

# Adults and Safer City Scrutiny Panel Meeting

Tuesday, 7 November 2017

Dear Councillor

## ADULTS AND SAFER CITY SCRUTINY PANEL - TUESDAY, 7TH NOVEMBER, 2017

I am now able to enclose, for consideration at next Tuesday, 7th November, 2017 meeting of the Adults and Safer City Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

| <b>Agenda No</b> | <b>Item</b> |
|------------------|-------------|
|------------------|-------------|

- |   |   |
|---|---|
| 5 | <b><u>Draft Budget and Medium Term Financial Strategy 2018-19 to 2019-20 (Pages 3 - 10)</u></b> |
| 6 | <b><u>Adult Safeguarding Board Annual Report (Pages 11 - 64)</u></b>                            |

[Linda Sanders, Independent Chair, City of Wolverhampton's Safeguarding Boards to present report.]

If you have any queries about this meeting, please contact the democratic support team:

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# Adults and Safer City Scrutiny Panel

7 November 2017

|  |  |                                 |
|--|--|---------------------------------|
| <b>Report title</b>                            | Draft Budget and Medium Term Financial Strategy 2018-2019 to 2019-2020 |                                 |
| <b>Cabinet member with lead responsibility</b> | Councillor Sandra Samuels<br>Adults                                    |                                 |
| <b>Wards affected</b>                          | All  |                                 |
| <b>Accountable director</b>                    | Keith Ireland, Managing Director                                       |                                 |
| <b>Originating service</b>                     | Strategic Finance  |                                 |
| <b>Accountable employee(s)</b>                 | Claire Nye   | Director of Finance             |
|  | Tel  | 01902 550478                    |
|  | Email  | Claire.Nye@wolverhampton.gov.uk |
| <b>Report to be/has been considered by</b>     |  |                                 |

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## Recommendations for decision:

The Panel is recommended to:

1. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on the Draft Budget 2018-2019.
2. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on the approach to Budget Consultation for 2018-2019.
3. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on progress on key budget reduction targets as detailed in the report.

4. Approve that the Scrutiny Panel response be finalised by the Chair and Vice-Chair of the Scrutiny Panel and forwarded to Scrutiny Board for consideration.

## 1.0 Purpose

- 1.1 The purpose of this report is to seek the Panel's feedback on the Draft Budget 2018-2019 that was approved by Cabinet to proceed for formal consultation and scrutiny stages of the budget process, as appropriate, on 18 October 2017. Furthermore, the Panel's feedback is also sought on the approach to budget consultation and key budget reduction proposals that are built into the Council's Medium Term Financial Strategy (MTFS).

## 2.0 Background

- 2.1 In March 2017, Full Council approved that work started immediately to identify £14.8 million of budget reductions and income generation proposals to address the projected deficit in 2018-2019.
- 2.2 An update was presented to Cabinet on 19 July 2017. The Council had identified a total of £12.5 million budget reduction opportunities towards the strategy of identifying £14.8 million for 2018-2019. Of the £12.5 million budget reductions proposals identified for 2018-2019, £5 million are ongoing budget reductions whilst £7.5 million are one-off budget reductions. The projected budget deficit was reported as £2.3 million for 2018-19.
- 2.3 Over the summer period, detailed work continued to take place and a further update was provided to Cabinet on 18 October 2017. At this meeting, Cabinet approval was sought to reprofile the previously approved Waste and Recycling budget reduction targets totalling a cumulative £2.1 million to 2019-2020, to reflect the anticipated implementation date. As a result of this, the remaining budget deficit to be identified for 2018-2019 increased from £2.3 million to £4.4 million. However, Cabinet approval was also sought to implement a further three financial transaction proposals in 2018-2019 totalling £4.4 million, which it is projected will enable the Council to set a balanced budget for 2018-2019.
- 2.4 As in previous years, the budget consultation process for the 2018-2019 budget will include four evening meetings at various venues in Wolverhampton, as well as a breakfast meeting with business representatives and other meetings with community groups. Furthermore, an online and paper survey will be used to support the consultation process. The 2018-2019 budget consultation focus is on how the Council and the community can Work Smarter Together. Details of the Council's budget consultation and the online survey can be found on the Council's website at: <http://www.wolverhampton.gov.uk/budgetconsultation>
- 2.5 In order to limit the volume of paper used as part of the budget reporting process, the Cabinet report has not been appended to this covering report. Panel members are instead requested to bring their copy of the Draft Budget and Medium Term Financial

Strategy (MTFS) 2018-2019 – 2019-2020 report, which was circulated with the 18 October 2017 Cabinet agenda. Detail of all the Council’s individual proposals, including the latest to be considered by Cabinet on 18 October 2017, can be found on the Council’s website at:

<http://www.wolverhampton.gov.uk/financialstrategy>

- 2.6 It is important to note that any budget reduction and income generation proposals approved as part of prior year budget setting processes have already been scrutinised and approved by Cabinet and are therefore, already included in the MTFS.
- 2.7 As detailed in the Cabinet report, the 2018-2019 Draft Budget will be considered by Scrutiny Panels during the November/December round of meetings and the feedback from those meetings will be reported to Scrutiny Board on 5 December 2017, which will consolidate that feedback in a formal response to Cabinet (Resources) Panel on 16 January 2018. The feedback provided to Scrutiny Board will include questions asked by Panel members, alongside the responses received. Cabinet will take into account the feedback from Scrutiny Board when considering the final budget setting report in February 2018, for approval by Full Council in March 2018.

### 3.0 Existing Budget Reduction Targets

- 3.1 In addition to significant savings already achieved in prior years across Adult Services, the MTFS for the period to 2017-2020 includes budget reduction proposals relating to the remit of this Panel. These are detailed in the table below:

**Table 1 - Approved Budget Reduction Targets by Division**

| <b>Division</b> | <b>2017-2018<br/>£000</b> | <b>2018-2019<br/>£000</b> | <b>2019-2020<br/>£000</b> |
|-----------------|---------------------------|---------------------------|---------------------------|
| Adults          | (4,107)                   | (2,464)                   | (4,000)                   |

- 3.2 As detailed in paragraph 2.6, these targets have already been scrutinised by panel. The sections below provide a progress update for Adult Services.

### 4.0 Adult Services Update

- 4.1 Within the Adult Services portfolio a significant proportion of previously approved budget reduction proposals are around ‘Promoting Independence’. In April 2015, the Council adopted a policy paper, ‘Promoting Independence’, that set out a blueprint for a new operating model. This model expected that vulnerable adults in Wolverhampton would be supported to live in their own homes in the City with

support from their social networks, universal services and, where necessary, from paid carers. A key element of this approach was to maximise the strengths and abilities of individuals to maintain or increase their level of independence.

- 4.2 Funding from the Efficiency Reserve has been provided to support two projects across Adults to support the 'Promoting Independence' model. These are Older People Promoting Independence and Supporting Life Choices (SLC).
- 4.3 The focus of the Older People Promoting Independence project was to reduce the number of outstanding reviews whilst at the same time develop new ways of working. The aim to reduce the number of outstanding reviews was also linked to the Council's statutory duties under the Care Act (2014) which instructs all local authorities to ensure that people in receipt of support plans receive a review of their care and support needs at least once every 12 months. One of the key outcomes of the project were to promote independence for Older People giving them more choice and control over their daily lives. The Team commenced in April 2016 and finished in June 2017. The project team completed 746 reviews delivering efficiencies in the region of £900,000. Through a series of planned development events and utilising key evidence and documentation gathered during phase one the project, the good practice developed is being cascaded out to all social care staff across the service.
- 4.4 The aim of the Supporting Life Choices (SLC) is to deliver a reduction in the role of residential care services supporting adults of a working age, focussing on supported living and wrapping support around people in general needs housing. Compared to other authorities in 2015 Wolverhampton made greater use of residential care for adults with disabilities and those with mental health needs. The project made significant progress in 2016-2017 by providing alternative accommodation for people with mental health diagnosis whose care could be provided in ordinary living accommodation. For 2017-2018, the focus of the team has moved to adults with disabilities and the need to transfer services for people who have been placed in care homes, many outside the City, that remain the responsibility of the Council. In line with the policy this requires developing a mixed model of accommodation options in the city and then commissioning social care support in line with individual needs.
- 4.5 The value of the SLC project is in its ability to transform services to move away from the ongoing use of residential care. Initiatives developed by the project in terms of access to housing and the use of person-centred planning tools are being integrated into the wider work of the department.
- 4.6 Whilst the teams have made significant progress over the last few years the service is facing increasing challenges in delivering efficiencies. Budget pressures are being seen particularly across support plans for younger adults with disabilities.

## **5.0 Adult Social Care – New iBCF monies**

5.1 In the Spring Budget 2017, the Chancellor announced additional funding for Adult Social Care. The 2017-2018 allocation for Wolverhampton is £6.4 million. On 18 January 2017, Cabinet approved the adoption of a minimum funding level for Adult Social Care in order ensure that 100% of the additional funds are passported across the Adult Services.

5.2 The grant is paid directly to local authorities via a Section 31 grant from the Department of Communities and Local Government. The conditions of grant specify that the grant must be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS; including supporting more people to be discharged from hospital when they are ready; and stabilising the social provider market. Local Authorities should also:

- Pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;
- Work with the relevant Clinical Commissioning Group (CCG) and provides to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-2019; and
- Provide quarterly reports as required by the Secretary of State

The Government has made clear that part of the funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans for spending the grant have been locally agreed with CCGs involved in agreeing the Better Care Fund plan.

5.3 In terms of the wider context, the funding is also intended to support local authorities to continue to focus on core services, including to help cover the costs of the National Living Wage, which is expected to benefit 900,000 workers. This includes maintaining adult social care services, which could not otherwise be maintained, as well as investing in new services, such as those which support best practice in managing transfers of care.

## **6.0 Adult Services Financial Update**

6.1 The total net controllable budget for Adult Services is £63.3 million. The forecast outturn position for 2017-2018 as reported to Cabinet (Resources) Panel on 25 July 2017 identified a potential overspend of £841,000 for the whole of Adult Services. The main pressures projected across Adults relate to Budget Reduction Targets supporting the Promoting Independence projects. The pressures forecast across these budgets totalled £1.8 million at quarter one, this is offset by the additional non-recurring iBCF funding and one-off efficiencies from other services within adults.



- 6.2 A number of areas are being reviewed to mitigate against this overspend in 2017-2018 and the impact on future years including:
- Use of the new iBCF monies (additional funding)
  - Review of the allocation of demographic growth
  - Review of projected efficiencies from the SLC project
  - New quality assurance meetings to ensure robustness / rigour in challenging support plans
  - Ensuring OT is integral to decision making at an early stage
  - Reviewing the decision-making process for transitions and level of support plans
  - Enhancing the community offer and front door to reduce demand.
- 6.3 The new iBCF monies have enabled the Council to invest in new activity during 2017-2018 with the aim of reducing future demand by enabling people to return home, supporting promoting independence

## **7.0 Scrutiny Panel Recommendations**

- 7.1 The Panel are recommended to provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on:
- the Draft Budget 2018-2019;
  - the approach to Budget Consultation for 2018-2019;
  - the progress on key budget reduction targets as detailed in the report;
  - any other comments.
- 7.2 The Panel are also recommended to approve that the Scrutiny Panel response be finalised by the Chair and Vice-Chair of the Scrutiny Panel and forwarded to Scrutiny Board for consideration.

## **8.0 Financial implications**

- 8.1 The financial implications are discussed in the body of the report, and in the report to Cabinet.  
[MH/30102017/X]

## **9.0 Legal implications**

- 9.1 The legal implications are discussed in the report to Cabinet. [TS/27102017/Q]

## **10.0 Equalities implications**

10.1 The equalities implications are discussed in the report to Cabinet.

## **11.0 Environmental implications**

11.1 The environmental implications are discussed in the report to Cabinet.

## **12.0 Human resources implications**

12.1 The human resources implications are discussed in the report to Cabinet.

## **13.0 Schedule of background papers**

Draft Budget and Medium Term Financial Strategy 2018-19 – 2019-2020, report to Cabinet, 18 October 2017.

# Adults and Safer City Scrutiny Panel 7<sup>th</sup> November 2017

|  |  |   |
|--|--|---|
| <b>Report title</b>                            | Wolverhampton Safeguarding Adults' Board (WSAB) Report 2016-17   |   |
| <b>Cabinet member with lead responsibility</b> | Councillor Sandra Samuels  |   |
| <b>Wards affected</b>                          | All  |   |
| <b>Accountable director</b>                    | Mark Taylor People Directorate   |   |
| <b>Originating service</b>                     | Safeguarding Board Business Unit.<br>Sian Jones            Safeguarding Board Manager<br>Tel: 01902 550604<br>E-mail: <a href="mailto:sian.jones@wolverhampton.gov.uk">sian.jones@wolverhampton.gov.uk</a> |   |
| <b>Accountable Officer (s)</b>                 | Dawn Williams  | Head of Safeguarding  |
| <b>Report to be/has been considered by</b>     | WSAB<br>Health and Wellbeing Board<br>PLT  | 14 September 2017<br>20 September 2017<br>16 September 2017 |

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## Recommendation(s) for action or decision:

The Panel is recommended to:

1. It is recommended that Scrutiny receive this report in order to ensure a clear understanding in relation to the work of Wolverhampton Safeguarding Adult Board (WSAB) over the last year.
2. Scrutiny note the range of work that is taking place to safeguard adults in Wolverhampton, and the continued challenges, developments and achievements in this critical area of work.

