

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB)

Strategic Plan 2016 - 2018

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Governance

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VISION FOR SAFEGUARDING IN STAFFORDSHIRE AND STOKE-ON-TRENT

Adults with care and support needs are supported to make choices in how they will live their lives in a place where they feel safe, secure and free from abuse and neglect.

Our vision recognises that safeguarding adults is about the development of a culture that promotes good practice and continuous improvement within services, raises public awareness that safeguarding is everyone's responsibility, responds effectively and swiftly when abuse or neglect has been alleged or occurs, seeks to learn when things have gone wrong, is sensitive to the issues of cultural diversity and puts the person at the centre of planning to meet support needs to ensure they are safe in their homes and communities.

MESSAGE FROM THE CHAIR

It is my privilege to write the introduction to this Strategic Plan. The Plan has been developed with the engagement of members of the Board and Sub-groups and builds on the progress made in 2015/16 as well as the lessons learned from some of the more ambitious actions not being concluded as intended following a review of the previous year's performance.

The main purpose of this Plan is to set out the key outcomes and impact that the Board is aiming to achieve over the next two years that will make a positive difference in the collective efforts to tackle the agreed strategic objectives of:

- Engagement with service users, communities and safeguarding partners
- Transition arrangements from child to adult services
- Leadership in the independent care sector

Arising from our learning from the first year since the introduction of the Care Act 2014 there is an increased emphasis on making the actions within the Plan as specific as possible to ensure that we are clear about the outputs, outcomes and impact that the Board intends to be achieved. This will further strengthen our ability to quality assure and monitor performance against planned and intended actions.

Another key focus of the Board through this plan is to continue to seek assurances that all those who work with adults know when and how to act when they are concerned about a possible risk.

In my first year as Independent Chair I have been impressed by the energy, commitment and enthusiasm of Board members and the many front line practitioners that I have met

and their clear focus on doing their very best for those adults whom we are here to protect from harm. It promises to be, as ever, another demanding year and I take this opportunity to thank the Board, Sub-group members, support team and the network of connected partners for the time and expertise that you willingly devote to this most important area of our work.

The Safeguarding Adults Board will be publishing an Annual Report next year that will provide the details of how this strategy has been implemented and what has been achieved. I look forward to reporting on the good work that has been done to protect the adults at risk in our communities from harm.

John Wood

Independent Chair, Staffordshire and Stoke-on-Trent Safeguarding Adults Board

STRATEGIC CONTEXT

The Care Act 2014 provides the statutory requirements for adult safeguarding. It places a duty on each Local Authority to establish a Safeguarding Adults Board and specifies the responsibilities of the Local Authority, and connected partners with whom they work, to protect adults at risk of abuse or neglect.

The main objective of a Safeguarding Adults Board (Staffordshire and Stoke-on-Trent in this case) is outlined in Schedule 1 of the Care Act 2014 as being to help and protect adults in its local area by co-ordinating and ensuring the effectiveness of what each of its members does. The Board role is to assure itself that safeguarding partners act to help and protect adults who:

- have needs for care and support; and
- are experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

A Board may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

A Safeguarding Adults Board has three primary functions:

- It must publish a strategic plan that sets out its objectives and how these will be achieved.
- It must publish an annual report detailing what the SAB has done during the year to achieve its objectives and what each member has done to implement the strategy as

well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.

• It must conduct any Safeguarding Adults Review where the threshold criteria has been met.

COMPOSITION OF THE SAFEGUARDING ADULTS BOARD

The Board has a broad membership of key partners in Staffordshire and Stoke-on-Trent and is chaired by an Independent Chair appointed by Staffordshire County Council and Stoke-on-Trent City Council in conjunction with Board members.

The Board membership is shown at Appendix 1, at page 14.

The Board is dependent on the performance of other agencies with a safeguarding remit for meeting its objectives. The strategic partnerships with which the Board is required to agree responsibilities and reporting relationships to ensure collaborative action are shown in the Governance Structure at Appendix 2, at page 15.

