

ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the Adult Social Care Scrutiny Committee held on Wednesday, 23rd November 2011 at 2.30 p.m. in the Civic Offices, Telford, Shropshire

PRESENT: Councillors C. Turley (Chairman), F. Bould, J. Greenaway, M. Hosken, J. Seymour; Co-optee Maurice Viney.

Also Present: Stephanie Jones, Scrutiny Group Specialist.

ASCSC-12 MINUTES

RESOLVED - The minutes of the meeting held on 25th October 2011 were agreed as an accurate reflection of the meeting except that the word “notebooks” in section ASCSC-10 be amended to “netbooks”.

ASCSC-13 APOLOGIES FOR ABSENCE

Cllrs. J. Loveridge, C. Mason.

ACSSC-14 DECLARATIONS OF INTEREST

None

ASCSC-15 PHASE 2 CARE & SUPPORT STRUCTURE PROPOSAL

The Committee reviewed the information provided during the presentation at the previous meeting on 25th October 2011 on the Phase 2 Care & Support structure proposals, a draft copy of the initial comments agreed by the Committee at the previous meeting and the feedback on comments made during the consultation process including from the staff engagement sessions.

There was a lengthy discussion about all the information which had been provided and the following key concerns were highlighted:

- Serious concern was expressed about the loss of specialist posts such as the Asbergers and Dementia specialists, and the potential for a dilution of skills. It was noted that the new structure would include lead posts so that the specialist skills would be retained within the teams. Members felt strongly that the training for front-line staff to expand coverage of these skills must be rigorous so that the skills are strong.
- The functions currently carried out by the Employment & Community Education Teams in Care & Support should remain within Adult Care as the emphasis should remain on the “care” side rather than being transferred to Economy & Skills.

- Members agreed that the transition arrangements from children’s to adult services is vitally important and that the new Transition and Enablement service for 14-25 year olds will be very important and must have clear links to children’s service to bridge the gap, and pick up young people who may be in need but who are not receiving children’s social services.
- There was a concern about the slight reduction in the level of senior officer capacity in the Enablement team and whether this was sufficient to support less experienced and qualified Enablement Workers.
- Members were concerned that some staff will be expected to carry out the same, or greater, level of responsibility with less pay and wanted to ensure that unions were being fully consulted on the proposals.
- Quality of care in care homes was a huge concern, as had been highlighted nationally in recent reports and television programmes. Members recognised that the Care Quality Commission is responsible for monitoring and inspecting care homes and that the Council does not have any funding or statutory powers in this area. However, Members were concerned that as much capacity as possible should be built into the new structure for inspections, and that the Council should use the commissioning process to strengthen quality specifications and monitoring processes when contracting with providers.

The CQC had produced guidance on how they can support Scrutiny Committees and this had been circulated to members of the Committee. It was agreed that the Scrutiny Officer would find out who the local designated CQC contact for the Adult Social Care Scrutiny Committee would be. It was **agreed** that the CQC inspection regime for care homes in Telford & Wrekin would be included in the Committee’s work programme.

- The single point of contact was strongly supported but Members wanted to see the number widely promoted through partners and felt that GP surgeries have an important role to play in passing the number on to people.
- Members were concerned that services are offered wherever possible out of hours when it is likely that crises will occur.
- Members strongly supported the retentions of the Home from Hospital team, but recommended that a systematic way of identifying Telford & Wrekin residents sent to hospitals outside the borough so that they can be supported prior to discharge in the same way as patients at PRH.
- It was strongly recommended that any service changes should be communicated to service users as far in advance as possible so that people understand what will happen.
- It was suggested that electronic netbooks could provide a cost effective tool for staff to use during home visits, but Members were concerned that technology should not put up barriers or be off-putting to patients and that staff must make sure that patients are comfortable with electronic devices being used.

Further clarification was sought on whether the “brokerage” service would be available to self-funders free of charge, that the free enablement service would be available to all people (discharged from hospital or referred by social services) and the safeguards and responsibilities of the local authority for people on Direct Payments. The Scrutiny officer would request the information for circulation to the Committee.

RESOLVED

That the Scrutiny Group Specialist would draft comments based on the concerns identified for approval by the Committee and submission to the service area for consideration in the further development of the structure proposals.

ASCSC-16 CARING FOR OUR FUTURE

A briefing note on the Government’s Caring for Our Future consultation had been circulated to the Committee. The consultation was to engage with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support. Feedback from the consultation would feed into the White Paper on Social Care and a “progress report” on funding reform in the Spring of 2012.

