

# ANNUAL REPORT OF THE SAFER ADULTS PARTNERSHIP BOARD (SAPB) 2012-2013

<b>Relevant Board Member(s)</b>	Councillor Philip Corthorne
<b>Organisation</b>	Safer Adults Partnership Board
<b>Report author</b>	Lynda Crellin, Independent Chairman – Safer Adults Partnership Board
<b>Papers with report</b>	Appendix 1 – Annual Report of the Local Safeguarding Children Board 2012-2013

## 1. HEADLINE INFORMATION

<b>Summary</b>	This paper presents the annual report 2012-13 of the Safer Adults Partnership Board (SAPB). It summarises the work done during the year and identifies areas priorities for action in 2013-14.
<b>Contribution to plans and strategies</b>	None.
<b>Financial Cost</b>	There are no direct financial implications from this report, although some additional resources may be required in 2013 when the statutory requirements are clear.
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	Social Services, Housing and Public Health
<b>Ward(s) affected</b>	N/A

## 2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. receive and note this report, and actions identified that are being taken by the SAPB and its constituent agencies to improve the safeguarding of vulnerable adults in Hillingdon;
2. consider the development of a protocol between the SAPB and the Health and Wellbeing Board in preparation for the enactment of the Care Bill; and
3. note the implications of the actions arising from the Winterbourne Review.

## **REASONS FOR RECOMMENDATIONS**

There has over recent years been an increased awareness of the potential risks for vulnerable adults of experiencing abuse and neglect. The Care and Support Bill, currently going through the Parliamentary process, sets out the first ever statutory framework for adult safeguarding which stipulates the responsibilities of local authorities, and those with whom they work, to

protect adults at risk of abuse and neglect. The Bill also identifies the role and remit of Safeguarding Adult Boards, and is likely to require that the annual report is presented to the Health and Wellbeing Board

## **FINANCIAL IMPLICATIONS**

There are no direct financial implications from this report, although some additional resources may be required in 2013 when the statutory requirements are clear.

## **LEGAL IMPLICATIONS**

None directly from this report at this stage, but the Board will be placed on a statutory footing when the Care Bill is enacted.

## **BACKGROUND**

1. Local Authorities have a responsibility to follow the Department of Health guidance outlined in “No Secrets” (2000) and to be the lead agency in coordinating the multi-agency approach to safeguarding adults at risk of abuse in their area. As part of this, the Safeguarding Adults Partnership Board (SAPB) leads on strategy, monitoring and reviewing the safeguarding arrangements in Hillingdon. It publishes an Annual Report, detailing what the partnership has achieved over the year, local and national developments and it decides the service priorities.
2. The Care Bill proposes to set safeguarding adults at risk on a statutory footing, placing a duty on Local Authorities to carry out enquiries into any allegations of abuse or exploitation. Having a SAPB will become a statutory requirement requiring the co-operation of agencies to work together to protect adults at risk. It is likely that a relationship with the Health and Wellbeing Board will be a requirement as it currently is for the Safeguarding Children Board.
3. The Safeguarding Adults Partnership Board is currently a non-statutory, multi-agency partnership of independent and charitable organisations, statutory agencies and others with an interest or responsibility for safeguarding adults at risk. Local Authorities, as required by Government guidance, are the lead agencies in co-ordinating the response to safeguarding adults at risk, part of which is to ensure an effective Safeguarding Adults Board. The remit of the Board is to oversee the strategic development of safeguarding adults and the effectiveness of local arrangements.
4. The report presents a retrospective of safeguarding work over the year. Key local developments and service changes in 2012-13 have been:
  - Changes to risk assessment process to better assess the impact of interventions.
  - Continued implementation of the pan London policies and procedures.
  - Dissemination of learning from case reviews.
  - Establishment of sub group to plan and develop response to the Winterbourne Inquiry. Compliance with initial phase of Winterbourne action plan.
  - Began work to incorporate response to issues of safeguarding vulnerable adults in development of Multi Agency Safeguarding Hub (MASH).
  - Developed relevant local guidance, e.g., Deprivation of liberty, serious case review guidance, Hoarding Policy.

5. The SAPB priorities for development for 2013 onwards have been built around the eight ADASS standards of:
  - Outcomes
  - Leadership
  - Strategy
  - Commissioning
  - People's Experiences of safeguarding
  - Service delivery and effective practice
  - Performance and resource management
  - Local Safeguarding Board
6. Of particular priority is a need to improve our response to abuse, particularly financial abuse, which appears to be growing. We also need to ensure that the positive commitment to personalisation does not lead to increased risks. There is no evidence so far that this will be the case. The SAPB also wishes to increase its quality control mechanisms and to test our local practice against national concerns such as the Winterbourne events. The SAPB is well positioned to comply with the likely statutory requirements of the Care and Support Bill.
7. All relevant agencies have contributed to the Annual Report, and the Clinical Commissioning Group has been represented on the Board by the adult safeguarding and GP lead since April 2013. The SAPB's membership has been further strengthened in the latter part of 2013 by the inclusion of Healthwatch Hillingdon.
8. It should be noted that the role, expectation and workload of the Adult Safeguarding Board have increased hugely over the last year, and this will continue when the Care Bill becomes law. Resourcing of the Board will become an issue and it seems unlikely that the Government will be prescriptive in terms of expected contributions from partner agencies. Some business management and administrative time will be essential to ensure effective functioning of the Board.
9. Of particular priority during 2013 and continuing has been the action plan arising from the Winterbourne review. Part of this plan is the expectation that some long term users of hospital care will be moved to the community by summer 2014. This relocating of highly vulnerable people will present a challenge to all local agencies.