PURPOSE OF THIS STRATEGIC PLAN

This strategy sets out the vision, commitment and approach of the Staffordshire and Stoke-on-Trent Safeguarding Adults Board to do everything possible to minimise the risk of adults with care and support needs suffering abuse and neglect. The plan will support our fundamental aim to work with local people and with partners to ensure that adults who may be at risk are:

- Able to live independently by being supported to manage risk;
- Able to protect themselves from abuse and neglect;
- Treated with dignity and respect;
- Properly supported by agencies when they need protection,

and delivery will be supported by the Staffordshire and Stoke-on-Trent Adult Safeguarding Enquiry Procedures.

The strategy recognises that adults with care and support needs and their carers must be at the heart of what safeguarding partners do. It is important that we not only listen, but that we strengthen our commitment to engage with adults with care and support needs at both a strategic and operational level in all aspects of our safeguarding work.

SAFEGUARDING ADULTS – A DESCRIPTION OF WHAT IT IS

The Statutory Guidance for the Care Act 2014 describes adult safeguarding as:

"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".

Abuse and neglect can take many forms. The various categories as described in the Care Act are shown at Appendix 3, at page 16. The Board has taken account of the Statutory Guidance in determining the following vision.

SAFEGUARDING PRINCIPLES

The Department of Health set out the Government's statement of principles for developing and assessing the effectiveness of their local adult safeguarding arrangements and in broad terms, the desired outcomes for adult safeguarding, for both individuals and agencies. These principles will be used by the Staffordshire and Stoke-on-Trent Safeguarding Adult Board and partner agencies with safeguarding responsibilities to benchmark their adult safeguarding arrangements:

Description	Outcome for Adult at Risk	
Presumption of person led decisions and	"I am asked what I want as the outcomes from the safeguarding	
informed consent.	process and these directly inform what happens."	
It is better to take action before harm occurs.	"I receive clear and simple information about what abuse is, how	
	to recognise the signs and what I can do to seek help."	
Proportionate and least intrusive response	"I am sure that the professionals will work for my best interests,	
appropriate to the risk presented.	as I see them and will only get involved as much as needed."	
	"I understand the role of everyone involved in my life."	
Support and representation for those in greatest	"I get help and support to report abuse. I get help to take part	
need.	in the safeguarding process to the extent to which I want and to which I am able"	
Local solutions through services working with	"I know that staff treat any personal and sensitive information in	
their communities. Communities have a part to	confidence, only sharing what is helpful and necessary. I am	
play in preventing, detecting and reporting	confident that professionals will work together to get the best	
neglect and abuse.	result for me."	
Accountability and transparency in delivering	"I understand the role of everyone involved in my life."	
safeguarding.		
	Presumption of person led decisions and informed consent. It is better to take action before harm occurs. Proportionate and least intrusive response appropriate to the risk presented. Support and representation for those in greatest need. Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. Accountability and transparency in delivering	

OUR FOCUS

The main focus of the Board is to ensure that safeguarding is consistently understood by anyone engaging with adults with care and support needs who may be at risk of or experiencing abuse or neglect. Whilst there is a common commitment by safeguarding partners to improving outcomes, in practice by way of example, this means understanding how to support and empower people at risk of harm and anti-social behaviour to resolve the circumstances which put them at risk.

We want to encourage and develop practice which puts the person with care and support needs in control and generates a more person-centred set of responses and outcomes. This means the Safeguarding Adults Board seeking assurances and being confident that effective advocacy services are in place for anyone who may need them at any point during a safeguarding episode.

When things go seriously wrong, we have a responsibility to look into this thoroughly with a Safeguarding Adults Review and report the findings and learning so that practice will improve. Equally important, is our role in promoting good practice and generating confidence within our communities that concerns about abuse and neglect can be expressed openly and are encouraged and will be responded to effectively when raised.

All working in adult safeguarding have the difficult task of understanding risk, assessing the level of this for the individual concerned and constructing a plan to manage it which works for the person and is understood by those around them. This requires practitioners to have a sound grasp of the legal basis for their work and to demonstrate effective listening and communication. This often presents a challenge in a society where there can be a tendency to avoid rather than to manage risk. It is a key task for the Board is to seek assurances as to effectiveness of risk management and oversight in safeguarding in Staffordshire and Stokeon-Trent and seek assurances that the right balance is being struck.