Members considered each of the six specific areas set out in the consultation document and discussed comments they would like to make as part of the consultation. The following points were agreed:

Quality – What are the priorities for promoting improved quality and developing the future workforce?

- The role of the Care Quality Commission needs to be clear and there needs to be a strong emphasis on hands-on inspections.
- A role and additional resources for local authorities to enhance and support the CQC should be considered.
- Local authorities need to be able to hold the CQC to account for their inspections.
- The public need to be made aware of which organisation complaints should be addressed to and the routes for appeal.

Personalisation – What are the priorities for promoting increased personalisation and choice?

- Giving people choice and a range of flexible options is essential, but there needs to be clear messages about what people can expect when local authority budgets are being cut.
- There needs to be more development of the micro-market (small providers) but there has to be funding to enable this.
- People must be given choices but there must be safeguards in the system to make sure people are not pressurised into making decisions that they do not want.
- The cost of services must be clearly delineated.

- People must receive good quality advice so they can make an informed decision about what is best for them and whether to manage their own budget or have services provided for them.

Integration – How can we take advantage of the Health & Social care modernisation program to ensure services are better integrated around people’s needs?

- There is a huge issue with the distribution of funding between health and social care and concerns about the increased pressure on local authority budgets resulting from efficiencies in the health service. This is especially important in relation to Continuing Health Care. The distribution of funding must be addressed to enable services to be integrated.
- Services should only be integrated where it is in the best interests of the person requiring care.
- Integration should be at as local a level as possible.
- There is a difficulty in integrating local care with large health organisations, and integration must be driven by the Health & Wellbeing Boards and Clinical Commissioning Groups at a local level.
- It is imperative that integration is supported by close working relationships and joint systems.

Prevention – What are the priorities for supporting greater prevention and early intervention?

- Public health and health promotion are essential to improve health and reduce health and social care costs over the longer term.
- Local authorities should be properly funded to deliver public health and health promotion initiatives.
- There should be a focus on health promotion in education
- Concern that in the short term prevention and early intervention initiatives are curtailed through lack of funding.

Shaping local care services – What are the priorities for creating a more diverse and responsive care market?

- There are grave concerns nationally about the quality of care and it is essential that care standards are monitored.
- A pool of care providers needs to be built up to provide a wide range of help (including domestic tasks such as ironing) from within the private, voluntary and community sectors and there needs to be a system for monitoring these services.
- Local authorities need to offer a brokerage service.
- As previously mentioned, there needs to be development of the micro-market.

The role of the financial services – What role could the financial services market play in supporting users, carers and their families?

- The issue of the overall lack of funding for local authorities to meet the increasing demand and cost of care must be addressed.

RESOLVED

That the Scrutiny officer would draft and circulate the comments for approval by the Committee for submission to the DfH as the Telford & Wrekin Adult Social Care Scrutiny Committee's response to the consultation.

ASCSC-17 FORWARD PLAN

It was agreed that the date for the next meeting would be confirmed by e-mail and that the agenda would include the impact of the withdrawal of CHC funding on the local authority and the adult safeguarding annual report.

The meeting ended at 4.00 p.m.

Chairman:

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Date:

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**SHROPSHIRE AND TELFORD & WREKIN
VULNERABLE ADULT SAFEGUARDING BOARD
ANNUAL REPORT 2010/11**



**No
more
secrets**

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1. FOREWORDS ON BEHALF OF AGENCIES WITHIN THE SAFEGUARDING PARTNERSHIP

Telford & Wrekin Council

Karen Kalinowski – Head of Care & Support (Adults & Children)

The last year has presented the Council with a number of challenges, from which it has emerged a leaner and more clearly focussed organisation. The year saw an indication of the impact on the Council of the Public Spending Review and of the imperative of putting in place structural revisions in order to ensure service effectiveness, at a time of budgetary reduction.

During the year, the integrity of the adult protection and safeguarding service has been retained through the first phase of the Council's restructure, although some changes have necessarily been implemented. The initial intention to collocate adult and children's safeguarding was reversed following the publication of Professor Munroe's report on children's safeguarding. We believe the new structures will enable us to move further forward on the basis of an independent safeguarding unit, which provides valued consultancy both within and outside the Council and which manages the decision making process in adult protection.

There has been a reduction of about 4% in the number of adult protection referrals received during the year, compared with the unprecedented total recorded for 2009/10. This is the first time since the inauguration of adult protection service that a steady upward trend has been reversed. It has to be said that this reduction would have been greater had it not been for the impact of the institutional abuse investigations in two large residential /nursing homes towards the end of the year. Such a modest trend in either direction is not a cause for concern. However continuing watchfulness is required to ensure on the one hand that matters only come into the adult protection process when this is necessary and beneficial, and on the other that all appropriate concerns are considered within the rigour of the process. Awareness of and expertise in these issues is promoted for all relevant staff by means of the high quality training which is available, especially at the preliminary basic awareness level.