## **1.0 Purpose**

- 1.1 The purpose of this report is to provide Scrutiny Panel with a copy of the Wolverhampton Safeguarding Adult Board's (WSAB) Annual Report to inform Scrutiny of the safeguarding activity 2016/2017 and to present the progress made against the priorities for that period.
- 1.2 The Annual Report is agreed by the WSAB and provides an overview of how partners have discharged their safeguarding responsibilities over the preceding year.

## **2.0 Background**

- 2.1 Wolverhampton Safeguarding Adult Board (WSAB) became a statutory body in April 2015 following the implementation of the Care Act 2014. The WSAB is independently chaired and its members are senior representatives of all the principle stakeholders working together to safeguard adults with care and support needs in the City. The core duties of the Board are set out in Chapter 14 of the Care Act Statutory Guidance, issued under S78 of the Care Act 2014 which requires the Board to:-
  - Co-ordinate, develop and publish a Strategic Plan for each financial year detailing how it will meet its main objective and what Members will do to achieve this;
  - Publish an Annual Report detailing what the Board has done during the year to achieve its objectives and implement its Strategic Plan and what Members have done to implement the Strategy.
  - Conduct any Safeguarding Adults Review in accordance with S44 of the Care Act 2014.
- 2.2 The Care Act 2014 requires each Local Safeguarding Adult Board to produce and publish an Annual Report evaluating the effectiveness of safeguarding in the local area. The annual report must also provide information about any Safeguarding Adults Reviews (SAR's) and how the Board is monitoring progress against its policies and intention to deliver its Strategic Plan. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report must be submitted to the following:-
  - Managing Director and Leader of Wolverhampton City Council;
  - The West Midlands Police Commander;
  - The Chair of the Health and Wellbeing Board and
  - The local Healthwatch
- 2.3 The 2016 /17 Annual Report includes information on national, regional and local safeguarding developments, the structure and work of the WSAB, progress against the Board priorities, strategic priorities for 2016-2017, partner achievements, safeguarding activity data and case studies.

2.4 This report is formally the responsibility of the independent Chair, Alan Coe. Its contents have been accepted by the WSAB. In line with statutory guidance aligned to the Care Act 2014, it will be submitted to the Managing Director of the Council, the Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Well-being Board

2.2 Overall, WSAB believes that arrangements for safeguarding adults in Wolverhampton during this period were effective; that there is a strong commitment to safeguarding adults across the Wolverhampton partnership; and that frontline practice continues to improve.

### **3.0 Progress against priorities**

3.1 The Annual Report outlines our progress and provides individual assurance statements from the organisations represented at the Safeguarding Adults Board.

3.2 For each of the Board's Priorities there is a lead that is responsible for driving the priority forward. The leads are all Board members and they report regularly to the Board on both the progress made and challenges faced. The Priority Leads make up the Board's Executive Group.

3.3 Over the past 12 months work has been undertaken to prevent neglect and abuse. In Particular the following are considered key achievements to strengthen safeguarding practice and its scrutiny:

- Continued investment in Health Watch to strengthen our engagement with service users.
- Updated our guidance in relation to Position of Trust Regional Policy. WSAB agreed to adopt the framework of the West Midlands Regional Safeguarding Network.
- Overseen the implementation of the Wolverhampton combined MASH (Multi-Agency Safeguarding Hub). Wolverhampton Children's MASH was created in January 2016 and the introduction of the Adult MASH followed in late August 2016 to start to create a Whole Family MASH approach to Safeguarding both adults and children.
- Initiated and carried out successful communication and engagement activity with the public and the workforce by: developing our new website; making engagement with faith groups a priority; undertaking a city-wide campaign 'Orange Wolverhampton' to raise awareness of violence against women and girls; and establishing a multi-agency forum for front-line staff to influence operational and strategic developments;
- Re-invigorated our Quality and Performance Committee to enhance our capacity to oversee front line practice.

3.4 There is always more to do and the report outlines our priorities for the period 2017-2019 which include to:

- Further develop the board's risk register to include those risks which have the potential to have a negative impact on the ability of partner agencies to safeguard and promote the wellbeing of vulnerable adults
- Ensure that the Local Safeguarding Adult Board has the right level of performance management information with which to challenge and hold to account partner agencies on the effectiveness of their safeguarding responsibilities
- Develop a coherent rolling programme of single and multi-agency audits with which to quality-assure the work of partner agencies in safeguarding and promoting the wellbeing of adults; and ensure that the results of the Annual Assurance Framework are moderated effectively
- Develop a robust training strategy which incorporates a system with which to evaluate the impact of training on frontline practice
- Further strengthen the annual report to ensure that it provides a clear picture of the effectiveness of partner agencies across all key safeguarding services
- Develop a multi-agency strategy that outlines the identification of and response to adults with emerging vulnerabilities that do not meet the threshold for specialist services e.g. LA intervention and support under the Care Act 2014; in patient admission etc
- Continue to strengthen communication and engagement with vulnerable individuals, communities and organisations across our diverse City

#### **4.0 Financial implications**

4.1 There are no direct financial implications arising from this report. The Boards are funded from contributions from partner agencies. [AS/19092017/E]

#### **5.0 Legal implications**

5.1 The Wolverhampton Safeguarding Children Board (WSCB) and Wolverhampton Safeguarding Adults Board (WSAB) are statutory bodies set up in accordance with the Children Act 2004, and Care Act 2015, respectively. RB/19092017/S

#### **6.0 Equalities implications**

6.1 The annual reports serve to demonstrate that Safeguarding impacts across race, gender, culture and ability.

#### **7.0 Environmental implications**

7.1 There are no direct environmental implications arising from this report.

## **8.0 Human resources implications**

8.1 There are no direct human resources implications arising from this report.

## **9.0 Corporate landlord implications**

9.1 There are no corporate landlord implications arising from the Inspection report.

## **10.0 Schedule of background papers**

10.1 Care Act 2014

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## **Wolverhampton Safeguarding Adult Board Annual Report 2016 -17**

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## A word from the Independent Chair, Alan Coe

Welcome to the Annual Report of Wolverhampton Safeguarding Adults Board (WSAB) for 2016/17.

This report gives information about how all agencies work together to support adults in Wolverhampton and help keep them safe, and will be my last report as I plan to retire from my role as Independent Chair in late summer.

I want to highlight the importance of close partnership working that promotes safety and wellbeing. It is the contribution of police officers, nurses, doctors, teachers, social workers and the host of voluntary and organised groups working together that makes the difference. I want to take this opportunity to thank all of those people and organisations that I have worked with in Wolverhampton. I have found there is unceasing enthusiasm and commitment from professionals to protect and support people who may be at risk. They want to do a good job and ensure all our citizens are supported in making choices and exert control over how they live their lives.



This year our annual report has some shared content with the Children's Safeguarding Board Annual Report. Keeping people safe is an inter-generational issue. We must, and do, 'think family'. For example, we need to be alive to the fact that if there are concerns about children in a family there may also be issues for adults living in the same family.

We have worked hard to make this year's report easier to read and to use as a way to help us all think more carefully about the personal contribution we can all make to the safety and wellbeing of adults.

At the point professionals are investigating allegations of abuse we are in effect recognising that something has gone wrong. Much of the role of the Board is to promote activities that prevent people coming to a point of crisis. I want to highlight three things that you will find in the report that illustrate how we try and reduce the likelihood of people needing the intervention of professional to protect and support them. They are:

- Wolverhampton Homes initiatives to identify tenants who may be at risk of becoming isolated and reducing their isolation;
- The work of Wolverhampton Voluntary Sector in reaching out to the many faith groups of Wolverhampton and support them in identifying their most vulnerable members and ensure they are protected; and
- How the Care Quality Commission, the NHS and the Council share information and intelligence about regulated homes and home care

services so they can identify which ones need to improve how they better safeguard those use their services.

I hope you find this report thought-provoking and challenging, and that it also reassures you that professionals working in Wolverhampton, and the wider community, are committed to making a positive difference to the lives of adults.

I welcome your feedback. You can do this by offering comments either by e-mail to [WSAB@wolverhampton.gov.uk](mailto:WSAB@wolverhampton.gov.uk) or on our website at [www.wolverhamptonsafeguarding.org.uk](http://www.wolverhamptonsafeguarding.org.uk).

A handwritten signature in black ink, appearing to read 'Alan Coe', with a large, sweeping flourish underneath.

## Formal Summary Statement

The Wolverhampton Safeguarding Adult Board (WSAB) is a statutory body set up in accordance with the Care Act 2014, and in line with the associated guidance. The Board is a partnership of enthusiastic members, dedicated to the improvement of practice and services that safeguard vulnerable adults in Wolverhampton.

Information about our work, and our current membership, plus advice, guidance and links to other useful websites is available on our website: <https://www.wolverhamptonsafeguarding.org.uk/>

We work closely with other strategic boards including the Health and Wellbeing Board, the Safer Wolverhampton Partnership and the Safeguarding Children Board.

This Report is a summary of our work during 2016-17.

**Overall, our Board believes that arrangements for safeguarding adults in Wolverhampton during this period were effective; that there is a strong commitment to safeguarding adults across the Wolverhampton partnership; and that frontline practice continues to improve.**

In reaching this conclusion, we have:

- Continued to invest in Health Watch to strengthen our **engagement with service users**. Chapter 1 tells you what the team have been doing during the year;
- **Monitored** data and information on a regular basis. Chapter 2 tells you about this;
- **Invited** our partners to contribute accounts of the work they have carried out over the last year to safeguard children. These are summarised in Chapter 3;
- **Provided training**. Chapter 4 tells you about this;
- **Updated our guidance** in relation to Position of Trust Regional Policy. WSAB agreed to adopt the framework of the West Midlands Regional Safeguarding Network. This Policy applies to concerns and allegations about:
  - **a person who works with adults with care and support needs in a position of trust**, whether an employee, volunteer or student (paid or unpaid); **and**
  - **where** those concerns or allegations indicate **the person** in a position of trust **poses a risk of harm to adults with care and support needs**.

- A variety of incidents occur in care environments that involve the conduct of employees, volunteers and students. It is likely that the Position of Trust (PoT) process will be used where the allegations are of a serious nature. The City of Wolverhampton Council's Local Authority Designated Officer (LADO) will receive referrals and co-ordinate a response to allegations against employees from the City of Wolverhampton Council and services whom the local authority commission. The Local Authority is responsible for oversight of the activity of the Management of Allegations Officers in key WSAB member agencies. To achieve this, the Designated Officer will meet with Management of Allegations leads on a 6-monthly basis to receive reports of their Management of allegations activity.

The PoT referral form is available on the Safeguarding Board website.

- **Overseen** the implementation of the Wolverhampton **combined MASH (Multi-Agency Safeguarding Hub)**. Wolverhampton Children's MASH was created in January 2016 and the introduction of the Adult MASH followed in late August 2016 to start to create a Whole Family MASH approach to Safeguarding both adults and children.
  - The Adult MASH has meant that there is now greater consistency in the way safeguarding referrals are dealt with, as the team oversee all new referrals. The intelligence gathering the Adult MASH undertakes within the team is a real benefit in strategy discussions. Having oversight of all referrals means that patterns and trends can easily be picked up and this informs the work around large scale strategy discussions that take place, for example, when there are issues around care homes etc.
  - Having the Adult MASH and Children's MASH co located has meant that the sharing of information in families that have both children and adults has started to develop and enrich the work of the team to ensure there is more joined up work, which promotes our 'think family' ideology.
- **Initiated and carried out successful communication and engagement activity** with the public and the workforce by: developing our new website; making engagement with faith groups a priority; undertaking a city-wide campaign 'Orange Wolverhampton' to raise awareness of violence against women and girls; and establishing a multi-agency forum for front-line staff to influence operational and strategic developments;
- **Re-invigorated** our **Quality and Performance** Committee to enhance our capacity to oversee front line practice;

- Conducted an **audit** (an "assurance statement" process) of our safeguarding arrangements;
- We **published** one Safeguarding Adult Review in 2016 – 17 and initiated a number of alternative learning reviews.

Chapter 5 contains an overview of what we have learnt as a Board, whilst Appendices B - E contain more details about our membership, structure and finances.

Chapter 6 sets out our priorities for the year ahead.

This report is formally the responsibility of the independent Chair, Alan Coe. Its contents have been accepted by the WSAB. In line with statutory guidance aligned to the Care Act 2014, it will be submitted to the Managing Director of the Council, the Leader of the Council, the local Police and Crime Commissioner, and the Chair of the Health and Well-being Board.

## Chapter 1: How we engage with our service users

The work of WSAB is underpinned by the six safeguarding principles:



WSAB is committed to listening to the voice of those that experience safeguarding services in Wolverhampton. We commissioned **Healthwatch Wolverhampton** to conduct a **research project** with adult service users to gain further insight into their experiences of safeguarding, being alert to the principles as outlined.