Feedback from the external scrutiny of the Board Annual Report 2015/16 emphasised the importance of strategies for and operational practice in the prevention of abuse and neglect for adults with care and support needs. Accordingly, the Board will intensify its focus on understanding and ensuring the effectiveness of prevention activity how this ties in with the work of the Health and Wellbeing Boards (HWBs) and the Care Quality Commission's (CQC's) approach and practice.

OUR PRIORITIES

1. ENGAGEMENT

(i) Improve public awareness of adult safeguarding

Why it is important

Considerable progress has been made over recent years raising awareness of safeguarding. The Board and its connected partners have produced and distributed a wide range of information using a variety of methods that feedback suggests has been well received. These activities appear to have had the desired effect of contributing to an increase in safeguarding referrals and alerts. There is more to be done on raising awareness and it is important that there continues to be an emphasis on producing good quality and up to date information and publicity materials targeted to meet the needs of the diverse range of recipients.

What we will do

Continue to develop and enhance the Board communication plan to raise public awareness of:

- what constitutes abuse and neglect
- when and how to report it
- what happens after a report is made
- concerns that are not abuse or neglect and how these should be reported
- practical things that can be done to prevent or reduce the risk of abuse or neglect occurring.

The messages conveyed through the communication plan will be informed and updated by periodic feedback from service users, carers, the public and practitioners about what is working well, what needs to improve and what the plan should focus on.

How we will know that we have made a positive difference?

- raised public awareness of what constitutes abuse and neglect
- raised public awareness about how to prevent abuse and neglect
- raised public awareness of how to report concerns about abuse and neglect
- expected initial increase in reports of abuse and neglect
- increased proportion of concerns that go on to require a section 42 enquiry (appropriate referrals)
- increased public awareness of how to report concerns that do not amount to abuse and neglect

- raised public awareness of what happens after a report is made
- positive feedback on the effectiveness of the communication methods for target audiences

(ii) Making Safeguarding Personal

Why it is important

Making Safeguarding Personal is a significant shift in approach, that requires engagement with a person at an early stage to establish desired outcomes that are then supported by a person centred approach to make this happen. There is an emphasis in those conversations about what would improve an individual's quality of life as well as their safety. Unless people's lives are improved, all the safeguarding work, systems, procedures and partnerships have limited value.

What we will do

- For the Safeguarding Adults Board to comply fully with its statutory functions it must continuously seek to develop effective ways of engaging with people and communities, including in the production of this strategic plan.
- The Board will be actively advocating for the Making Safeguarding Personal approach to become a 'golden thread' that will run through strategic and operational adult safeguarding work in Staffordshire and Stoke-on-Trent and reflected prominently in connected agency work programmes.

How we will know that we have made a positive difference

As part of implementing 'Making Safeguarding Personal' the Board will want to see evidence of the following:

- Evaluation of the experiences of people using safeguarding services and how those
 experiences have been used to improve services. The extent to which service users
 have a sense of being in control and feeling that they sufficiently influence and
 determine outcomes.
- Effective support provided for carers
- Effective application of the Mental Capacity Act and appropriate use of advocacy
- That commissioners are developing procurement and contracting arrangements that ensure the provision of personalised services.
- An understanding of emerging trends in relation to safeguarding people with care and support needs and how this awareness informs practice development across connected agencies.

(iii) Improve cross-partner collaboration

Why it is important

One of the main responsibilities of the Board is to make sure that we know that the local adult safeguarding system is safe. This requires us to work effectively with other partnerships and organisations in areas of overlapping focus to ensure clarity of governance and purpose, minimise the risk of unnecessary duplication and confusion and to gain the assurances that we need.

