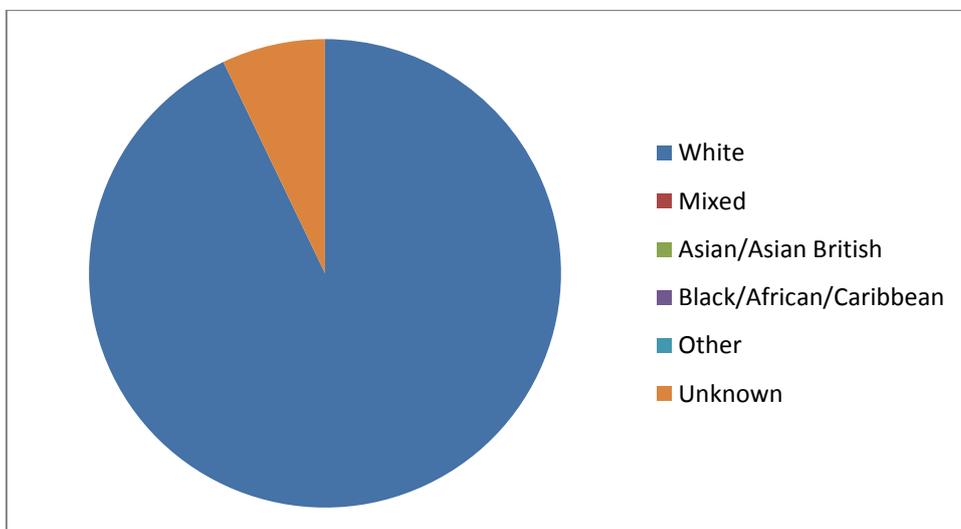


f. Who are more at risk of abuse or neglect in relation to ethnicity?

White – **590**
 Mixed – **0**
 Asian/Asian British – **0**
 Black/African/Caribbean – **0**
 Other – **0**
 Unknown - **45**

The national return recorded predominantly white victims but there were substantial numbers in all ethnic groups.

The Yorkshire and Humber aggregated return reflected the national return but East Riding and North Lincolnshire recorded zero returns for all other ethnic groups except White as did North East Lincolnshire except for a return of **40** in “Other”

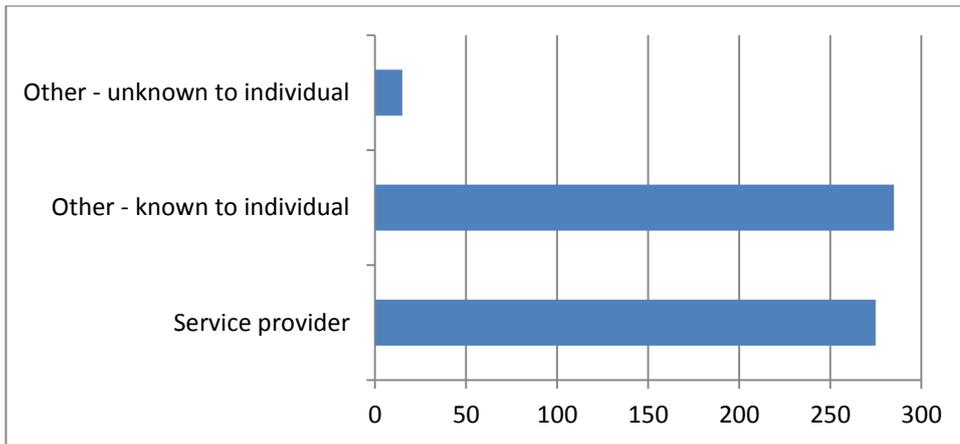


g. Who are more likely to pose a risk of abuse or neglect?

Service Provider - **275**
 Other - Known to individual - **285**
 Other – Unknown to individual – **15**

The national return shows Known individuals the highest with **62,690**
 Second is Service Provider with **40,930**
 Similar figures are reported in the Yorkshire and Humber aggregated return.

Hull has a near **50/50** split with a higher than average Service Provider percentage

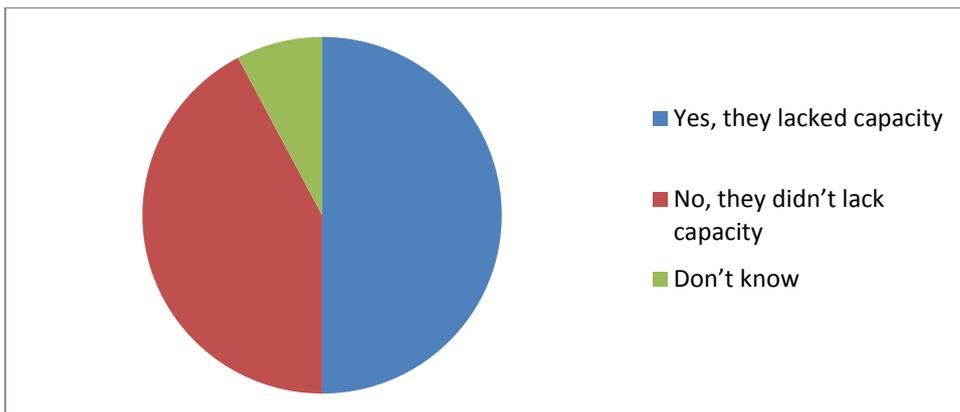


h. For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?