The project, known as the '**Safeguarding Experiences Review**' consisted of two parts:

**Part One** involved a **series of focus groups** facilitated by One Voice, consisting of carers, service users and advocates to discuss their views on safeguarding and their understanding of the processes in place to support them if they had a safeguarding concern.

**Part Two** consisted of **structured interviews with adults** who have been through a safeguarding review to better understand their experiences.

The September 2016 WSAB received a detailed report of the findings of this review. The findings of the review are summarised as follows:

### Part One

**Awareness of Safeguarding:** Most participants did not understand the term "safeguarding" and there was a general lack of awareness of the people and systems in place to protect them from abuse and neglect.



**Trust of Professionals:** There was general distrust of professionals who were sometimes seen as unhelpful. Participants felt that it takes a long time to get action from a professional leading to change, during which time people are still in the vulnerable situation.

**Access to Support:** Some of the participants with mental health issues felt that there was “too much pressure on resources and too little care for patients”. There was a shared perception that social workers “only seem to visit when they want to reduce the money available for care” and they have little concern for what happens afterwards.

**Access to Information:** None of the participants had a clear idea of where to go for help or what services were available

**Role of Advocates:** Those participants who had used advocates, felt that they were better able to access the help they needed and that advocates had facilitated this more quickly.

**Choice:** It was felt that, whilst Direct Payments offered choice, this choice can only be effective if people have both capacity and knowledge about what is available.

## Part Two

For the second part of the project, the City of Wolverhampton Council supplied Healthwatch Wolverhampton with the contact details of 77 adults who had experienced a safeguarding review and had consented to participate in the research. Having contacted these individuals, seven agreed to be interviewed for the Safeguarding Experiences Review, which is equivalent to a self-selecting sample size of 9%. The interviews were conducted face-to-face using a structured questionnaire with a blend of closed and open questions.

**Reporting the Safeguarding Concerns:** For the people who did not already know, it was difficult to find out who to talk to at the Council about their safeguarding concerns. Most said that their concerns were listened to and that the safeguarding process was explained, but not all. Provision of an information leaflet and the offer of advocacy support was inconsistent.

**Managing the Safeguarding Concerns:** There was a general feeling that the participants' views and wishes were listened to, that they felt involved in all decisions and were kept informed of progress at all stages.

**Outcomes of the Safeguarding Concern:** The agreed actions fully matched what four of the respondents wanted to happen and partially matched for two of them, who felt that they were happy with the agreed outcomes, but that

the follow through was lacking. Four respondents fully agreed that the actions helped them to feel safe, one partially and one did not know. The reason given for the partially safe response was that their situation began to change shortly after the enquiry, but they received no follow-up support as the case had been closed.

**Feedback on Experiences and Improving the Safeguarding Process:** Two of the respondents offered very positive comments about their experiences of the safeguarding process. The first of these said that there was “nothing to be improved”. She reported that she was “always kept safe” and well informed and that the process was effectively managed. The second respondent to make positive comments had been through the process twice and the second time was much improved on her first safeguarding review. The second time, she “was made to feel very safe” and she had the support of an advocate so “felt listened to”. Her experience of the process first time left her feeling “unlistened to and not believed in what [she] was saying”.

Three of the respondents provided negative feedback. For one of these individuals, there were strong feelings of not being listened to or her wishes being taken into account. Feedback from another respondent related to the poor follow up after the Safeguarding Plan had been agreed. It was agreed that there would be a review of her situation, but this never took place. When she tried to contact the authority to chase the review “no one followed up [her] calls” and she was later told that her case was closed.

One of the participants offered some constructive feedback on how to improve the safeguarding process, including an easy read flowchart, customizing information for “different types of individuals” and clearly communicating the timescales for feedback. These ideas were considered from a broader perspective in the recommendations of the report.

This research project told us that there was more to do: in publicising the MASH (multi-agency safeguarding hub) and its function in safeguarding adults; and in being creative in the way that service user feedback is gained.

When the Adult MASH was created, a launch did take place to promote its existence alongside variety of publicity activities to engage partners and the general public. The team have gradually, over time, been able to develop close links with partner agencies, such as the CQC, care home providers a range of health staff etc. Local councillors were invited to visit the MASH to learn more about how the Adult MASH works and regularly make referrals into the team.

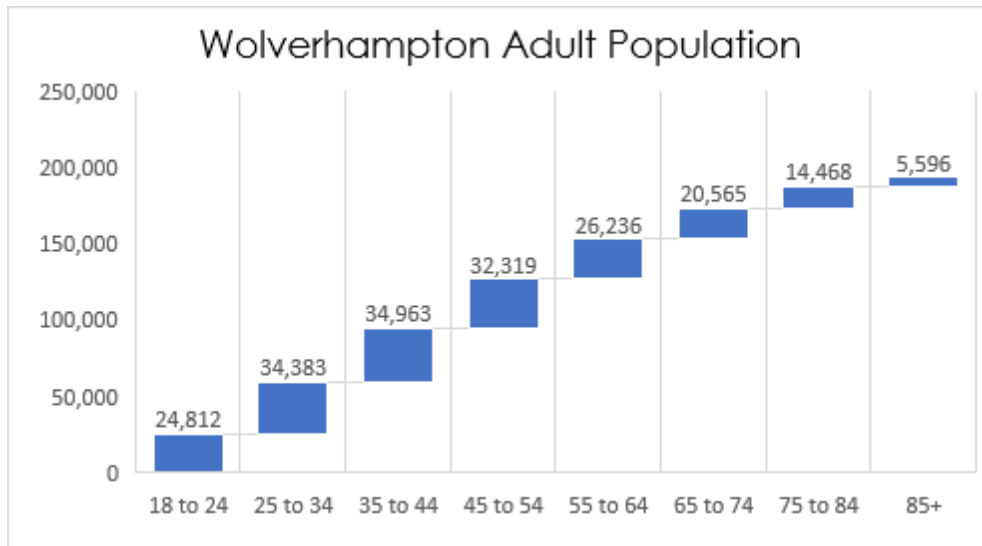
Strategic and Operational MASH boards take place regularly which include all MASH partners and the work of the Adult MASH is promoted there. However, there is clearly more to do and the Board will be addressing this in the coming year.

Other authorities are planning to develop an Adult MASH and we regularly have visits from other local authority areas. For example, a nearby Black Country conurbation local authority have recently visited us to view how we do things in Wolverhampton.

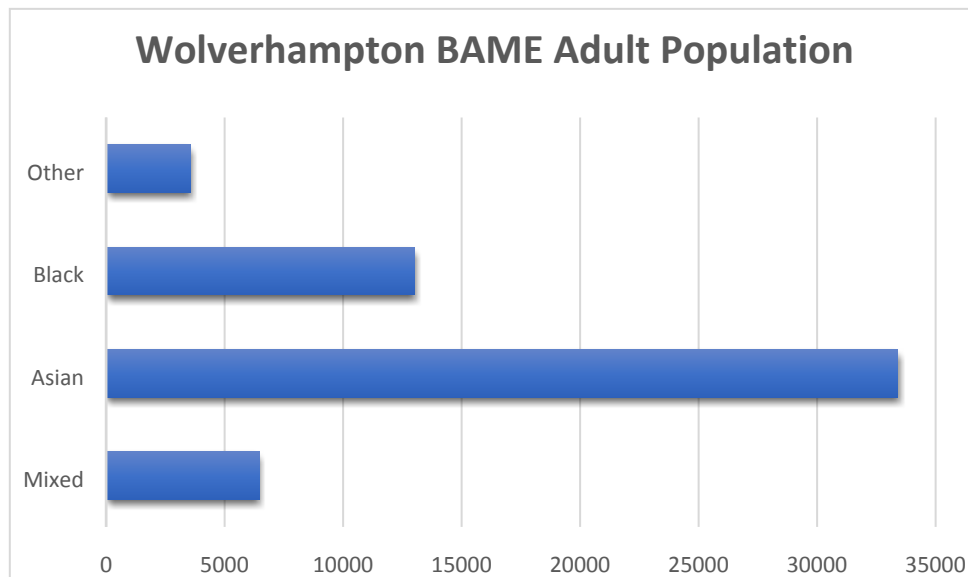
Furthermore, in line with our commitment to ensure that the voice of our service users shape what we do, WSAB have commissioned Healthwatch Wolverhampton to undertake another piece of work – to set up a Service User Reference Group. This is a key engagement priority for 2017 – 2018.

## Chapter 2: Some facts, figures and case examples

The total population of Wolverhampton is 249,470. The following table shows the age ranges for the adult population (193,342 total).



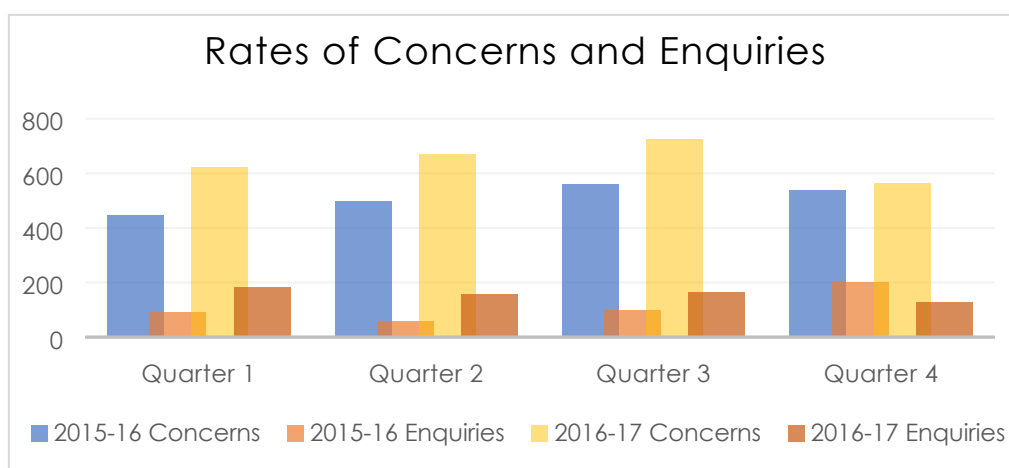
63,701 belong to Black, Asian or Minority Ethnic (BAME) communities (this equates to 32.9% of the total adult population).



The adult population in Wolverhampton have access to a range of services, all of which have a duty to identify and respond to safeguarding concerns and promote wellbeing. Chapter 3 summarises this for each partner agency.

Under the Care Act 2014 the Local Authority has lead responsibility for co-ordinating safeguarding responses. The overall number of adult service users (over 18) receiving Local Authority services (provided or commissioned) in 2016-17 totalled 3,327, of which 1,011 were younger adults (18-64), and 2,316 were older people (65+).

Also within the reporting year a total of **2578 safeguarding concerns** were reported to the adult Multi Agency Safeguarding Hub (MASH); this is significantly higher than both regional and national averages. Wolverhampton performs very well with in excess of 90% of alerters (persons raising concerns) receiving feedback. Approximately 25% (**633**) of reported safeguarding concerns lead to a **full safeguarding enquiry** (under Section 42 of the Care Act 2014), this is low compared to the national average of 45%, and regional average of 32% However, the actual rate (number) of Section 42 enquires undertaken is in line with national and regional averages.



During Section 42 enquiry the person at risk is given an opportunity to voice their desired outcome(s) in relation to the investigation. During 2016-17 95% of desired outcomes were recorded as being met, furthermore, in excess of **85% of service users reported that services made them feel safe.**

### **Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (also known as 'DoLS') are rules laid down in the law that aim to protect people in care homes or hospitals who lack mental capacity to make decisions about where they live, and what care and/or treatment they need.

When people receive care and support in care homes or hospitals, and restrictions have to be used for their safety, the Deprivation of Liberty Safeguards aim to make sure that the care and treatment they receive is both in their best interests and the least restrictive option available to keep them safe. The safeguarding service within the Local Authority has a dedicated team of Best Interest Assessors (BIAs) that lead the assessment process.

Every local authority is required to report to NHS Digital, Social Care Collections, on an annual basis, to provide the number of referrals received for a 'DoLS' assessment, and the Local Authorities performance against national performance measures. The NHS publish an annual report, this is currently awaited.

Wolverhampton, along with all other local authorities, have been impacted by the changes made by the Cheshire West Supreme Court judgement in 2014. This lowered the thresholds for what constituted a Deprivation of Liberty, resulting in a significant increase in the number of assessments required and creating delays in the timeliness of completion of assessments. The Local Authority have identified this as a risk and plan to significantly invest in this service area to address this in 2017-18.