What we will do

- The Board will formally agree responsibilities and reporting relationships, through protocols, with the following Strategic Partnerships to ensure effective collaborative action:
 - Clinical Commissioning Group Boards
 - Community Safety Partnerships
 - Domestic Abuse Partnerships
 - Hate Crime Partnerships
 - Health and Wellbeing Boards
 - Local Authorities Overview and Scrutiny Committees

- Multi Agency Public Protection Arrangements (MAPPA)

- NHS England Quality Surveillance Groups
- Safeguarding Children Boards
- Stoke-on-Trent Adult Strategic Partnership Board
- Ensure that adult safeguarding policies and procedures clearly demonstrate how agencies will work together from the point that safeguarding concerns are raised, during all safeguarding enquiries and actions, and for any follow up action or review
- Ensure that the multi-agency safeguarding audits identify to what extent adults have been able to make choices and gain greater control over their lives as a result of safeguarding enquiries and actions
- Ensure that multi-agency safeguarding audits will identify to what extent that the voice of the adult is heard at the point of the safeguarding alert during all safeguarding enquiries and actions and in all safety plans
- Ensure that Information Sharing Agreements are up to date and that agencies are sharing information appropriately without undue delay.

How we will know that we have made a positive difference

- Annual business plan will identify how these actions will be implemented. The Board will monitor progress and will manage the risks in its delivery.
- Key to our approach will be how effectively the Board engages with local partners to ensure that we work together to reduce the incidence of abuse and neglect across Staffordshire and Stoke-on-Trent.
- Findings from the tiered audit processes contained within the Board assurance framework.

2. TRANSITION

Young people with ongoing or long-term health or social care needs may be required to transition into adult services where they are eligible under the Care Act 2014. Transition is defined as a purposeful and planned process of supporting young people to move from children's to adults' services.

Why it is important

The preparation and planning for moving into adult services can be an uncertain time for young people with health or social care needs. Transition takes place at a pivotal time in the life of a young person. There is a risk that there may be service gaps where there is a lack of appropriate services for young people to transition into and evidence that young people may fail to engage with services without proper support.

A loss of continuity in care can be a disruptive experience, particularly during adolescence, when young people are at an enhanced risk of psychosocial problems. Some groups are seen as at particular risk of falling into service gaps including: Young people with complex and multiple needs, child and adolescent mental health service users, young people with palliative care needs and life limiting conditions and young people leaving residential care.

What we will do

- Working with connected safeguarding partners scope the transition arrangements and identify gaps in the provision of support
- Seek assurance from connected partner organisations that the transition arrangements and outcomes are effective
- Engage with commissioners and providers to develop and implement an improvement plan to address areas of unmet need in transition arrangements
- Promote and advocate good practice and encourage application amongst connected partners
- Support young people with care and support needs.

How we will know that we have made a positive difference

- Positive survey/audit/inspection feedback on the experiences of young people transitioning to adult services
- Evidence that service gaps in transition arrangements (in relation to safeguarding) are identified and appropriate assurances sought

3. LEADERSHIP IN THE INDEPENDENT CARE SECTOR

Why it is important

Many people have been shocked by the revelations highlighted in national high profile cases of poor care and worse, outright abuse, in our health and care system. Such instances, whilst fairly rare, remind us that the way care and support is provided to individuals and their families can have a major effect on their whole quality of life.

It is the leaders in the system – operating at all levels from the practice of individual staff members to the strategic planning of commissioners – that set the tone and culture of organisations. It is they who ensure that high quality care is provided day in and day out – or, sadly, that the opposite is sometimes the case. The Board has had an interest in the importance and significance of leadership in care homes after it was identified as a recurring theme locally in Large Scale Investigations (LSI) and Safeguarding Adult Reviews (SAR).

What we will do

- Monitor relevant CQC inspection reports and Enhanced Provider Monitoring (EPM) reports
- Identify non-compliance with the 'well-led' and 'safe' domains through scrutiny of 'inadequate' and 'require improvement' ratings of care homes
- Monitor compliance with improvement actions arising from inspections and quality monitoring reports, seeking further assurances around leadership management interventions if required
- Seek assurances as to the effectiveness of the Local Authority oversight arrangements for care homes subject to Enhanced Provider Monitoring (this intervention commonly precedes Large Scale Enquiry process.
- Identify relevant matters for consideration of action by commissioners of services