Yes, they lacked capacity - **290**
 No, they didn't lack capacity – **245**
 Don't know – **45**

The national statistics show those with Capacity to be **61,140** and those lacking Capacity as **33,445** about a 65/35 split

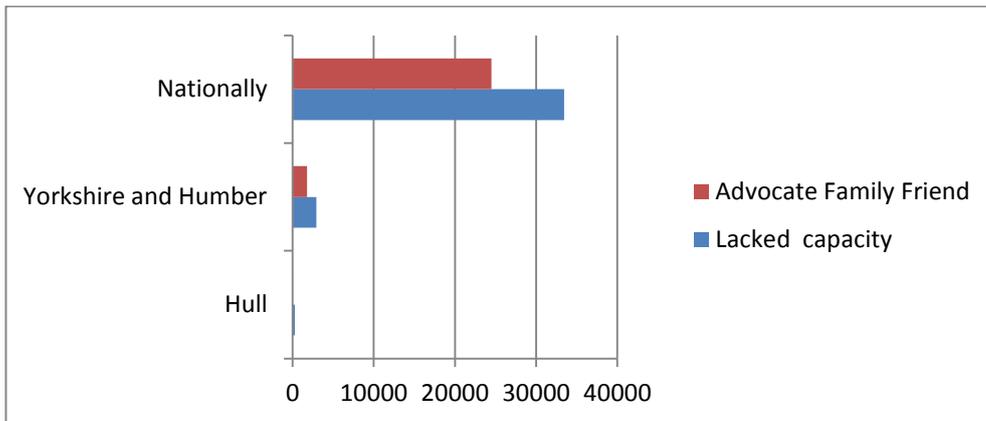
The Yorkshire and Humber aggregated data shows those with Capacity as **2950** and those without Capacity as **4105**



i. Of the enquiries recorded as Yes, in how many of these cases was support provided by an advocate, family or friend?

Hull - Yes, lack Capacity – 290	Advocate, Family or Friend – 5
Nationally – Yes, lack Capacity – 33,445	Advocate, Family or Friend – 24,495
Yorkshire and Humber – Yes, lack Capacity – 2950	Advocate, Family or Friend – 1780

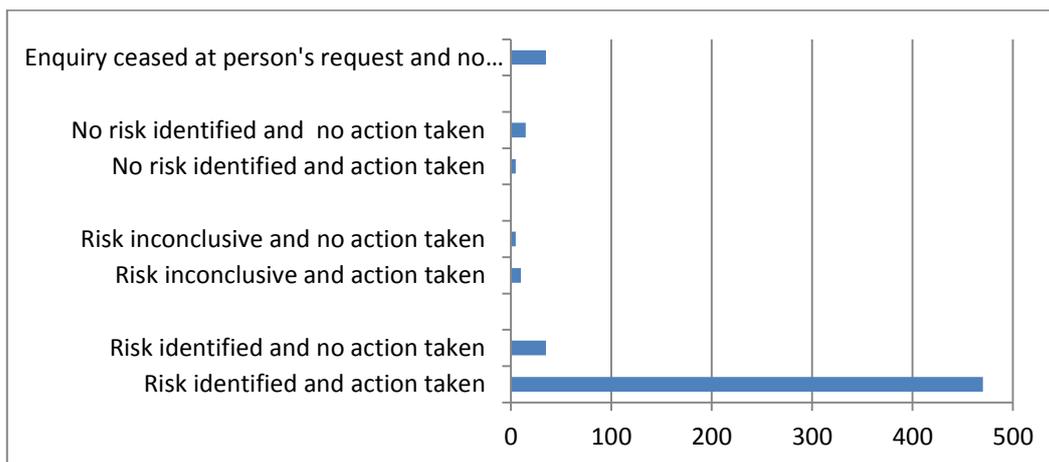
Hull has the lowest Advocacy provision in the country.



j. Was a risk identified and was any action taken / planned to be taken?