The Council is proud of the quality of the partnerships which it enjoys with the other bodies which are represented on the Vulnerable Adults Safeguarding Board, believing that their effective collaboration provides the best possible assurance for the safety and welfare of vulnerable people. Needless to say that the Council recognises that its partners are themselves confronting severe financial and structural pressure, and is convinced that the years ahead will make the sustaining and strengthening of the partnership particularly indispensable.

Finally, along with others in the safeguarding community, the Council welcomes the recent announcement by the Minister of State that Adult Safeguarding Boards will operate on a statutory basis. This will assist in further consolidating our local safeguarding partnership as it confronts the undoubted challenges of the years to come.

Shropshire Council
Stephen Chandler - Assistant Director, Adult Social Care

Shropshire Council has continued to show their ongoing commitment to Safeguarding throughout the year by ensuring the maintaining of resources to fulfil this vital area of work.

In October 2010 an Adult Protection Coordinator was appointed to chair incidences of High Risk, High Profile, Complex and Institutional adult abuse. Through this role and the role of Head of Adult Safeguarding Shropshire continues to build strong and lasting relationships with the care providers in the County, to improve standards and encourage the reporting of incidents of concern.

Continuing work on the improvements highlighted in the action plan developed following the inspection by the Care Quality Commission (CQC), has ensured we have built on the 'Performing Well' status we were afforded in 2009, and the continuing development of safeguarding in Shropshire as well as regionally will keep procedures and initiatives in line with current national trends.

There has been a drop in the number of referrals into the Adult Protection process during the year from 437 in 2009/10 to 423 in this reporting year. This can be looked at positively, as the comprehensive and sustained training programme that Shropshire Council undertakes via Joint Training, to raise awareness of Adult Protection issues will have an effect on reducing instances of abuse. In addition there is a national trend to encourage providers, where appropriate, to deal with minor concerns internally, as a management or training issue and not to report these into the Adult Protection process (this fits with the Pressure Ulcer and Medication error guidance that was issued last year). However, work is underway with agencies that historically have had low referral rate into Adult Protection to ensure that an opportunity for an appropriate referral is not missed, and that the recording process is accurate and timely.

Shropshire Council is pleased to say that a strong relationship exists with our partner agencies in the field of Adult Safeguarding. The CQC, The Police and Shropshire Partners in Care are three organisations with which regular meetings take place. At these meetings any issues or concerns are discussed and a full and frank exchange of appropriate information takes place.

Shropshire Council has worked, and will continue to work, to prevent any barriers from existing that would prevent the free-flow of information between agencies that could potentially delay or hinder an Adult Abuse situation from being raised and investigated.

The news that Adult Safeguarding Boards are to put on a statutory footing is to be welcomed and can only strengthen the partnerships we already have to protect vulnerable adults.

Shropshire County PCT

Prof. Rod Thomson FFPH FRCN - Director of Public Health, Shropshire County PCT

During 2010-11 the National Health Service began a period of significant change with primary care trusts beginning the process to separate their twin roles of commissioning and providing health care services. In future a new organisation will provide community health services across Shropshire County. Any major re-organisation of health services presents a challenge in terms of ensuring continuity of care, especially as staff change their roles. Shropshire County PCT has therefore placed particular importance in ensuring that safeguarding remains a priority area of work for the PCT and the new community trust. At Board level the Director of Public Health has taken on the role of lead director for safeguarding of children and adults. The PCT's Quality and Safety Committee continues to monitor all aspects of the trust's services to ensure that standards are met. The PCT has worked closely with the Care Quality Commission to review the services it provides in its community hospitals. The Quality and Safety Committee also oversees the training of PCT staff to ensure that continuing education requirements are met. The PCT has also worked closely with the management team of the new community trust to ensure that it will continue meet the national safeguarding requirements. The PCT and the new community trust will continue to work closely with local authorities and other partner organisations to promote the health, well being and safety of vulnerable adults.

Telford & Wrekin PCT

Dr Jo Leahy – Medical Director

NHS Telford & Wrekin continued to play an active role in adult safeguarding arrangements during 2010/11. Against a backdrop of significant changes in the NHS the PCT remained focussed on the importance of safeguarding and further strengthened its internal procedures. This included the implementation of internal reporting protocols for staff, development of dedicated web-pages for adult safeguarding as a resource for practitioners and the production of laminated 'crib-cards' for clinicians to carry as aide memoires in respect of referral processes. The PCT also contributed to and adopted the multi-agency Adult Safeguarding Strategy.