"Safeguarding", in its simplest form, is the recognition of individuals who may be at risk of harm from themselves or others; and once identified, that these individuals receive services that help and protect them. Please find below some examples of what this can 'look like' in practice:

### **Case Study 1**

West Midlands Ambulance Service (WMAS) initially received a 999 call for an elderly patient in Cardiac Arrest at a Nursing Home specialising in Dementia and Parkinson's care. On arrival at the home the Ambulance crew could not gain entry to the property and had to get Ambulance control to telephone the home to get the staff to open the door delaying patient care. On examination of the patient it was discovered the patient was not in cardiac arrest but very poorly. The patient was known to be acutely unwell and had saw her own GP the day before, the patient had also not been given any Paracetamol despite having a chest infection and high temperature. The patient had not been checked on for a number of hours until being found in a very poorly state and the ambulance being called. The attending clinicians started treatment but the patient then went into cardiac arrest and following resuscitation attempts the patient sadly died.

Due to concerns around gaining access to the property, the level of care and supervision of an obviously very poorly patient the attending crews made a safeguarding referral to social care via the dedicated referral line that is easily

accessible and highlighted their concerns for the other vulnerable residents in the home. Social Care have launched an investigation into this case.

This case demonstrates that the Ambulance Service recognised that the level of care being provided to this and potentially other residents was not of a sufficient standard. A referral was made to Social Care in order that a full investigation takes place. This would include police and the Care Quality Commission and shows how a number of agencies share information and work together to safeguard vulnerable adults.

### **Case Study 2**

DS aged 72. An Estate Manager (Wolverhampton Homes) visit led to identification of poor living conditions, concern about her well-being due to no food in the flat and significant fire risk due to being a heavy smoker. DS was deemed to have capacity although felt to have mental health issues, which manifested themselves by DS living the way she does. The plan included to fit a fire suppression system in the flat to reduce the risk of fire. Plus, Wolverhampton Homes has regular contact with a Social Worker and a mental health assessment was organised. In respect of immediate support - food parcels were arranged.

This case shows that although DS was deemed to have capacity i.e. the ability to make appropriate decisions for herself there was still some concern about her wellbeing. Immediate issues, such as food, were addressed straight away and referrals made to other services for assessment and ongoing support. Again, evidencing how a wide range of services work together to provide help and protection.

### **Case Study 3**

Police launched a financial investigation into a Carer who looked after two service users who reside in supported living accommodation in Wolverhampton. One victim has cerebral palsy (spastic quadriplegia) and is wheelchair-bound, the second lacks capacity to manage finances. From documentation, there were unauthorised transactions totaling £9890 over a period of three years and eight months.

The offender was charged with two offences of Fraud by Abuse of Position and received the following sentence: two years imprisonment suspended for two years, 120 hours unpaid work, eight days rehabilitation activity requirement.

This case shows that, sadly, some individuals elect to use their position of trust to abuse others and that abuse can take many forms. In such a case the Police would liaise with a Designated Officer within the local authority that would co-ordinate a range of actions under safeguarding procedures, criminal inquiries and disciplinary procedures to prevent any repeat abuse.

## Chapter 3. Individual Agency Assessments

This chapter summarises what WSAB board partners have told us. Full submissions can be accessed electronically via the safeguarding boards website ([www.wolverhamptonsafeguarding.org.uk](http://www.wolverhamptonsafeguarding.org.uk)) or on request to the Wolverhampton Safeguarding Board Business Unit:

**The Black Country Partnership Foundation Trust (BCPFT)** is a major provider of mental health, learning disability and community healthcare services for people of all ages in the Black Country.

They provide:

- Mental health and specialist health learning disabilities services to people of all ages in Sandwell and Wolverhampton
- Specialist learning disability services in Walsall, Wolverhampton and Dudley
- Community healthcare services for children, young people and families in Dudley

There are over 2000 staff working in the Trust. Staff carry out a wide range of roles, working together to provide integrated care and support to all those using BCPFT services. Frontline staff working in the trust include:

- mental health nurses
- psychiatrists
- social workers
- healthcare support workers
- health visitors
- school nurses
- allied health professionals (such as psychologists, occupational therapists, and speech and language therapists)

BCPFT identified the following priorities for 2016/17:

- To enhance electronic recording systems
- To work with local authorities across the region to clarify the process for 'causing an enquiry to be made' when trust staff are asked to undertake enquiries under Section 42 (Care Act 2014)
- Conduct routine audits of advice calls

Over the year BCPFT Safeguarding Adults Team has worked closely with the Trust Governance Assurance Unit on the Datix electronic recording system. This has meant that Action Plans from learning reviews such as Safeguarding Adults Reviews, Domestic Homicide Reviews and Serious Case Reviews can be monitored more effectively.



Whilst these improvements to the system are very welcome the Trust has recognised that there is still scope for further enhancements and this will be a key priority for 2017/18.

BCPFT is a virtual partner of the Wolverhampton (whole family) MASH (multi-agency safeguarding hub). Building on work already completed a key priority for the coming year is to benchmark 'what good looks like' for Section 42 enquiries in support of Trust staff when asked to lead on these.

The annual audit of advice calls has highlighted an increase in the volume of calls received by the Safeguarding Named Nurses over 2016/2017, as compared to previous years. This highlights the importance of the Named Nurse role and evidences impact of their 'promoting the safeguarding agenda' through Named Nurse Question and Answer sessions and quarterly link nurse forums. Both of these promote safeguarding and especially 'think family'.

Learning from case reviews is shared across the Trust through a Learning Lessons Bulletin and through the Trust's Safeguarding Forum. Recent learning has informed a review of the Did Not Attend/No Access Policy, the Domestic Abuse Policy and the Care Programme Approach Policy. Annual audit schedules are also aligned to lessons learnt.

The annual audit of training compliance evidenced an improvement in training compliance for 2016/17 and a Named Nurse is a representative on the Joint Learning and Development Committee.

The Trust has also centralised their system for reporting and monitoring DoLS (deprivation of liberty safeguards) applications resulting in the Safeguarding Adult Team being enabled to audit the number of DoLS and monitor through to conclusion. Furthermore, Trust safeguarding training has been updated to include DoLS and MCA (Mental Capacity Act) legislation. The Trust also has 22 members of staff trained to deliver WRAP training i.e. raising awareness of the 'prevent agenda' (preventing radicalisation and extremism).

**The Royal Wolverhampton NHS Trust (RWT)** is one of the largest acute and community providers in the West Midlands having more than 800 beds on the New Cross site including intensive care beds and neonatal intensive care cots.

It also has 80 rehabilitation beds at West Park Hospital and 54 beds at Cannock Chase Hospital.

As the second largest employer in Wolverhampton the Trust employs more than 8,000 staff.

The Trust provides its services from the following locations:

- New Cross Hospital - secondary and tertiary services, maternity, Accident & Emergency, critical care and outpatients
- West Park Hospital - rehabilitation inpatient and day care services, therapy services and outpatients
- More than 20 Community sites - community services for children and adults, Walk in Centres and therapy and rehabilitation services
- Cannock Chase Hospital – general surgery, orthopaedics, breast surgery, urology, dermatology, and medical day case investigations and treatment (including endoscopy)

RWT identified the following priorities for 2016/17:

- Development of RWT Safeguarding Training Programme for 2016 – 2019
- Review of RWT safeguarding team structure
- Update Safeguarding children and adult policy in 2016//17
- Development of RWT PREVENTS Policy
- Development of monthly safeguarding briefing
- Contribution to the organisation audit process

The RWT Safeguarding Training programme continued to be delivered throughout 2016/17 in line with the Intercollegiate guidance; and a key priority for 2017/18 is to develop a refreshed delivery programme ready to commence in May 2018.

The review of the RWT safeguarding team structure has been scoped within the year and business case developed, which is due to be ratified through Trust governance arrangements in July 2017; with the aim of having all posts recruited to by the end of 2017.

The RWT Safeguarding Children and Adult Policy was reviewed and updated in January 2017. The next priority for policy development is 'Prevent' and this is expected to be finalised towards the end of 2017.

In respect of a monthly safeguarding briefing the RWT Safeguarding Group have met on a monthly basis, after which, either a formal briefing or the minutes are published across the Trust.

RWT Safeguarding Audit Process as part of the wider Trust audit programme has been maintained throughout the year.

RWT priorities for the coming year are to:

Continue to work with partners in MASH to ensure effective outcomes for vulnerable clients.

Focus support to the Emergency Department (ED) to ensure victims of domestic abuse are identified and supported in Wolverhampton.

Review RWT safeguarding adult policy in 2017/18.

Review current performance data provided to WSAB and work with key partners to ensure appropriate reporting that is fit for purpose and meaningful.

Consider 'themes' or 'topics' that might be beneficial to report on with emphasis on quality outcomes and evidence.

Review current safeguarding supervision arrangements in RWT.

Develop a Safeguarding Adult Training Strategy (and programmes for Level 1 – 4) to reflect the new guidance for health.

**West Midlands Ambulance Service NHS Foundation Trust (WMAS)** provides an emergency ambulance service to Birmingham, Coventry, Shropshire, Herefordshire, Worcestershire, Staffordshire, Warwickshire and the Black Country conurbation. This covers an area of more than 5,000 square miles and a population of 5.6 million. WMAS employs around 4,000 staff.

Many people think that ambulance services only take people to hospital. In fact, less than 60% of patients are taken to an Emergency Department with the rest either being treated as the scene, given advice over the phone or taken to another service such as a GP or minor injuries unit.

WMAS also provide non-emergency patient transport services for some of the region.

WMAS are monitored and audited externally by Care Quality Commission (CQC) who in their recent review deemed the service as outstanding. Lead commissioners regularly review our processes and Peer reviews are undertaken by other Ambulance services. These are supplemented by Internal audit reports and regularly monitoring referrals.

WMAS welcomes feedback from partner agencies and responds to adversity in a timely manner.

WMAS also partake in audits with all seven Safeguarding Adult Boards where required.

WMAS have a dedicated Education and Training department who are responsible for the delivering and auditing of training. All WMAS staff members receive Safeguarding training, however the method and level of training varies dependent on individual job roles. Training is delivered via Mandatory Workbooks, face to face and E-Learning packages. WMAS as an organisation

collates and disseminates learning from SAR/DHR's and use that feed into policies and procedures.

WMAS Safeguarding team members attend multi-agency training at a variety of levels.

WMAS is a responsive organisation with education and information on the trust website which is available externally and the Safeguarding team works closely with PALS and our Patient Experience team to collect and collate feedback from services users to feed into training, information, policies and procedures where appropriate.

WMAS has been involved in a number of safeguarding vulnerable adult cases across the region and for the 2016/2017 period we have participated in 18 Safeguarding Adult Reviews and 19 Domestic Homicide Reviews.

WMAS has made 21,386 Adult Safeguarding referrals to the relevant Local Authorities.

WMAS priorities for the coming year are:

Safeguarding referral line and process to be audited to ensure a high standard both verbally and electronically, findings to be reported and monitored by the WMAS Safeguarding Team and reported to the appropriate boards both internally and externally where necessary.

Ensure Safeguarding training remains high on the agenda for all operational staff, is included in the yearly Mandatory training workbook for all WMAS employees and awareness of current high-profile cases/topics are disseminated to all staff via the weekly briefing and clinical times which are both available to all staff electronically.

To streamline working practices around our engagement with partner agencies to build stronger working relationships. Ensure engagement with CDOP, SCR, DHR's, Board meetings continue taking place via a number of methods – submission of reports, case studies and attendance when required.

To ensure adherence to the Care Act – Working with boards, genuine referrals sent to the correct partner agencies e.g. Mental Health, Social Services.

**West Midlands Fire Service (WMFS)** is the second largest brigade in the country and delivers emergency response, education, prevention activities and keeping businesses safe across the West Midlands. WMFS vision is “making the West Midlands safer, stronger and healthier” through:

**Prevention** Focusing on the most vulnerable residents to keep them safe from fire and encouraging healthy lifestyles

**Protection** The Fire Safety team works with employers to protect people and their premises

**Response** Firefighters aim to get to emergencies within five minutes

Across the West Midlands region there are 38 Fire Stations, 41 Fire Engines, 19 Response Vehicles and 58 Technical Rescue Experts.

WMFS team of Vulnerable Persons Officers work with individuals with multiple and complex needs to reduce their risk and vulnerability to fire. WMFS officers engage with a wide range of partners to identify and reduce other risk factors. WMFS has updated its safeguarding policy and alert process following a restructure and the introduction of The Care Act 2014. Following all serious and fatal fires, the service instigates its Serious Incident Review process, when the casualty was known to or in receipt of services from partners. This learning review is conducted with the involvement of those partners and seeks to identify recommendations for improvement in policy, process and practice across the system.

During 2017/18 WMFS will undertake an extensive piece of work to further improve policy, process and practice in relation to safeguarding. This work will also ensure the training of its workforce in relation to safeguarding. This will include specific themes e.g. MSP (making safeguarding personal).

The frontline workforce, operational personnel and Vulnerable Persons Officers will, over the coming months, undertake training to deliver 'brief interventions' which includes falls and winter warmth and will make appropriate onward referrals to services as a result.

**West Midlands Police (WMP)** is the second largest police force in the country, covering an area of 348 square miles and serving a population of almost 2.8 million. The force is divided into eight Neighbourhood Policing Units, each headed by a Chief Superintendent and containing police officers, police community support officers and special constables. There are also a range of specialist departments, one of which is the Public Protection Unit. The Adults at Risk Team sit within the Public Protection Unit.

