



Health and Wellbeing Board

7 October 2015

Report title	Safeguarding Adults' Board Report 2014-15 Report of the Independent Chair	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Linda Sanders , Community	
Originating service	Adults' Safeguarding	
Report to be/has been considered by	Wolverhampton Safeguarding Adults Board	10 September 2015

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Provide assurance to Wolverhampton Safeguarding Adults Board that the respective agencies represented on the Health and Wellbeing Committee report annually to their respective boards on adult safeguarding;
2. Ensure all agencies represented at the Board have review current assurance mechanisms that they that can demonstrate their role and performance in relation to safeguarding arrangements for adults at risk.
3. To note the report

1.0 Purpose

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with a copy of the Wolverhampton Safeguarding Adult Board's (SAB) Annual Report and Executive Summary (**Appendix 1 & Appendix 2**), to inform the Board of safeguarding activity 2014/2015 and to present the Board with progress made against the priorities for 2013-16.
- 1.2 The report reminds members that Safeguarding Adults' Boards became a statutory requirement for each Council area from 1st April 2015

2.0 Background

- 2.1 The Chair of the Safeguarding Adults Board through the Safeguarding Manager - Adults is responsible for ensuring there is an Annual Report on behalf of the Wolverhampton Safeguarding Adults Board. The Annual Report contains contributions from the partner agencies who are members of the Board.
- 2.2 The report provides information regarding local safeguarding initiatives, the work and structure of the Safeguarding Board, progress against previous year priorities, partner achievements, and safeguarding data performance. An Executive Summary has also been produced, this summarises the key headlines from the full report and has been developed in recognition of the needs of the potential audience.
- 2.3 The Annual Report and Executive Summary is presented as a final draft at the September Board. It is a requirement that it is then presented to the Health and Wellbeing Board.

3.0 The Implications to Policy and Practice contained within the Care Act 2014

- 3.1 Considerable time and effort has been involved in ensuring that we have a Board, policies, procedures and practice which are compliant with the Care Act. The philosophy and legal framework are in some respects significantly different to those governing the safeguarding of children. For adults it is possible to make risky decisions which may place the adult at some risk as long as the individual has the capacity to do so. The individual perceived to be at risk is at the centre of any discussions about their safeguarding. This means that the concept of completion of any action within certain prescribed timescales is no longer a requirement. The Care Act also introduces a new and wider definition of safeguarding. Most significantly the responsibilities include the concept of Self Neglect. As one person's self neglect is another's rather eccentric lifestyle the issue of capacity remains. Where a person has capacity the role of partners may be to warn against lifestyles which could lead to physical harm or exploitation or possibly help minimise potential harm through monitoring and support. But, unlike children the power to remove is considerably more limited.
- 3.2 To support these changes we have reviewed Board membership. Statutory Guidance confirms that three essential members are The Police, The NHS and the local Council. They were previously well-represented and remain so. Most other members remain and we have included improved community representation through the voluntary sector. The budget to support our work is discussed under the Financial Implications heading.

- 3.3 Finally to support the new philosophy and expectations behind the Care Act we now have revised regional procedures – owned and endorsed by 14 Safeguarding Adults Boards in the region. This has been no small task and the lead officer for Wolverhampton, Sandra Ashton-Jones has played a prominent part in achieving this.
- 3.4 The Annual Report reflects the complex and wide ranging agenda that the Board, its working groups and partner organisations have been addressing throughout the year. In line with statutory guidance we now have a Strategic Plan that identifies our priorities. We have reduced our overarching priority areas from six to five by amalgamating two related areas of work. As part of what is now required we need wider community endorsement of this plan and through Health Watch we are arranging to do this. This Plan is included as **Appendix 3**

4 Progress against Priorities

- 4.1 The Annual Report outline our joint progress and also in an appendix to the report provides individual assurance statements from the organisations represented at the Safeguarding Adults Board. We have reviewed our 2013-16 priorities to reflect changes in legislation and guidance. More detail on both progress and future priorities can be found in the body of the Annual Report. Obtaining greater quality and consistency of those reports will be an important part of improving the report further next year. This Board agreed in January this year to do this but there is continuing evidence there is more work to be done.
- 4.2 For each of the Board's Priorities there is a lead who 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.
- 4.3 Over the past 12 months we have done more work to prevent neglect and abuse. In particular I would wish to highlight:
- We are reaching out to Faith Groups in the City to ensure that they are better aware of how to identify the signs of risk within their congregations and communities.
 - Our main Social Housing providers have started their own safeguarding group to ensure there is a better understanding within housing providers of safeguarding issues and improve their response to it.
 - We are also working more closely with GPs to ensure they also understand what they can do to support and protect their more vulnerable patients.
 - People who have been assisted when at risk tell us that overall they feel much safer as a result of the intervention of those services that support them.
 - Increased awareness of the law concerning mental capacity and deprivation of liberty has led to a massive increase in requests for assessments of people who may not have given consent for decisions to be made on their behalf or it could be argued their liberty is being compromised. This has been both a local and a national challenge.
- 4.4 There is more to do and this report outlines our priorities over the next 12 months and beyond. In particular I wish to highlight:
- Consulting with a wide range of local Citizens on our future plans to check what professionals believe are the main priorities are endorsed by local communities.

- Reviewing the effectiveness of the training that professionals use, ensure that all professionals are up to date and recommend improvements;
- Continuing to work with individuals at risk to ensure they feel safe and when they want us to intervene, improving the protection they are offered.
- Ensuring that we have performance data that can help us determine where we need to put more effort particularly into prevention.
- Working with faith groups by targeting those who at present are unsure how and in what ways to protect those they know work and worship with.

4.5 It is encouraging that the numbers of incidents of safeguarding that are reported continue to rise as we believe this represents greater awareness and commitment by care professionals and the public to report concerns and intervene earlier to keep people safe. It is equally encouraging that the vast people who had been subject to a safeguarding intervention felt safer as a result of this.

5 Financial implications

5.1 For the first time a range of financial and 'in-kind' contributions has formed a formal budget. It is £62,570 for the forthcoming year although the combined Probation Services are committed to increasing this by a further £3000. One of the issues for the partnership will be to consider why it is children's safeguarding has a significantly higher level of funding at £ 168,801. This significant difference reflects the national picture but has never been tested in terms of its acceptability among the members of both the children's and adults' Boards or within the Health and Wellbeing Board. During this year we need to confirm and legitimise this difference in funding levels or propose something different.

6.0 Legal implications

6.1 There are no direct legal implications arising from this report. The changes in law and guidance are covered under Section 3

7.0 Equalities implications

7.1 Safeguarding adults at risk is a concern for all communities. Improving public engagement – which includes raising public awareness about what safeguarding is and what people should do if they recognise it - is a joint priority for both the Safeguarding Children and the Safeguarding Adults' Boards. Work is currently underway to improve our links with all local communities both directly and also in part through improved links with faith groups.

8.0 Environmental implications

8.1 Comment briefly on the environmental implications of the report/proposals.

9.0 Human resources implications

9.1 There are no environmental implications arising from this report.

10.0 Corporate landlord implications

10.1 There are no corporate landlord implications arising from this report at this stage.

11.0 Schedule of background papers

11.1 Annual Report

11.2 Easy read summary

11.3 Strategic Plan