

**HALTON  
SAFEGUARDING  
ADULTS  
BOARD**

## HSAB Strategic Planning Event

The HSAB held a virtual Strategic Planning Event on Thursday 1<sup>st</sup> December 2022 via MS Teams, to develop priorities and key actions to inform the “Strategic Plan on a Page” and work programmes of the HSAB and its associated sub groups. The event was well attended with 32 representatives from all statutory partners, health sector and voluntary/third sector organisation as detailed below:

		
		
		
		
		

The event was facilitated by Moira Wilson, Care and Health Improvement Advisor, Yorkshire and Humber for the Local Government Association. The event began with an introduction and outline of the event that Moira presented, reminding partners of the legal context from the Care Act 2014, along with some current issues and priorities and the outcomes from the day.

Helen Moir, Divisional Manager for Independent Living and Safeguarding Lead at Halton Borough Council, gave a presentation on themes and what the data is telling us.

This led to five breakout room discussions focused on the draft Strategic Plan; what other work areas should be added to the draft plan; what actions can organisations take to progress the proposed work areas and what support or guidance might sub groups provide to support member organisations. Each group had a one-hour discussion, and then fed back to the whole group.

The text below is a summary from each breakout room.

#### Group 1 – Mil Vasic, Executive Director for Children’s Directorate, HBC

Alongside the 3 priorities for consistency there could be an additional priority and the thought was around the transition of children to adults and there needs to be a whole system approach.

Whether the QA theme and group provides the Board with a line of sight and themes around safeguarding in Halton. To maintain multi agency file audits and testing as a strength of the Board and being reflective.

As a Board, to try and organise governance so that there is more time for SAB and being exposed to people’s lived experiences going forwards.

In terms of Sub-Groups and attendance, to keep the meetings in diaries and ensure that they happen.

In relation to the wider partnership, not everybody knows everything and for there to be assurance that things are shared across the Board twice yearly.

#### Group 2 – Marie Lynch, Interim Operational Director, HBC

In terms of QA, people picked up right from the start regarding topical events. It was definitely a group feel, that it would be good if we looked as a Board what events there are and what feels very topical. For example, the cost of living crisis and poverty. It would be good as a Board to keep a plan on a page and for the sub groups to do specific work around topical events. How do we respond to emerging or emergency themes. As poverty hits, people may not have access to devices or the internet. People may need more support and hand holding. There will be a greater need for face to face and it is how we respond to that. As poverty hits people more they will be susceptible to scams and borrowing money and we need to be more reactive to these problems.

In terms of priority 2, there is hard to reach and we need to revisit the phrase. It was felt that the phrase is not helpful and that we need a proactive approach for how we engage the voluntary service. There are other adults needs support. We have many people with literacy needs and it is how we address some of these issues.

For priority 2, do we need another priority as a campaigning role and lobbying to seek positive change?

For priority 3, learning and development maybe we should focus workforces for training and staff. We could make more of the 7 minute briefings and make the information easier and more accessible. There are limitations of e-learning and mandatory training and we need to think of these.

For the Dashboard, this is really good and it is how we unearth the underlying concerns and linking it back to priority 1 and how we respond to those.

In relation to Post Covid we have got staff morale and workloads of staff across the sector. There is a bigger picture that we need to understand about how it impacts on safeguarding and vulnerable adults.

### Group 3 – Julie Ryder, Designated Nurse Safeguarding Adults (Warrington), NHS Cheshire and Merseyside ICB: Halton Place

There was a big discussion around discharge issues and safety. The hospitals are under a lot of pressure and the Local Authority is under a lot of pressure. People are living longer with conditions. We need to look at how people who avoid admissions are supported. How is this managed in their own homes or care homes. We need to start looking at this, scope it out and have a Task and Finish group.

In terms of Learning and Development, it was felt that although there is a sub group for SARs, they are not that high and we are not learning from them. ML mentioned the 7 minute learnings. There is a lot of wealth of learning and how do we share some learning achieved from S42s. If repeats happen there could be a learning event to be part of the learning and to put things in to practice and to develop learning.

For co-production and engagement, they talked about engaging, but do we really do it and how do we get voices heard. We could bring stories to the Board and sharing of issues. Quality and safeguarding go hand in hand and it is about how we do that.

Sharing all areas for learning, e.g. Pressure Ulcers as part of QA/SG

- discharges from hospital - how are we ensuring people are safeguarded coming out with particular acuity
- communication and engagement - messages, older people forum - not moving too fast for them. Suggestion of involving care coordinators from primary care in SG forum and wider work?
- all age isolation , poverty and COVID still affecting people on a social and psychological level
- co-production and real co-production
- International recruitment and also agency staff use and how they need to be culturally aware to support safe care and safeguard adults at risk, how risks need to be prevented and reduced by improvements in staffing, as there is a rise in use of agency across all sectors. Incidents often show that agency staff were on shifts when acts of omissions have occurred

#### Group 4 - Steve Littlewood, Detective Chief Inspector, Cheshire Police

The group did think how does the SAR generate activity, whereas as a partnership we look at prevention. There is the activity amongst partners to prevent the serious case review, investigation, etc. How does a SAR drive activity?

For the learning we could draw out the learning from the SARs and DSRs and look at good practice where we have worked well together as partners. There was an example regarding boundary working and making sure that the partnership working was really good and tight. There could be a preliminary round up of what the learning looks like. How do we bring that learning to the table with examples of good practice.

They talked out support and guidance. Most people felt that they could approach the SAB when they needed guidance. For the process of the new Sub-Groups and a turnover of staffing, as a Board do we need to make some lines of sight of what all groups do and how to lead in. How does information from practice come in and go back out. Is there an opportunity for lay Board members to dip in and out of the sub groups to see what it actually is and for them to gain support and guidance.

#### Group 5 - Helen Moir, Divisional Manager, Independent Living Services, HBC

PM was quite clear about looking at people that do not meet the criteria of vulnerable people. This led to the cost of living crisis, which everybody was very passionate about. This cuts everything and has an impact on everything such as debt, etc. There are issues around the fuel poverty and for case studies around this. This has an impact on domestic abuse and health. It has been known that people have taken out their own teeth as they could not afford it or could not find a dentist. There is also the impact on parent's capacity to manage. There is the food poverty and food banks. The food banks have gone from 600 parcels to issuing 2 ½ million. There is cost cutting and do we share this intelligence to enable strategic people to know what is happening on the frontline.

A practical offer is in relation to children's and adults and do we have a champion at Board level and something that could be addressed quite quickly.

The examples given are not extreme cases and are going on all of the time and everywhere and inputs all parts of safeguarding. We could have some really good outcomes.

From this multi-agency engagement event, a "Strategic Plan on a Page" has been formulated, based on the three main HSAB priorities of Quality Assurance; Learning & Professional Development and Co-production and Engagement.

### Next Steps

The Annual Report was presented to the Health Policy and Performance Board in September for approval and publication.

Information gathered from the Strategic Planning Event is being used by HSAB sub-group Chairpersons to support the development of the work programmes for the sub-

groups into 2023 / 24 and beyond. Progress with the work programmes will be monitored through the HSAB Executive Group, who will update the HSAB as appropriate.

The Strategic Planning Event is recognised as an important way of engaging with partners in identifying priority areas for the HSAB and its sub-groups to keep people safe and as such will be an annual event.