In November 2016 WMP introduced new operational response principles (for all people contacting WMP, not just Vulnerable Adults), which included the introduction of a new grading policy to support the identification of the most suitable Primary (initial response) and Secondary (Investigation management and outcome) investigation resource. For Vulnerable Adult investigations, this equates to Primary investigations primarily being undertaken by Force Response resources supported by the WMP Public Protection Adults at Risk team as detailed below, and the secondary investigation being undertaken

by a mix of the Adults at Risk Team and other WMP teams dependent upon the severity and nature of the incident.

The Adults at Risk team have specific responsibility for investigations in the following areas:

- Investigations where the suspected abuser is a person carrying out the role of 'carer' to the Adult at Risk.
- Adult at Risk suspicious deaths – if this is identified as a homicide then this is transferred to our Homicide Team, if there are associated criminal matters or it remains a coroner's file only then it remains with the Adult at Risk Team.
- Investigations into allegation of sexual abuse where the victim is an Adult at Risk.
- Investigation of incidents where a pattern or sustained or repeat targeting of an 'adult at Risk' has taken place.
- Allegations of abuse / neglect or financial abuse where the victim and offender are Adults at Risk.

The approach outlined above allows WMP to have a risk and harm based approach to the Vulnerable Adults investigations reported to WMP, and is supported by bespoke Safeguarding activities delivered through frontline officers (Neighbourhood and Response), the Adults at Risk team, and other third Sector Partners.

West Midlands Police is working with the Wolverhampton Safeguarding Board to assess the impact of developing a MASH (Multi Agency Safeguarding Hub) for Vulnerable Adults within the local authority area. Initial findings have been positive with an increase in referrals to WMP, and an increase in the investigations managed by the WMP PPU Adult at Risk team.

West Midlands Police are monitored and audited externally by Her Majesty's Inspectorate of Constabulary (HMIC) through their PEEL (Police Effectiveness, Efficiency and Legitimacy) and Thematic Inspections, and also through the Independent Police Complaints Commission (IPCC) who investigate serious complaints made against Police Officers within England and Wales.

This external auditing is supplemented by Peer reviews undertaken by the other Forces, and Internal Audits and reviews undertaken by the WMP Strategy and Direction Unit, and the WMP Public Protection Unit (PPU) Service Improvement team. This is supplemented at an operational level through Force and PPU Departmental Threat Review Meetings each morning and afternoon, and daily management and oversight of operational responses through the creation of investigative strategies and case management reviews.

The information from the external and internal Audit and Inspection regimes, supplemented by effective practice identified from other force areas, has also been used to create the WMP Adults at Risk policy, which is in the final stages of review and sign off.

The West Midlands Police “WMP2020 Change Programme”, created following extensive consultation with their staff, the public, and Partners, is a radical overhaul of all aspects of business with people and technology at its heart. The first phase of changes was delivered in November 2016, and the second phase is now underway. The approach has six fundamental principles underpinned by a series of outcomes, all of which will either directly or indirectly support the activity of the Adult Safeguarding Board and Vulnerable Adults within the West Midlands area.

**Public Health and Wellbeing (PH)** is a department that sits within the People Directorate of the City of Wolverhampton Council, tasked with the responsibility for reducing health inequalities and improving the health and wellbeing of the local population. The department aims to influence the planning and delivery of integrated local services, informs commissioning decisions, based on assessed local need; identify and tackle factors that impact upon health and wellbeing; engage with communities in the improvement of their own health and wellbeing, and provide advice on making the best use of collective resources.

In practice this means that PH have assurance roles at various Boards, committees and scrutiny panels across the City. There is a robust process for monitoring performance against service specifications, primarily for public health contracts, to provide assurance on the quality of service provision. The PH service has also been involved with care home quality reviews and closures.

All PH staff undergo mandatory safeguarding training as part of corporate requirements. The department induction pack has been revised to ensure that all new starters and temporary staff are signposted to safeguarding training at a level appropriate to their role. The induction pack also contains contact details for MASH, in the event that there are any concerns about a vulnerable adult.

PH will continue to adhere to the safeguarding process, fulfilling individual and corporate responsibility to highlight concerns, prioritising engagement with service users and the public as part of any service review.

**Safer Wolverhampton Partnership (SWP)** provides strong governance for delivery against the city’s Harm Reduction and Community Safety Strategy

2017-20, monitored through a performance management framework. The strategic priorities of Reducing Reoffending, Violence Prevention and Reducing Victimisation have cross-cutting elements for WSAB and WSCB.

DHR learning is embedded into organisations and learning is disseminated widely.

Case management support, and specialist interventions are commissioned to provide support for those who may be at risk of or involved in youth violence and gang related activities to provide support for the young people to exit such life styles and remain safe.

SWP provides direct safeguarding cross-sector support to partners, e.g. annual address at the Keeping Children Safe in education conference highlighting the requirements of schools under the prevent duty.

SWP takes responsibility for WRAP training to ensure that internal staff and our partner agencies have a full understanding of the Prevent agenda and their responsibilities within that. 94% of all schools have received the training and over 12,000 individuals from partner agencies and the Council since July 2015.

SWP funds several specialist posts including MARAC (Multi-agency risk assessment consortium) Coordinator, trainer and IDVA (Independent domestic violence advisor) posts, both of which sit within WDVF (Wolverhampton Domestic Violence Forum) to ensure that victims of domestic violence are supported and have the correct security and support in place to exit from harmful lifestyle. Provision is integrated into the city's safeguarding arrangements.

SWP has mapped communities across the city which may be more vulnerable to FGM (female genital mutilation) to inform targeted communications and support to challenge cultural acceptance of VAWG (violence against women and girls) and increase confidence in reporting.

SWP will contribute to WSCB and WSAB priorities by:

- Strengthening the integration of pathways into MASH (Prevent and modern slavery);
- Continue to disseminate learning from DHRs (domestic homicide reviews);
- Continue delivery of WRAP training form frontline practitioners and communities;
- Increase the provision for hate crime reporting centres within the city; *and*
- Increase awareness and understanding of modern slavery across the city and build confidence of victims to report.



**Wolverhampton Homes (WH)** is an 'arm's length management organisation (ALMO) that manages the 23,000 council houses across Wolverhampton. WH want to provide great homes in clean safe neighbourhoods where tenants can access training, skills and job opportunities. Each year WH reports to the Council about plans for the year ahead, set out in the 'Great homes. Great places' business plan.

WH is working to develop a culture that does not tolerate abuse or neglect and which encourages people to raise concerns in accordance with procedure. Our safeguarding policy and supporting procedures/guidance fit within this overall responsibility. They relate specifically to adults or children who are being abused or neglected by others, or who are at risk of being abused or neglected by others.

WH sees its role on the Safeguarding Board as being important not only in terms of representing the company itself but in terms of housing providers being key partners in the safeguarding agenda due to their presence in local communities and their ability to reinforce the message that safeguarding is everyone's business.

WH recognises the importance of monitoring all reports of suspected or known abuse and copies of all safeguarding referrals are sent to the Head of Community Investment and the MASH Housing Officer to ensure that the procedure has been followed, to check on the quality of information being provided to the MASH and to identify any trends which may require a response in terms of procedure and / or service delivery.

WH attends MARAC weekly and contributes to information sharing in relation to Barnardo Screening DV referrals. In this period WH has mainstreamed the IDVA post which was initially hosted by WH but funded by WDVF and made the formerly temporary MASH Housing Officer post permanent.

Working with social care, the safeguarding procedure has been amended to ensure that there is early identification of families whom are at risk of eviction due to arrears/anti-social behaviour to allow intervention that aims at preventing homelessness.

The allocation of property is monitored on a regular basis to ensure equality against protected characteristics including age and disability.

WH attends the Council's Place Partnership Safeguarding Meeting.

In April 2016 Wolverhampton Homes published its Modern Slavery Statement and hosted a Contractor Event in May 2016, which included presentation on safeguarding and modern slavery to a wide range of our contractors and partners. This was a way to reinforce the message around

safeguarding/keeping people safe and to ensure contractors and partners are complying with our Contractor Safeguarding Procedure.

WH has begun work on a new telephone befriending service, in partnership with Age UK Wolverhampton; is working in Partnership with One Voice to provide a telephone befriending and Get Active service - Targeting Disabled Person Project; with the Listening Centre to provide Counselling Sessions to support to tenants with mental health issues; and with Square Pegs and Round Holes to support young women on the fringes of guns and gang culture.

WH staff also volunteer at New Cross Hospital (Dementia Ward) and working with Alzheimer's Alliance.

WH has worked hard to ensure that training is in formats appropriate to the work we do. There is clear procedural guidance and supporting information available as well as members of staff who can give advice and support in more complex cases.

WH recognises that one area which needs improvement is the way in which we communicate key safeguarding message to tenants. Further consideration on how best to achieve this will form part of on-going discussions around safeguarding generally.

#### Supporting People in Need Project

When the project was first launched (April 2016) we focused on tenants who were already identified as being our high scoring vulnerable / red cases whom we have had no meaningful contact with for 18 months.

Between April and October 2016, our Estate Managers contacted just under 1000 tenants. Following a detailed assessment of individual needs, 73% of them required some form of help.

- 24 safeguarding referrals were made to Social Services.
- 336 referrals were made to our in-house support teams.
- 456 referrals were made to specialist agencies.
- 26 tenancy breaches were identified, measures were discussed and referrals were made to the council's Green Team who have helped tenants clean up their homes and take control of their lives.
- 31 referrals were made to our in-house telephone befriending service.
- 18 cases of domestic violence were identified and referrals were made to MARAC. Specialist support is now in place and we've implemented additional home security measures.

- 6 cases of hate crime were identified; the victims were referred to LGBT Network Wolverhampton and to Disability One Voice.

Since the appointment of our dedicated SPIN Estate Managers in November 2016, they have contacted and assessed 1748 tenants. Of those contacted, 55% required additional support:

- 956 (55%) cases contacted - need additional support and therefore require regular / frequent contact from Wolverhampton Homes and/or external agencies.
- Our aim is to have assessed and have contacted all high need / red cases by 31st December 2017 – and as part of this, determine how many of these cases would benefit from on-going contact and support.

**Healthwatch Wolverhampton** is a consumer champion for Health and Social Care and, as such, engages with vulnerable individuals on a daily basis. Staff recognise when it is necessary to raise a safeguarding concern and have put this into practice on many occasions which has contributed to improving outcomes for the vulnerable adults concerned.

All Healthwatch staff have completed online safeguarding training, with some staff attending additional courses to improve their awareness and understanding of safeguarding.

As a partner agency, Healthwatch Wolverhampton can contribute a community perspective on quality issues with provision of health and social care services to promote the welfare of adults with care and support needs.

One of the ways we will hold partners to account is through our statutory powers to 'Enter and View' any premises within the City where health and/or social care activities are delivered. We will observe and report on any areas of concern brought to our attention from service users, their carers, staff and other sources.

As part of our core business, Healthwatch listens hard to people, especially the most vulnerable, to understand their experiences and what matters most to them. We will continue to work with the Safeguarding Adults Board to reflect the views of our network (as outlined in Chapter One).

**Wolverhampton Clinical Commissioning Group (WCCG)** is the leader of the local NHS. WCCG commissions (buy and monitor) everything from emergency/A&E care, routine operations, community clinics, health tests and checks, nursing homes, mental health and learning disability services. As a commissioner, it is the role of the WCCG to ensure that the services that are

brought from a range of providers, including RWT and BCPFT, are of high quality and appropriate for the health needs of the City.

The effectiveness and safety of care provided at hospitals and other care environments is of utmost importance. The WCCG has a rigorous regime of inspection, working in partnership with the local Council and the Care Quality Commission (CQC) to monitor the quality and safety of services.

The WCCG works closely with Public Health to promote healthy lifestyles and commission services that help people to make healthier life choices.

The WCCG identified the following priorities for 2016/17:

Implementation of the NHSE Intercollegiate Guidance for Safeguarding Adults. This has been integrated into the WCCG Provider Contracts within the Safeguarding Dashboards.

Greater scrutiny of Provider performance using Dashboard and Reporting Framework. The Dashboard and Reporting Framework is currently being included in WCCG Provider Contracts. Exceptions are reported to provider Clinical Quality Review Meetings and Provider Safeguarding Forums, which are attended by WCCG Safeguarding Team.

Introduction of Adult Safeguarding Lead role within WCCG. There has been a Designated Adult Safeguarding Lead in post Since September 2016.

Development of public facing WCCG Safeguarding Internet page with appropriate links to WSAB/WSCB and Wolverhampton Safeguarding websites. This has been completed and can be found at:

<https://wolverhamptonccg.nhs.uk/your-health-services/safeguarding>

Development of specific WCCG Safeguarding Adults with Care and Support Needs Policy. This has been taken a step further, and there is a draft Joint Safeguarding Children and Adults Commissioning Policy in development which is due to be implemented by autumn 2017.

