

Health and Wellbeing Board – 29 February 2016

Feedback from Safeguarding Summit - 20 January 2016

What was the summit about?

When the HWB agreed the Walsall Inter-Board Protocol on Safeguarding Children in April 2015, it also agreed that the Chair of the HWB would take part in an annual Safeguarding Summit to provide challenge, support and agree priorities for improvement. The protocol covers 6 boards:

- Children's and Young People's Partnership Board
- Health and Well-being Board
- Safeguarding Children Board
- Safeguarding Adults Board
- Safer Walsall Local Policing and Crime Board
- Youth Justice Management Board

The Chairs of each Board will attend the summit, plus a Board member with lead responsibility for safeguarding.

Who was present from HWB?

Two members of the HWB were present at the summit. Cllr Martin, as Chair of Walsall HWB and David Haley, Exec Director of Children's Services and member of the HWB, who was chairing the summit and is also Chair of Walsall Children and Young People's Partnership.

What was shared at the summit about what the HWB has been doing in response to the expectations agreed by the Inter-Board protocol?

See appendix A prepared as a briefing for the HWB Chair

What are the outcomes from the summit?

The Summit reviewed the Inter-Board protocol, agreed some minor changes and clarified which Board would take responsibility for which priorities, where there is currently unnecessary overlap and duplication. A matrix of priorities and oversight/monitoring roles will summarise this and be circulated to each Board. Some priorities, for example emotional health and wellbeing of children and adults and work on substance misuse, domestic violence and mental ill health (toxic trio) were identified as joint priorities across more than one Board. It was noted that the priorities of the Youth Justice Board need greater alignment with the priorities of other Boards. It was agreed that the Children and Young People's Partnership Board did not need a specific priority or action in relation to keeping children safe and

supported; the priorities are embedded within the Local Safeguarding Children's Board.

Appendix A

What is expected of the Health and Wellbeing Board by the Safeguarding interboard protocol and what have we done?

Summary paragraph:

The members of the Health and Wellbeing Board take their responsibilities with regard to safeguarding seriously and have recently had training to ensure they are fully aware of the extent of those responsibilities.

Modifications to the HWB template ensure that members of the Board are fully aware of any safeguarding implications in the recommendations they are being asked to debate/note/approve.

The Health and Wellbeing Strategy is clear about the need to safeguard children and vulnerable adults and recognises that, to reduce inequalities, it needs to improve the outcomes of people in deprived communities and vulnerable groups faster than the average for the borough of Walsall.

The HWB Review for 14/15 contains an article on the safeguarding work being undertaken (see attached).

Further information on these points can be found in the answers in red below:

The protocol expects that Boards will work together by:

1. Sharing strategic plans during development to enable co-ordination and coherence where there are business overlaps and to assure the inclusion of safeguarding.

Consultation occurred during development of the current Health and Wellbeing Strategy in 2013 (HWS) and will continue for subsequent refreshes.

2. Engaging and consulting with each other on the review of the Safeguarding aspects of their Strategic Plans.

*Safeguarding is implicit in the HWS as it fully embraces the Marmot objectives, including **Give every child the best start in life.***

*Within the document, it states a number of priorities, one of which is to **Safeguard children and young people from harm.***

The vision for Walsall HWB is:

To improve the health and wellbeing of everyone in Walsall and reduce the inequalities by improving the outcomes of people in deprived communities and vulnerable groups faster than the average for the borough of Walsall.

3. The Safeguarding Board will seek assurance directly from individual statutory agencies that they are effectively safeguarding children and young people at risk.

All reports that go to the HWB are expected to follow a template that was refreshed in September 2015. At that time, in order to ensure that the question of safeguarding was raised when considering the impact of any HWB report recommendations, a side heading covering the Health and Wellbeing Priorities was included. Under that section, the following guidance is given:

- State here what the impact will be for the delivery of the Health and Wellbeing Board's priorities set out in the current Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy.
- Do not just list the priorities. State which priorities are relevant and set out specific implications. View the up-to-date Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy on the Council's website http://cms.walsall.gov.uk/index/health_and_social_care/healthwellbeing.htm
- Every report must make reference to the Marmot objectives which are incorporated into the themes within the Health and Wellbeing Strategy. (View the Marmot report at <K:\public\Cabinet\2012\reports\12725-6.pdf>)
- Safeguarding: Please reference in this paragraph any adverse implications for the most vulnerable sectors in the community or if there are none, say so.
For information - The Health and Wellbeing Board has agreed an 'Inter-board protocol' on safeguarding Children between the Childrens and Young People's Partnership Board, the Health and Wellbeing Board, the Safeguarding Children Board, and the Safeguarding Adults Board, the aim being to work together for the promotion of safeguarding and improving the outcomes of children and young people. To this end the protocol sets out that the Boards shall work together by engaging and consulting with each other on the review of the Safeguarding aspects of their Strategic Plans.
- Further advice can be sought from the Director of Public Health and the Public Health team.

From Sept 2015, this report template will enable members to be more explicit in their consideration of the impact of their decisions on safeguarding issues.

4. Advising the Safeguarding Children's Board in the event that there are serious or persistent concerns about safeguarding that have not been addressed by the relevant statutory agencies individually and collectively – Safeguarding Children's Board will then support the Boards to ensure that they are satisfactorily resolved

This would be automatically expected of the HWB members should concerns be raised or identified.

Members of the Health and Wellbeing Board are fully aware of their responsibilities with regard to safeguarding – both vulnerable adults and children - and in November 2015 attended a 3 hour training session on the subject.

5. Identifying a named individual to lead and represent each Board on Safeguarding

The safeguarding lead for Children's Services, David Haley and the safeguarding lead for Adult Social care and Inclusion, Keith Skerman, are both members of the HWB.

6. Ensuring each Boards' Terms of Reference make explicit reference to their role and responsibilities on safeguarding.

The terms of reference for the HWB do not have an explicit reference to safeguarding, but it is clearly implied in the references to health inequality as well as vulnerable people.

The HWB terms of reference do make clear the relationship between the HWB and other Partnership Boards, including the Safeguarding Boards for Children and for Adults.

7. Attending an annual 'summit' to report on their progress on actions to improve safeguarding and to provide assurance that safeguarding is included in their strategic plans and that improvements are being delivered

This is the Safeguarding summit on January 20th

8. Participating in an annual peer review of safeguarding effectiveness facilitated by an independent person.

The 'Walsall Safeguarding summit' is intended to allow the Chair and lead members of each of the 6 boards to challenge and support each other's actions and progress on improving

safeguarding and coordinate efforts to continue to improve safeguarding for both children and adults.