Risk identified and action taken -	470
Risk identified no action taken -	35
Risk inconclusive and action taken -	10
Risk inconclusive no action taken -	5
No risk identified and action taken -	5
No risk identified and no action taken -	15
Enquiry ceased at individual's request and no action taken -	35

The national return and the aggregated Yorkshire and Humber return show similar results.



k. Where a risk was identified, what was the outcome / expected outcome when the case was concluded?

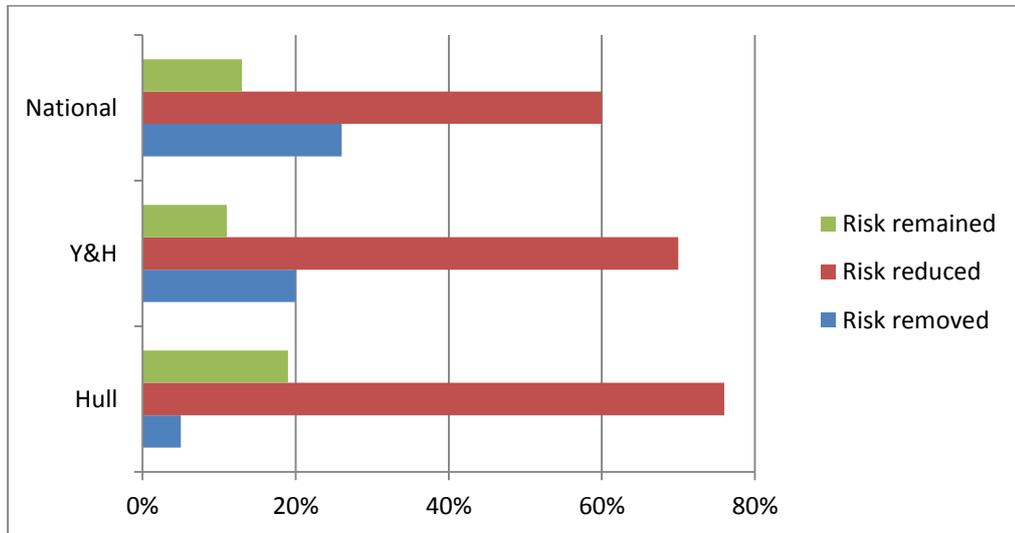
Risk removed – **25** **5%**
 Risk reduced – **380** **76%**
 Risk remained – **95** **19%**

The national return

Risk removed – 21,925 **26%**
 Risk reduced – 51,660 **60%**
 Risk remained – 11,050 **13%**

Aggregated Yorkshire and Humber return

Risk removed – **1835** **20%**
 Risk reduced – **6465** **70%**
 Risk remained – **975** **11%**



l. Making Safeguarding Personal responses for concluded Section 42 safeguarding enquiries

For each enquiry, was the individual or individual's representative asked what their desired outcomes were?

Hull was unable to submit this data which is not routinely captured on the old software system

National data

Yes they were asked and outcomes were expressed – **39,040**
 Yes they were asked but no outcomes were expressed – **8,320**
 No – **11,070**
 Don't know – **7,735**
 Not recorded – **4,735**

Yorkshire and Humber aggregated data

Yes they were asked and outcomes were expressed – **3,585**

Yes they were asked but no outcomes were expressed - **235**

No - **605**

Don't know - **865**

Not recorded - **40**

m. [Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases were the desired outcomes achieved?](#)

Hull was unable to submit this data which is not routinely captured on the old software system

National data

Fully achieved – **26,165**

Partially achieved – **10,170**

Not achieved – **2,265**

Yorkshire and Humber aggregated data

Fully achieved – **2,500**

Partially achieved - **830**

Not achieved – **160**

[Summary of safeguarding activity in Hull in 2016 – 2017](#)

- The group of people that are most at risk are females, white and living in their own homes or residential care.
- Their main support need will be physical and secondly a learning disability.
- They are most at risk of physical or neglect as the type of abuse.
- The Capacity of the person at risk is likely to be present to a slightly higher degree.
- They are more at risk from people they know or a provider of a service.
- The safeguarding enquiry will more than likely identify the risk and take action to remove or reduce it.
- The risk will more than likely be reduced in 70% of all Hull safeguarding enquiries.
- No Making Safeguarding Personal data is known from the annual safeguarding return.

4. Our Strategic Priorities:

The HSAPB has agreed the following 3 priorities for this next year.



On the following pages are the 3 priorities and the actions required to achieve them.

For each of the 3 priorities we have set out:

- A description of the **priority**
- The underpinning activities explaining **what we will need to do** or put in place to achieve each priority.
- How we will evidence improvement in performance to **evaluate our success**.
- The person or group responsible for the action
- The timescale for completion

The Strategic Delivery Group of the HSAPB is responsible for ensuring the plan is progressed in a timely manner.