There was a renewed focus on staff training this year and the PCT produced an in-house "e-learning" package for all staff. This has proved to be extremely accessible with very high-levels of take-up by staff across the PCT.

The PCT completed the appropriate sections of the ADASS Self Assessment Questionnaire along with partner agencies. Overall this proved to be a useful and encouraging undertaking and no major areas of deficit were identified.

2010/11 marked the final year of the PCT in its current guise before the statutory separation of commissioning and provision of services. Going forward the successor organisations will need to formally re-engage with the Vulnerable Adult Safeguarding Board and multi-agency policy;

arrangements are in place to ensure that this transition is managed in a planned way that guarantees continuity.

Shrewsbury and Telford Hospitals NHS Trust
Vicky Morris - Director of Quality and Safety / Chief Nurse

Shrewsbury and Telford Hospitals NHS Trust remain committed to the protection of vulnerable adults in our care. There has been a significant increase of adult protection referrals and also members of staff requiring guidance and support from the Adult Protection Lead employed by the Trust.

Adult Protection Awareness remains part of statutory training for all staff in contact with the patients. This has given the staff the confidence to seek help when concerns have been raised.

We continue to have an open approach within the Trust and have included safeguarding children and vulnerable adults in our review of the Whistleblowing Policy which has been updated in March 2011. This outlines how all staff have a duty of care to report any concerns they may have and make an appropriate referral into the adult/child protection process. The Trust is committed to achieving the highest possible standards of quality, honesty, openness and accountability in all its practices.

Junior medical staff prior to induction at SATH are now required to complete an on line module in adult protection and safeguarding. This has been developed by the West Midlands strategic health authority and is mandatory. The module has been designed to provide important information and opportunities to strengthen understanding about adult protection including an assessment of their knowledge gained. The medical education team at SATH ensure the junior medical staff have completed this module on the day of their induction. There will be 180 junior medical staff joining the Trust in August 2011. The intention is that also locum Doctors will be required to complete this assessment and that all medical staff will be required to repeat this every two years.

The Trust remains a member of the Vulnerable Adult Safeguarding Board and has been actively involved within the subgroups for the:

- Decision making tool for pressure ulcer development
 - Decision making tool for medication errors
 - The Safeguarding Strategy which has now been endorsed by the Executive Governance Committee / Trust Board
 - The Training and Development Strategy which is ongoing at present
- } both now completed

The Department of Health advocated an integrated process that ensured adult safeguarding is fully established within the NHS systems, this has now been fully embedded into our reporting systems and certain categories of serious incidents are automatically e-mailed to the Adult Protection Lead by the Patient Safety Advisors and a referral completed if appropriate.

SATH have introduced a safeguarding steering group which meets bi-monthly and combines paediatric and adult safeguarding practices. The purpose of this group is to develop our services including the

review/introduction of relevant policies and procedures, training that has been provided and is required, and audits that have been completed and planned.

The Robert Jones & Agnes Hunt Orthopaedic Hospital **Nicki Bellinger - Interim Director of Nursing**

The Robert Jones & Agnes Hunt Orthopaedic Hospital continues to care for elective orthopaedic patients as well as medical and rehabilitation patients. With the aging demographic of the population the Trust remains vigilant and committed to the protection of vulnerable adults. The Trust continues to work closely with healthcare partners and to provide the best care for all patients and places the safety of all patients as a priority.

The Trust has embraced the High Impact Actions for Nursing and Midwifery; The Essential Collection comprising of:

- Your skin Matters
- Staying safe-preventing falls
- Keeping nourished
- Important choices
- Fit and well to care
- Ready to go- no delays
- Protect from infection

The Trust has strengthened its training arrangements to enable safeguarding to become fully embedded within existing systems. Training continues to be a mandatory requirement for staff and there has been a marked increase in the number of training who have achieved their training to date this is 72%. The Trust has been able to achieve this % using a number of blended learning models to provide training and awareness. In addition to the existing training packages the Trust has invested in an E- learning Package which has further enhanced staff learning and awareness.

The Trust has run a number of training sessions aimed specifically at Consultants using Bond Solon to facilitate the sessions. The focus has been on; Clinical Responsibility, Mental Capacity Training, Healthcare Records. Further sessions have been scheduled for later in the year.