WCCG's Designated Adult Safeguarding Lead has been appointed in 2017 as Co-Chair for the Quality and Performance Committee (with the Head of Safeguarding for the Royal Wolverhampton Trust). At the time of appointment, the Committee had not met for some time. The Co –Chairs have worked collaboratively to identify any gaps in the governance arrangements for the committee and to date have:

- Developed Terms of Reference for the committee;
- Developed a work plan in line with the WSAB priorities; and
- Presented a report to the WSAB in March, with analysis of data, identifying key trends and highlighting key points to the Board.

The newly reformed Committee meets regularly and is prioritising a review and refresh of the WSAB scorecard.

Furthermore, the WCCG Designated Nurse for Safeguarding Children was the Chair of the L&DC for WSCB. When the role became vacant for the WSAB she took over the role as an interim measure as it was felt much of the work would overlap. At this point the WSAB Workforce Development Committee had not met for a considerable time and there had been little work completed to ensure the workforce working directly with adults, had access to multi-agency training delivered on behalf of the WSAB.

The Independent chair of both the SAB and SCB then asked for the consideration of merging the two committees. The DNSC facilitated this extensive work which has progressed to the successful merging of the two committees WCCG have enabled the DNSC to support the WSAB to establish an effective Learning and Development Committee, to continue to chair the committee and all this entails and support the implementation of the work plan.

**Wolverhampton Voluntary Sector Council (WVSC) / Third Sector** WVSC is a Local Infrastructure Support Organisation for voluntary and community organisations (VCOs) in Wolverhampton which exists to support the development of an effective voluntary and community sector (VCS) in the city. In 2016-17 it also delivered a number of services based on an 'experts by experience model'.

Our representative on the safeguarding boards acts as the safeguarding champion for the local VCS providing a single point of contact for local VCOs in all matters relating to safeguarding that they need help and support with. In 2016-17 this has included: supporting policy and procedure review /development; advising on DBS checks (including eligibility); supporting organisations facing allegations about staff or volunteers; providing regular up to date safeguarding information and news; and signposting to, or facilitating access to, training.

The WVSC representative provides regular challenge to the Board, in particular by highlighting a voluntary and community sector perspective on safeguarding developments, and also by ensuring that the experiences of service users / members of the public are at the forefront of decision-making.

Our representative is a member of the WSAB Executive, chairs the Communication & Engagement committee and is an active member of the Joint Learning and Development committee. We have played a leading role in: the #orangewolves campaign to raise awareness of violence against women and girls (alongside Wolverhampton Domestic Violence Forum and

the Council); the #smallgoodthings initiative to prevent the needs of adults reaching a point where they need a safeguarding intervention; and organised two multi-agency safeguarding forums for staff to share their views.

As an organisation, this year we have: reviewed our own safeguarding adults and children policies and procedures; begun work on embedding the Wolverhampton Domestic Violence Protocols in the work of our organisation; successfully argued the case for funding from the Boards for a Faith Group Engagement Worker to enhance safeguarding support for faith groups; rolled out online safeguarding training to all staff; implemented a safeguarding training framework for VCOs; and successfully applied for funding from the Council under the Pathways to Support funding to lead a collaboration of 6 other VCOs to support 20 adult facing organisations in the city to embed a 'Think Family' approach in their work.

WVSC contribution to WSAB priorities for 2017-18:

1. Deliver training to embed Domestic Violence Protocols across all parts of the organisation
2. Develop the safeguarding adults training offer for VCOs
3. Support Faith Group engagement in relation to safeguarding and across Safer Wolverhampton Partnership and Public Health agendas.
4. Support the prevention agenda through #smallgoodthings approach and Think Family Champions project.
5. Continue to support the work of WSAB through membership of Executive committee, chairing the Communication and Engagement committee and membership of Learning and Development committee

**Wolverhampton Adult Social Care Services (ASC)** Adult Social Care People's Directorate, City of Wolverhampton Council continues to be the lead agency with Safeguarding Adults. The Care Act 2014 gives the legal framework to work within in Safeguarding Adults.

Adult Social Care restructured in July 2016 and now we have:

- 3 Locality Teams (North East and West) working with older people with learning/physical disabilities
- Mental Health Service
- Provider Services – e.g.: Bradley/HARP (Home Assisted Re-Enablement Programme)
- Hospital Assessment – Care Management Team
- Finance/Welfare Service

- Independent Living Service – OT/Adaptations/Equipment
- MASH (Multi Agency Safeguarding Hub) – from August 2016

Safeguarding training is identified in our Workforce Development Plan. All Council staff are required to complete E-Learning on Safeguarding awareness/PREVENT/Sexual Exploitation. There is a range of training for other Social Care/Social Work staff who require more detailed skills/knowledge to lead investigations – e.g.: legal aspects of Safeguarding/investigation skills.

The main area of development this year has been the formation of an Adult MASH. Implemented in August 2016 joining the Children's MASH, which had been operating since January 2016.

However, safeguarding interventions are also undertaken by the ASC Teams (outside of MASH) this ensures that all Social Workers remain skilled in this area and that citizens get the most appropriate person working with them.

Reflecting upon the quality of practice remains a key priority for the service. Case Audits are undertaken by all ASC Managers (Grade 8 to the DAS), which enables us to assure ourselves on quality of practice. The development of Asset Based Social Work practice continues to enhance quality and assist to develop Making Safeguarding Personal. An action plan has been produced from the results of Audit to ensure we continue to improve front -line practice. This work is supported by the Principle Social Worker and the Quality Improvement Team and will remain a priority for the coming year.

A further priority for 2017/18 is to establish a working group to identify improved working with people who hoard.

## Chapter 4: Learning and Development

WSAB Workforce Development Committee set the following priorities for 2016 – 2017.

1. To will develop a Safeguarding Adult Training Programme that:

- Meets the needs of the local workforce
- Is informed by current research
- Includes lessons learnt from local and national SARs and local and national developments
- Represents the needs of the local community and encompasses issues of equality and diversity

Courses were commissioned by the WSAB Manager and the 'offer' promoted through the Wolverhampton Safeguarding website. Furthermore, the WSCB training Programme was reviewed to identify which packages would be appropriate for adult practitioners to attend – these were amended (as required) and included in the adult offer. We have had very positive feedback from delegates about this joint approach.

You can find details of our latest training via:

<https://www.wolverhamptonsafeguarding.org.uk/>

2. To integrate the WSAB Workforce Development Committee and WSCB Learning and Development Committee of WSCB into one joint committee. The ideology underpinning this was to:

- Strengthen the message across the workforce through training to 'Think Family';
- Increase capacity to deliver a training programme that meets the need of the workforce; *and*
- Increase capacity of those individuals who attend both adults and children committees.

A series of workshops lead by the City of Wolverhampton Council Workforce Development Team were held to plan and realise the joint committee. The Committee Annual Report presented to December 2016 WSAB stated: "This method of working was felt to be a great success, with full consultation and engagement with partners, resulting in a number of key decisions being made."

The first Joint Learning and Development Committee met on the 10<sup>th</sup> November 2016 and has met bi-monthly since then. The Committee has agreed terms of reference and a Work Plan aligned to the WSAB's Strategic Priorities.



The Ofsted Single Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board published on the 31<sup>st</sup> March 2017 recognised that:

*“Experienced and assured, the LSCB chair brings rigour to the work of the (children’s) board while at the same time providing effective challenge. He has used his position as chair of both the Adult and Children Safeguarding Boards effectively to promote a more joined-up approach across children and adult services, particularly at key transition points. Two of the sub-groups – the learning and development, and the communication and engagement – are shared with the Adult Safeguarding Board.”*

Furthermore, this inspection determined that:

*“Working in close collaboration with neighbouring safeguarding boards, the learning and development sub-group (committee) offers a comprehensive range of safeguarding courses. Many of these courses are relevant to professionals working with children or adults. This approach ensures that, irrespective of their primary focus, professionals are able to recognise and respond to safeguarding issues and concerns that have an impact on children and young people (and adults). However, although the board has strengthened its capacity to design and deliver training, it neither has a formal training strategy nor routinely evaluates the impact of training on frontline practice.”*

The Committee is now focused on further developing the draft joint training strategy, closely aligned with a refreshed Joint Learning and Improvement Framework; and identifying the most effective means of evaluating training. These are the main priorities for the coming year alongside a full review of all of the courses currently offered.

## Chapter 5: What we have learnt

### How well have we done in delivering last year's priorities?

In last year's report WSAB set out some key priorities for 2016/17. These are listed below alongside a progress update.

*Following feedback from the Healthwatch project, we are going to establish a user reference group to gain the voice of local people, which in turn will influence the work of the Board in order that user experiences help shape our priorities and work plan.*

Chapter One sets out in full the work undertaken in the year and the planned next steps. Unfortunately, initiatives to engage service users in a reference group had not proved successful by the end of the year. Therefore, different ways of gaining service user feedback will be a key priority for 2017/18. Healthwatch will continue to lead this work on behalf of WSAB.

*Collate and analyse feedback from Service User Feedback project to ensure that safeguarding processes are robust, person centred and make people feel safer.*

As stated above the initiatives to engage service users, despite the best efforts of Healthwatch, the project has not proven to deliver expectations and therefore a key priority for Healthwatch for the coming year is to develop alternative user engagement strategies.

Furthermore, at the beginning of the Section 42 Enquiry (The Care Act, 2014), at 'Alert' stage, referrers are required to seek the consent of the person with care and support needs, to make the referral on their behalf. This is undertaken in a person's best interests (Mental Capacity Act 2005), if they lack mental capacity to do.

Throughout each safeguarding enquiry, the service user should be asked what their views, wishes and desired outcomes are by the person raising the concerns. The adult, should be asked during the Section 42 Enquiry and at the end of the intervention. Whilst it is not always possible to achieve the desired outcomes of the person with care and support needs, every effort is made to ensure that "making safeguarding personal" (MSP), principles are employed and the person is listened to and at the centre of the process. A person's desired outcome for example may be that Police secure a criminal conviction against the abuser/perpetrator – this may be beyond what is practically possible.

*There are many areas of work such as human trafficking or forced marriage which are rightly concerns of the Safeguarding board. They are also of interest to other Wolverhampton multi agency groups. We are working with them all to have a joint agreement on who will lead on what. This agreement is between the different partnership boards in the City e.g. WSAB, WSCB, the Health and*

*Well-Being Board, and Safer Wolverhampton Partnership by developing a Joint Protocol.*

The Joint Protocol was developed and has been signed off by each respective partnership Board.

*Produce and disseminate a monthly safeguarding update covering children and adults with care and support needs.*

Much of 2016/17 has focussed on ensuring that the Wolverhampton Safeguarding Website is further developed and content enhanced. The Ofsted Inspection of Children's Services commented on the quality of the website! Furthermore, our web developers have been working hard 'in the background' to ensure that our website has the functionality to produce a monthly newsletter – this has taken more work than we had first anticipated and our first newsletter should now be published in July 2017.

The Boards have also built on last year's 'Orange Wolverhampton' campaign our city's contribution to the United Nations 'Orange The World: 16 days of Activism to End Violence against Women and Girls' campaign. Our 5 year plan will build this campaign into a large scale, high profile, recognisable and well-supported campaign. In this our second year: over 30 organisations registered to take part; we developed branding for the campaign; produced posters, banners and digital resources for partners to use; and carried out public engagement activities securing a good level of local media attention. Further development is planned for 2017-18.

*Improve understanding of and links with faith groups to improve organisational practice and awareness of safeguarding responsibilities.*

The Communication and Engagement Committee has led a piece of work to identify faith groups and organisations across the City and started an exercise to engage with them. However, the Boards recognised that this cannot be undertaken effectively without resource and therefore the Wolverhampton Safeguarding Boards has allocated a portion of the 2017/18 budget to employ a part time Faith Engagement Worker. It is anticipated that the WVSC will host this post; that the post will be recruited to by summer 2017; and that this will bring real traction to this important aspect of the Boards work.

*Raise awareness of safeguarding with new arrival communities in the city.*

Liaison with the Refugee and Migrant Council has been ongoing through the year and safeguarding champions have been identified. There is also an ongoing dialogue with the Community Cohesion Forum and shared understanding of methods for engagement agreed. The appointment of the Faith Engagement Worker is anticipated to further strengthen the current arrangements.

*We will develop a Safeguarding Adult Training Programme that:*

- *Meets the needs of the local workforce;*
- *Is informed by current research;*
- *Includes lessons learnt from local and national SARs and local and national developments; and*
- *Represents the needs of the local community and encompasses issues of equality and diversity.*

A training offer has been delivered during the year, much of which is joint training with the children's workforce, which has received very positive feedback from delegates; particularly in respect of promoting a 'think family' approach.

However, focus of activity has been on amalgamating the two separate committees into a Joint Learning and Workforce Development Committee, refreshing the Learning and Improving Framework; and drafting the Joint Training Strategy.

The Wolverhampton Safeguarding Boards have also recognised that the support structure for WSAB has very limited capacity to offer effective support to the adult training agenda. To this end, the priority has been to amalgamate committees and to combine the support functions of the Boards to achieve efficiencies and effectiveness. This includes investment in Training and Development Officer resource to give greater focus to the adult training offer. It is anticipated that a combined Business Unit infrastructure will be agreed and signed off by Spring 2017 and that a full programme of training for the adult workforce will be signed off by autumn 2017.