The Strategic Delivery Group has multi-agency representation and ensures the plan is delivering the strategic objectives on behalf of the HSAPB

Priority 1: Service users and carers will be a key partner in informing and influencing the strategic priorities of the safeguarding partnership

What will we do?

Safeguarding will be informed and improved by the views of adults at risk, other service users and carers.

	What we will do	How we will do it	Responsible Leads	Evidence of improvement in performance	Timescale
1.1	Increase engagement with adults at risk and give them a voice at the HSAPB so that they can directly influence service improvement.	Utilise existing service user groups to discuss safeguarding and feedback to the Board (a template document may be used to support this).	All Board and sub group members with service user forums	We will receive feedback from partners existing forums and this will reflect people's experiences of the adult safeguarding process and specifically Making Safeguarding Personal.	December 2018
1.2	Embedding Making Safeguarding Personal into all adult safeguarding work, interventions and activities.	Individuals will be asked at the end of the process about their experience. Audit of cases by SAFE group	All agencies and SAFE group. Hull CC Performance Unit	Improvement in the Making Safeguarding Personal data section as evidenced in the national Safeguarding return. Evidenced by SAFE group audit	Quarterly at Board and SDG
1.3	Embedding Making Safeguarding Personal into all adult safeguarding work, interventions and activities.	Adults with care and support needs are provided with information in a format accessible to them.	SDG and SAFE group	Increased individual examples of positive stories of MSP at Board and SDG	Quarterly at Board and SDG
1.4	Actively listen to the voices of people with care and support needs who may lack capacity throughout the safeguarding enquiry.	By increased use of Care Act advocacy or family members	All agencies and Safeguarding Team	Advocacy usage increased as evidenced in the national Safeguarding return.	December 2018

Priority 2. The Partnership will use an evidence based approach to prevent, minimise and reduce harm

What will we do?

The HSAPB will promote organisations working together to use resources effectively and efficiently to prevent, minimise and respond to abuse and neglect based on local safeguarding data and trends

	What we will do	How we will do it	Responsible Leads	Evidence of improvement in performance	Timescale
2.1	Reduce the number of inappropriate contacts with the Safeguarding Team	Development of Safeguarding App including details of other support services available. Briefings to partner agencies. Learning Events	SAFE group	Reduction in concerns and increase in S42 conversion rate as evidenced in the national Safeguarding return.	November 2019
2.2	Increase the number of BME community safeguarding concerns.	By community campaigns and partnership working across other agencies and forums such as Humber All Nations Alliance	All agencies Board Manager	Increase in the number of people from BME communities into the safeguarding process as evidenced in the national Safeguarding return.	November 2019
2.3	Support providers who are identified as having safeguarding issues to increase awareness and reduce and prevent harm.	Develop a support package, training and briefing materials to educate health and social care staff.	SAFE group Board Manager	Reduction in inappropriate concerns and reduction in S42 enquiries	December 2018

Priority 3: The Partnership will develop a outcomes based framework to support the continuous improvements of the Board

What will we do?

The HSAPB will develop an outcome based framework which measures the quantity, quality and impact of the safeguarding partnership to ensure the continuous improvement of the Board.

	What we will do	How we will do it	Responsible Leads	Evidence of improvement in performance	Timescale
3.1	HSAPB to benchmark Board quality against the new LGA/ACPO/NHS Confederation improvement tool	Carry out self-assessment utilising national tool	Independent Chair and Board Manager	Board arrangements are found to be robust and Care Act compliant using the tool as evidence of compliance	
3.2	Share national, regional and local learning to improve practice.	Quarterly Learning Events	Board Manager	Learning log and practice audits	Quarterly
3.3	Audit partner working	HSAPB to carry out Supportive Learning Visits to share and promote good practice	SAFE group members	Evidence of Supportive Learning Visits from SAB partner agencies to be shared to improve practice.	Yearly visits starting February 2018
3.4	Embed learning from Safeguarding Adult Reviews to improve practice.	Continue with agency visits as part of the SAR assurance process.	SAR Panel members	Agency improvement in practice demonstrated during the SAR Panel visit	Ongoing with each SAR
3.5	Agree and implement an Outcomes Based Framework	Agree format and performance indicators for “what is good”	Board Members Chair Board Manager	Agreed measures of performance	September 2018

5. How we will evidence improvement in performance

The Hull Safeguarding Adults Partnership Board and its sub groups will analyse and evaluate performance of the plan to:

- Measure the impact of the Board's activity on outcomes for adults at risk
- Undertake quantitative and qualitative evaluation of practice and interventions
- Utilise and apply national research as a benchmark in order to drive improvements in performance
- Identify areas for improvement going forward to secure better outcomes for adults at risk in Hull
- Utilise the national safeguarding data return as the evidence base for this and future plans

May 2018