How we will know that we have made a positive difference

- Reduction in Large Scale Enquiries where 'leadership of the care provision' is a factor
- Fewer care homes requiring compliance action from CQC
- More services being rated as good or outstanding in the 'well-led' and 'safe' domains

Membership

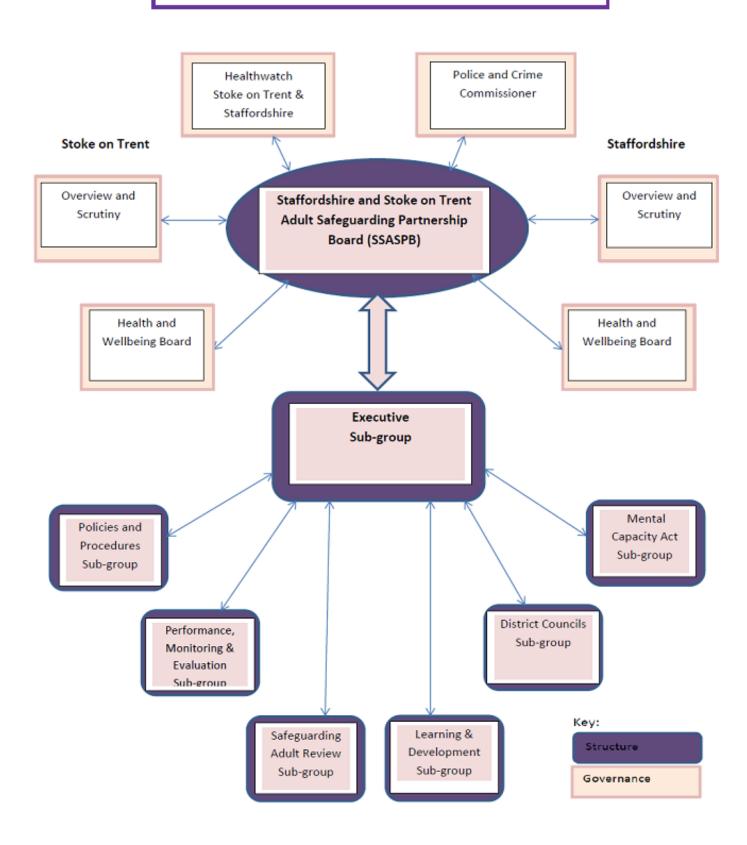
Through the requirements of the Care Act 2014 Staffordshire County Council, Stoke-on-Trent City Council, Staffordshire Police and the six Clinical Commissioning Groups in Stoke-on-Trent and Staffordshire are statutory partners of the SSASPB.

As part of its inclusive approach that recognises that safeguarding is everyone's responsibility the statutory partners have agreed to invite the following organisations or departments to become members of the SSASPB.

- Burton Hospitals NHS Foundation Trust (BHFT)
- South Staffordshire and Shropshire NHS Foundation Trust (SSSFT)
- > NHS England Shropshire and Staffordshire Local Area Team
- North Staffordshire Combined Healthcare NHS Trust (NSCHCT)
- Staffordshire and Stoke-on-Trent Partnership NHS Trust (SSOTP)
- University Hospitals of North Midlands including County Hospital in Stafford (UHNM)
- Representatives from the voluntary sector
- > Staffordshire Association of Registered Care Providers (SARCP)
- Local Authority Lead members
- Healthwatch; Staffordshire and Stoke-on-Trent
- Hate Crime Forums
- Domestic Abuse Forum
- Trading Standards; Staffordshire and Stoke-on-Trent
- Staffordshire Fire & Rescue Service (SFARS)
- West Midlands Ambulance Service (WMAS)
- District Safeguarding Sub-Group
- Her Majesty's Prison Service; West Midlands (HMPS)
- National Probation Service; Staffordshire and Stoke-on-Trent (NPS)
- Community Rehabilitation Company; Staffordshire and Stoke-on-Trent (CRCs)
- Department of Work and Pensions (DWP)
- Housing; Stoke on Trent

Appendix 2

SSASPB Governance and Structure



Categories of abuse and neglect

Section 14.17 of The Care Act Statutory Guidance describes the various categories of abuse and neglect:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse - including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse - including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.