*The Workforce Development Committee of WSAB and the Learning and Development Committee of WSCB to integrate their work streams.*

This has been fully achieved.

### **What have we learnt from our case reviews and annual assurance process?**

The Safeguarding Adult Review Committee (SARC) has responsibility for undertaking **reviews of cases** where the following criteria is met:

- The Board is aware, or suspects, that an adult has experienced serious abuse or neglect; or
- An adult dies of abuse or neglect, or is suspected to have died of abuse or neglect, within the Local Authority area; and
- There is a concern that partner agencies could have worked more effectively to protect the adult.

Reviews may also be undertaken wherever it is felt that a review would be useful, including learning from 'near misses', and situations where the arrangements in place worked particularly well.

During 2016/17 SARC considered 9 cases. In three cases the threshold was not met to undertake a Safeguarding Adult or alternative Learning Review. However, the Committee maintained some oversight to ensure that individual agency learning was identified and associated actions progressed. In four cases the threshold was not met to undertake a Safeguarding Adult Review but alternative Learning Reviews (usually referenced as 'table top' reviews) have been initiated and are ongoing. The learning and actions from which are all due to be published in 2017/2018. In one case the threshold was met to initiate a Safeguarding Adult Review and this was published on 06/10/2016. In one case a practice review was initiated under the auspice of a Domestic Homicide Review and the WSAB has taken the decision to publish an additional Learning Lessons Briefing to ensure effective dissemination of learning – this is due to be published early summer 2017.

The case reviews initiated throughout 2016/17 have considered a range of issues, to include: the quality of residential care provision; responding to domestic abuse; maternal death (death of Mother and newly born child); and suicide linked to emotional wellbeing. Whilst each individual review provides a wealth of learning there is one learning theme common to all reviews; namely the importance of effective multi-agency working and, within this effective communication and sharing of information. The Board recognises this and is planning the next 'development event' for 2017 to consider this in the concept of a 'think family' theme.

The West Midlands Adult Safeguarding Regional Network developed the **Annual Assurance** document template; this was adopted by WSAB. The Annual Assurance statement enables partners to self-audit and enables WSAB to assess the effectiveness of local safeguarding arrangements.

The Partnership Annual Assurance document was developed based on the Department of Health's 6 key safeguarding principles (2011):

- **Empowerment** - Presumption of person led decisions and informed consent.
- **Protection** - Support and representation for those in greatest need.
- **Prevention** - It is better to take action before harm occurs.
- **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

- **Accountability** - Accountability and transparency in delivering safeguarding.

This is the third Partnership self-audit tool completed by Wolverhampton Board partners.

The process provides partner agencies the opportunity to report their safeguarding activity including areas of good practice and areas for development.

The process enables partner agencies to provide governance to the WSAB and provides the Board with a benchmark to measure effectiveness and progress against the six key safeguarding principles.

10 out of 12 partner agencies returned a response this year, two more than 2015/2016. Each organisation was asked to complete 28 questions selecting the relevant answer and providing at least two examples to evidence the selected answer.

The analysis of partner agency submissions was presented to WSAB in March 2017 and gave assurance to the Board that partners understand and appropriately discharge their safeguarding responsibilities.

The Board recognises that the assurance process relies on self-assessment and reporting and, as our case reviews evidence, there is always more to learn and to improve effectiveness. We will not, therefore, be complacent and a key priority for the Quality and Performance Committee for 2017/18 will be to audit and 'test' partner agency submissions.

## Chapter 6: The priorities and challenges for next year

Our review of the work of the Board over the last 12 months has helped us to review and re-shape our strategic priorities for 2017 to 2019. These are outlined below and will drive the work of the Board and all of its constituent parts:

|   |  |  |
|---|--|--|
| <b>Priority 1:<br/>Effective<br/>Leadership,<br/>Challenge and<br/>Change</b>     | <b>Lead: David Watts</b><br>We will operate an effective WSAB that focuses its work on local safeguarding priorities including support, challenge and holding multi agencies to account for their contribution to the safety and wellbeing of adults living in the City of Wolverhampton.  | <b>P<br/>R<br/>E<br/>V<br/>E<br/>N<br/>T<br/>I<br/>O<br/>N</b><br><br><b>P<br/>R<br/>E<br/>V<br/>E<br/>N<br/>T<br/>I<br/>O<br/>N</b><br><br><b>**1</b> |
| <b>Priority 2:<br/>Quality and<br/>Performance</b>                                | <b>Lead: Annette Lawrence and Fiona Pickford</b><br>We will develop and maintain multi-agency quality assurance and performance management processes. We will monitor the effectiveness of local safeguarding arrangements to promote the wellbeing of adults with care and support needs. |  |
| <b>Priority 3:<br/>Communication<br/>and<br/>Engagement</b>                       | <b>Lead: Steve Dodd</b><br>We will develop strategies to engage adults, families and communities in the work of WSAB.  |  |
| <b>Priority 4:<br/>Workforce<br/>Development<br/>and Practice<br/>Improvement</b> | <b>Lead: Lorraine Millard</b><br>We will develop a multi-agency Safeguarding Training offer to support the development of effective practice across the partnership.   |  |

<sup>1</sup> The Board recognises that prevention is integral within each of its priorities and all Committees will be required to give due regard to this within their work programmes

Our priority actions for the coming 12 months are:

1. Further develop the board's risk register to include those risks which have the potential to have a negative impact on the ability of partner agencies to safeguard and promote the wellbeing of vulnerable adults  
**Plan Ref: 1.1.6**

2. Ensure that the Local Safeguarding Adult Board has the right level of performance management information with which to challenge and hold to account partner agencies on the effectiveness of their safeguarding responsibilities  
**Plan Ref: 2.1.2**

3. Develop a coherent rolling programme of single and multi-agency audits with which to quality-assure the work of partner agencies in safeguarding and promoting the wellbeing of adults, and ensure that the results of the Annual Assurance Framework moderated effectively  
**Plan Ref: 2.1.3**



4. Develop a robust training strategy which incorporates a system with which to evaluate the impact of training on frontline practice  
**Plan Ref: 4.1.1/2/3/4**

5. Further strengthen the annual report to ensure that it provides a clear picture of the effectiveness of partner agencies across all key safeguarding services  
**Plan Ref: 1.1.7.**

6. Develop a multi-agency strategy that outlines the identification of and response to adults with emerging vulnerabilities that do not meet the threshold for specialist services e.g. LA intervention and support under the Care Act 2014; in patient admission etc  
**Plan Ref: 5.1**

7. Continue to strengthen communication and engagement with vulnerable individuals, communities and organisations across our diverse City  
**Plan Ref: 3.1 / 3.2**

All of which are outlined and tracked through our WSAB Strategic Plan and Risk Register.



## Contact details for the Board

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Wolverhampton

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WV9 5NJ

## How to report concerns about an adult with care and support needs

The SA1 is the means to make a written referral to report concerns. This can be accessed via:

<http://www.wolverhamptonsafeguarding.org.uk/images/adult-documents/ADULT-SAFEGUARDING-CONCERN-NOTIFICATION-SA1-AUG-2016-2-25134.doc>

ALL COMPLETED SA1 FORMS SHOULD BE SENT TO:

### Adult Care Access Point

Email: [AIA@wolverhampton.gov.uk](mailto:AIA@wolverhampton.gov.uk)

GCSX Email: [Adult.care@wolverhampton.gcsx.gov.uk](mailto:Adult.care@wolverhampton.gcsx.gov.uk)

Tel: 01902 551199

Fax: 01902 553992

### Out of office hours:

Emergency Duty Team

Email: [emergencydutyteam@wolverhampton.gov.uk](mailto:emergencydutyteam@wolverhampton.gov.uk)

Tel: 01902 552999

Fax: 01902 553201

## Appendix A. Illustrative Scorecard

| Measure   |              | Period                          | Q1           | Q2            | Q3            | Q4                    |
|---|--------------|---------------------------------|--------------|---------------|---------------|-----------------------|
| <b>Number of Safeguarding Concerns</b>  | YTD<br>LA    | 2015/16                         | 447          | 945           | 1504          | 2043                  |
|   |              | <b>2016/17<br/>(in quarter)</b> | 621<br>(621) | 1291<br>(670) | 2015<br>(724) | <b>2578<br/>(563)</b> |
| Safeguarding concerns have fallen in Q4 compared with previous quarters, however the fall still remains higher than the number of concerns seen in Q4 2015/16. This figure of 2578 concerns is significantly higher than our comparator average which was 1580 n in 2015/16.  |              |                                 |              |               |               |                       |
| <b>Number of Section 42 Safeguarding Enquiries</b>  | YTD<br>LA    | 2015/16                         | 90           | 146           | 243           | 443                   |
|   |              | <b>2016/17<br/>(in quarter)</b> | 184<br>(184) | 342<br>(158)  | 505<br>(163)  | <b>633<br/>(128)</b>  |
| The number of section 42 enquiries in Q4 has fallen compared with previous quarters but overall enquiries remain significantly higher than previous years. The comparator average figure for this result is 714 and the regional average is 472.  |              |                                 |              |               |               |                       |
| <b>Conversion from Concern to Enquiry</b>   | YTD<br>LA    | 2015/16                         | 20%          | 15%           | 16%           | 21.7%                 |
|   |              | <b>2016/17<br/>(in quarter)</b> | 29.6%        | 23.6%         | 22.5%         | <b>22.7%</b>          |
| The in-quarter conversion rate remains at 22.7% with the full year conversion rate sitting at 25%. The rate of 25% conversion is lower than the comparator average which is 45% and the regional average of 32%. This along with the numbers of concerns and enquiries suggests that the number of enquiries can be considered normal but Wolverhampton have a much higher than normal number of concerns raised. |              |                                 |              |               |               |                       |
| <b>% of completed Safeguarding enquiries where the person at risk or their advocate say that the desired outcomes were achieved or partly achieved (where answered)</b>   | LA<br>YTD    | 2015/16                         | 95.4%        | 97.5%         | 95.5%         | 95.9%                 |
|   |              | <b>2016/17</b>                  | 93.4%        | 94.3%         | 95.2%         | <b>94.9%</b>          |
| Outcomes achieved for the person at risk remain high at 94.9% of cases  |              |                                 |              |               |               |                       |
| <b>% of completed Safeguarding enquiries where an advocate or an Independent Mental Capacity Advocate was involved</b>  | YTD<br>LA    | 2015/16                         | 20.6%        | 16.2%         | 22.0%         | 20.9%                 |
|   |              | <b>2016/17</b>                  | 19.2%        | 15.2%         | 14.5%         | <b>13.2%</b>          |
| The use of a mental capacity advocate continues to fall gradually. Although, it should be noted that in 2015/16 there were 93 cases with an advocate used and in 2016/17 there were 84. This is a much smaller reduction in terms of numbers when compared to proportions.  |              |                                 |              |               |               |                       |
| <b>Proportion of people who use services who feel safe</b>  | Annual<br>LA | 2015/16                         | 74.8%        |               |               |                       |
|   |              | <b>2016/17</b>                  | <b>71.7%</b> |               |               |                       |
| This result is annually published and has fallen after the most recent user survey. Currently we do not have access to comparator data to understand if this change is local, regional or national.   |              |                                 |              |               |               |                       |
| <b>Proportion of people who use services who say that those services have made them feel safe and secure</b>  | Annual<br>LA | 2015/16                         | 84.4%        |               |               |                       |
|   |              | <b>2016/17</b>                  | <b>85.5%</b> |               |               |                       |
| The increase in this result is good although again, comparator information is not yet available.  |              |                                 |              |               |               |                       |

| Measure  |               | Period                      | Q1        | Q2          | Q3                            | Q4                           |
|--|---------------|-----------------------------|-----------|-------------|-------------------------------|------------------------------|
| Number of providers with purchase suspension or partial suspension   | SS<br>LA      | 2015/16                     | 7         | 8           | 6                             | 5                            |
|  |               | <b>2016/17</b>              | 5         | 5           | 7                             | <b>6</b>                     |
| Suspensions have decrease by one in the quarter  |               |                             |           |             |                               |                              |
| % of concerns where the person who raised the concern has had feedback   | YTD<br>LA     | 2015/16                     | 94.3%     | 91.1%       | 91.1%                         | 90.6%                        |
|  |               | <b>2016/17</b>              | 92.8%     | 91.6%       | 92.4%                         | <b>93.0%</b>                 |
| The proportion of cases where feedback is provided remains high at 93%   |               |                             |           |             |                               |                              |
| Number of Safe and Well Checks carried out in the Wolverhampton area (WMFS)  | YTD<br>LA     | 2015/16                     | 596       | 1512        | 2046                          | 2580                         |
|  |               | <b>2016/17 (in quarter)</b> | 645 (645) | 1697 (1052) | 2964 (1267)                   |                              |
| Number of Vulnerable Persons Officer visits carried out in the Wolverhampton area (WMFS)   | YTD<br>WMFS   | 2015/16                     | 24        | 45          | 79                            | 113                          |
|  |               | <b>2016/17 (in quarter)</b> | 12 (12)   | 23 (11)     | 37 (14)                       | <b>53 (16)</b>               |
| Of the 16 VPO cases completed, 4 were particularly complex and the further 12 related to hearing impaired equipment. 14 additional individuals were safeguarded outside of the VPO visit process. These were directed through the MASH and the duty team at city direct. |               |                             |           |             |                               |                              |
| Vulnerable adult crimes  | YTD<br>POLICE | 2015/16                     | 23        | 48          | 63                            | 85                           |
|  |               | <b>2016/17 (in quarter)</b> | 28 (28)   | 53 (25)     | 78 (25)                       | <b>90 (12)</b>               |
| Number of disability crime incidents (Police)  | YTD<br>POLICE | 2015/16                     |           |             | 4 (Q3 only)                   | 35                           |
|  |               | <b>2016/17 (in quarter)</b> | 3 (3)     | 7 (4)       | 8 (1)                         | <b>29 (21)</b>               |
| Incident Logs to Nursing and Care Homes (Police)   | YTD<br>POLICE | 2015/16                     |           |             | 78 (Q3 only)                  | 350                          |
|  |               | <b>2016/17 (in quarter)</b> | 79 (79)   | 150 (71)    | 241 (91)                      | <b>308 (67)</b>              |
| Number (and proportion) of Safeguarding Concerns where Domestic Violence is present  | YTD<br>LA     | 2015/16                     | 10 (14%)  | 15 (11%)    | 20 (9%)                       | 42 (11%)                     |
|  |               | <b>2016/17</b>              | 5 (3%)    | 24 (7%)     | 55 (10%)                      | <b>93 (14%)</b>              |
| % Not Applicable   |               | <b>2015/16</b>              | 15%       | 12%         | 20%                           | 31%                          |
|  |               | <b>2016/17</b>              | 66%       | 58%         | 54%                           | <b>48%</b>                   |
| Number of avoidable falls causing serious harm   |               |                             |           |             |                               |                              |
|  |               | <b>2016/17</b>              |           |             | <b>16</b><br>0<br>BCPFT<br>10 | <b>16</b><br>2<br>BCPFT<br>6 |

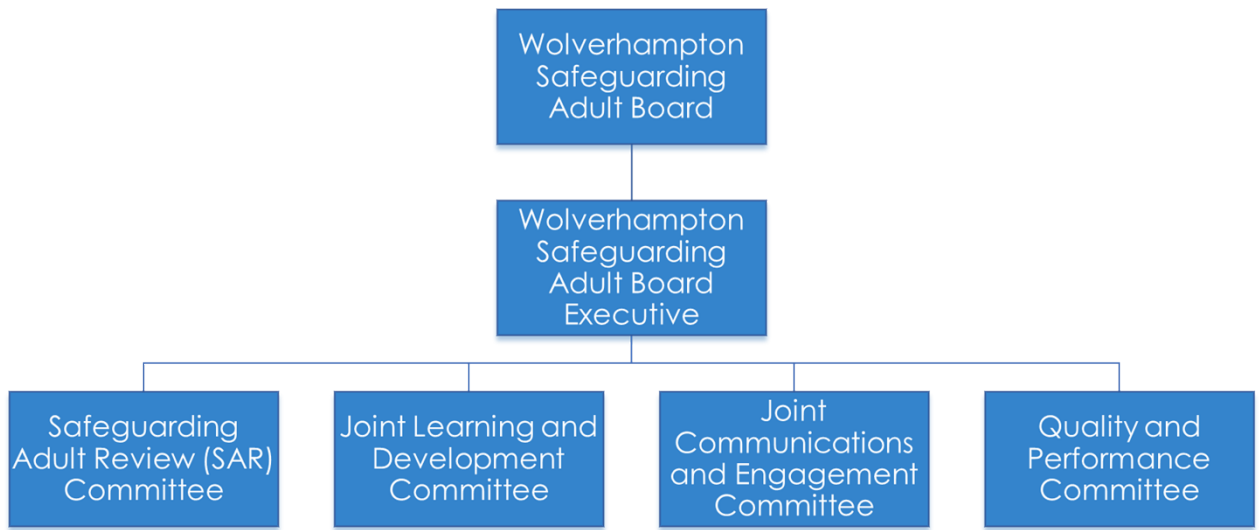
| Measure  |                   | Period         | Q1           | Q2           | Q3                    | Q4                    |
|--|-------------------|----------------|--------------|--------------|-----------------------|-----------------------|
| <b>Numbers of care home safeguarding concern notifications received by WCCG Quality Nurse Advisor Team</b> | CCG<br>YTD        | 2015/16        |              |              |                       |                       |
|  |                   | <b>2016/17</b> |              |              | 31<br>7 led to<br>S42 | 31<br>4 led to<br>S42 |
| <b>% of Safeguarding concerns for people from BME communities</b>  | LA<br>YTD         | 2015/16        | 21.8%        | 20.5%        | 19.7%                 | 18.8%                 |
|  |                   | <b>2016/17</b> | 19.4%        | 20.1%        | 18.7%                 | <b>19.7%</b>          |
|  |                   |                | 31%<br>18-64 | 31%<br>18-64 | 28%<br>18-64          | 28%<br>18-64          |
|  |                   |                | 13%<br>65+   | 13%<br>65+   | 12%<br>65+            | 14%<br>65+            |
| Proportions of cases from BME communities show little variation and remain within 'normal' figures.        |                   |                |              |              |                       |                       |
| <b>% of BME adults in Wolverhampton</b>  | ONS MYE<br>Annual | <b>18-64</b>   | <b>33.1%</b> |              |                       |                       |
|  |                   | <b>65+</b>     | <b>14.4%</b> |              |                       |                       |

## Appendix B. Members of Wolverhampton Safeguarding Adult Board (31 March 2017)

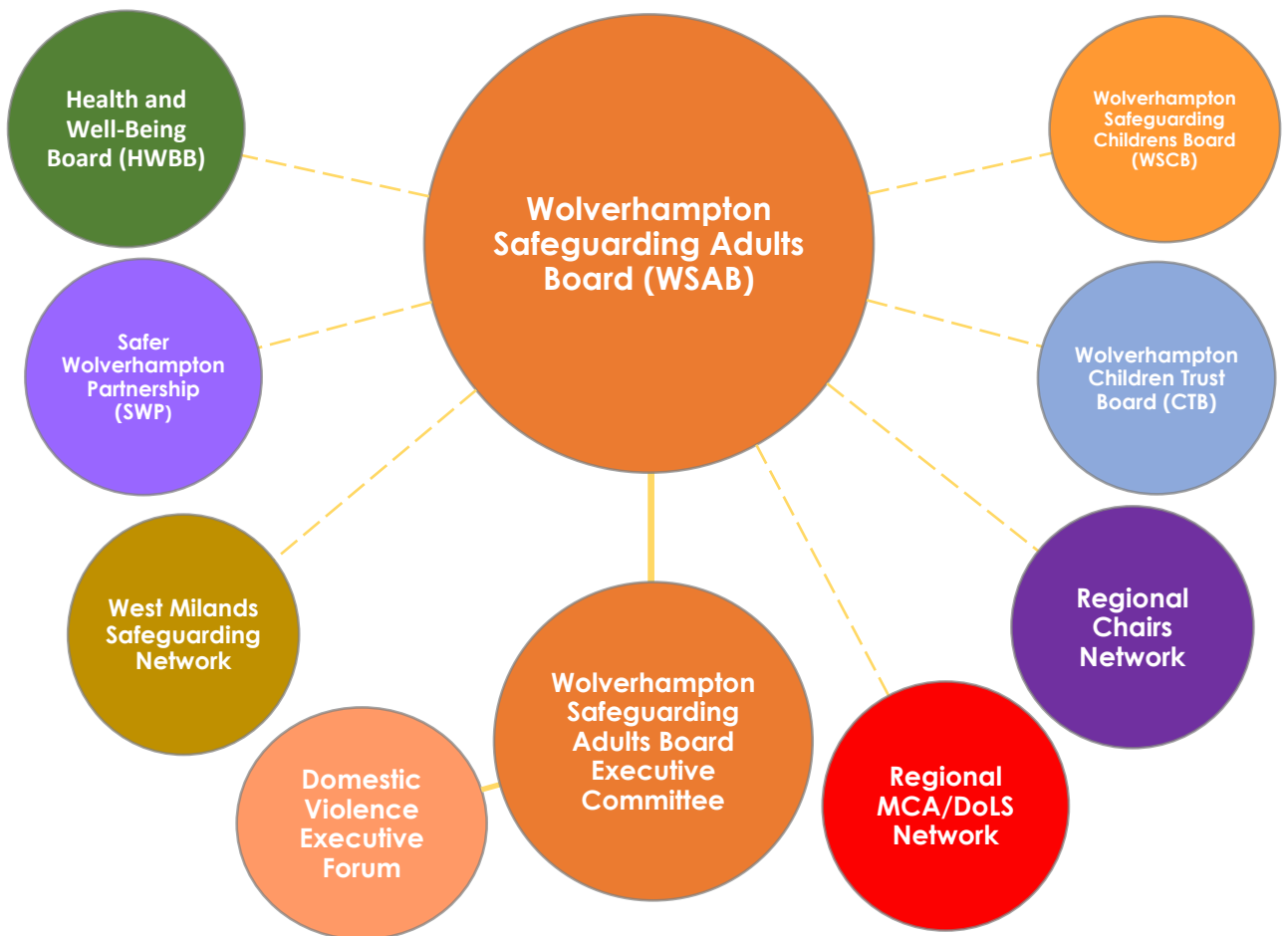
| Member Details           | Group / Role   |
|--------------------------|--|
| Alan Coe                 | Joint Independent Safeguarding Adult's & Children's Board Chair                        |
| Cheryl Etches            | Chief Nursing Officer, Royal Wolverhampton Hospital Trust                              |
| Cllr Sandra Samuels, OBE | Councillor, City of Wolverhampton Council  |
| Dave Mullis              | Senior Operational Support Manager, Walsall & Wolverhampton National Probation Service |
| David Baker              | Operations Commander, Black Country North, West Midlands Fire Service                  |
| David Watts              | Service Director – Adults, City of Wolverhampton Council                               |
| Dawn Williams            | Head of Safeguarding & Quality Assurance Children & Adults                             |
| Diane Partridge          | Interim Joint Board Manager, City of Wolverhampton Council                             |
| Eva Rix                  | Associate Director of Safeguarding, Black Country Partnership Foundation Trust         |
| Fiona Pickford           | Head of Safeguarding, Royal Wolverhampton Hospital Trust                               |
| Ch. Supt Jayne Meir      | Chief Superintendent, West Midlands Police Service                                     |
| Julie Price              | Head of Safeguarding Adults, Black Country Partnership Foundation Trust                |
| Karen Samuels            | Head of Community Safety, City of Wolverhampton Council                                |
| Kate Houghton            | Partnerships Officer, West Midlands Fire Service                                       |
| Kathy Cole-Evans         | Strategy Co-ordinator & Manager, Wolverhampton Domestic Violence Forum                 |
| Kathy Roper              | Head of Young Adults Commissioning, City of Wolverhampton Council                      |
| Kay Rides                | West Midlands Care Homes Association   |
| Linda Sanders            | Strategic Director, People Directorate, City of Wolverhampton Council                  |
| Lorraine Millard         | Designated Nurse Safeguarding Children, Wolverhampton Clinical Commissioning Group     |
| Manjeet Garcha           | Executive Lead Nurse, Wolverhampton Clinical Commissioning Group                       |
| Mark Burnell             | Detective Inspector, West Midlands Police Service                                      |
| Robert Cole              | Head of Clinical Practice, West Midlands Ambulance Service                             |

| <b>Member Details</b> | <b>Group / Role</b>  |
|-----------------------|--|
| Ros Jervis            | Service Director Public Health, City of Wolverhampton Council                  |
| Stephen Dodd          | Wolverhampton Voluntary Sector Council   |
| Darren Baggs          | Assistant Director of Housing, Wolverhampton Homes                             |
| Viv Townsend          | Head of Black Country Cluster, National probation Service                      |
| Annette Lawrence      | Designated Adult Safeguarding Lead, Wolverhampton Clinical Commissioning Group |
| Sam Hicks             | Healthwatch Wolverhampton  |

## Appendix C. The Board and Committee structure



## Appendix D. Our partnership links



## Appendix E. The Board's Finances

The WSAB receives the following contributions from partners:

| <b>Contributing Agency</b>                                  | <b>£</b>      |
|---|---------------|
| Wolverhampton City Council (WCC) **to include Public Health | <b>35,130</b> |
| Wolverhampton Clinical Commissioning Group (WCCG)           | <b>30,000</b> |
| West Midlands Police  | <b>15,022</b> |
| National Probation Service (NPS)                            | <b>1,500</b>  |
| Community Rehabilitation Company (CRC)                      | <b>1,500</b>  |
|   |               |
| <b>TOTAL</b>  | <b>83,152</b> |

The WSAB receives quarterly budget statements to evidence spend. In the main, spend is accrued against staffing costs within the Business Unit, Safeguarding Adult and other case reviews, Website maintenance costs and campaigns.