The Safeguarding Committee continues to meet on a quarterly basis and covers a broad range of topics for both adults and paediatric patients. The committee is well attended by a variety of multidisciplinary staff. The Trust also uses the Clinical Governance department which included the complaints and PALS office to raise any concerns regarding safeguarding. All patient related safety incidents are reported through the Clinical Governance department via the Datix system and escalated as appropriate.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Therèsa Moyes - Director of Quality and Clinical Performance

The Trust continues to be positively committed to working in partnership to ensure that the most vulnerable are safeguarded. We have valued the support and guidance provided through inter-agency arrangements and fully recognise the importance of working in an open and collaborative way to safeguard our service users.

- We have strengthened our management arrangements with the appointment of a Safeguarding Consultant Practitioner this year. Through this post we aim to improve our links with the Safeguarding Board and to more critically examine our safeguarding practice.
- We have worked hard to increase the proportion of staff trained in adult protection awareness, now at 73%, this is up 12% on the previous year. We aim to improve further in the coming year.
- Shropshire and Telford & Wrekin Multi-agency Adult Protection Policy has been formally accepted by the Trust Board and is readily available to staff on the Trust Intranet.
- In January 2001, a CQC review judged us to be compliant with safeguarding (Essential Standards for Quality and Safety, Outcome 7) at Shelton Hospital.
- A Trust Safeguarding Group has been established to provide appropriate accountability for safeguarding across the Trust. The group reports to the Quality, Effectiveness and Risk Committee.
- A thematic review of adult safeguarding was completed in 2009/10 and an action plan was put in place to address areas for improvement. The action plan is making progress and is monitored through the Safeguarding Group. A further thematic review, combining children's and vulnerable adults safeguarding, will be completed in 2011.
- Recruitment processes have been reviewed and many improvements have been made to ensure safe recruitment practice. An action plan is in place to address areas for improvement and this is monitored through the Safeguarding Group.
- Safeguarding is now a standing agenda item in directorate management meetings to ensure it remains a priority area across all parts of the Trust.

Much progress has been made, however we acknowledge there are still many challenges, but we are fully committed to the continuous improvement of our practice in the area of safeguarding.

West Mercia Police
Philip Shakesheff - Detective Inspector Public Protection

This has been an important year for West Mercia Police ,we continue to be at the forefront of innovative work to safeguard the public in this challenging, yet critical, area of work.

During this period West Mercia have centralized Public Protection Services, though there has been no change in staffing levels or local delivery in Shropshire.

This new structure seeks to streamline working practices across the force, improve efficiency and effectiveness whilst at the same time reducing risk.

This "one team" approach now has both the **tactical and strategic** lead from Detective Superintendent Martin Lakeman,HQ Public Protection

We are confident that the new structure of "*Corporate Governance, locally delivery*" will enhance levels of trust and confidence with our partners across all of West Mercia in the area of "Protecting Vulnerable Persons"

A national training package has been developed for Police on identifying and dealing with Mental Health and Learning Disabilities and this is shortly to be released to all Officers and staff.

Further training is also to be delivered locally on identifying "Vulnerable adults", outlining police and partner roles and responsibilities.

This will clearly raise awareness of this important area and will no doubt lead to increased levels of adult safeguarding referrals.

Whilst this is positive and is to be welcomed, it will come with its own challenges which will test our resilience and capacity.

The Association of Police Officers (ACPO) have recently circulated a consultation document - Guidance on Vulnerable Adults

This is to be welcomed as it's the first time that this critical area of work has attracted a thematic national guidance document

West Mercia officers are actively involved in this consultation and have already attended a series of workshops that focussed on:

- Roles and responsibilities – police and partners
- Referral process
- Statutory SABs
- Multi agency safeguarding Hubs /improving partnership working
- The status of Serious Case Reviews

Shropshire Partners in Care

Debbie Price - Chief Officer

Karen Littleford - Adult Protection Training and Development Worker

Marion Kelly - Safeguarding Trainer

Shropshire Partners in Care (SPIC) is committed to safeguarding of vulnerable adults and raising awareness of safeguarding issues across the wider community in Shropshire and Telford & Wrekin. This is reflected in the core values of the organisation.

SPIC Core Values

- **Excellence** – SPIC promotes the best possible practice among care providers and also wishes to be seen as an exemplary employer
- **Ethical** – SPIC works in a way that safeguards the human rights of all those who may need or use care services and supports its members to deliver services that place service user rights at the centre of their decision making.
- **Partnership Working** –SPIC works in partnership with all stakeholders who share the same mission and values

Training

SPIC employs an Adult Protection Training and Development Worker in Shropshire and a Safeguarding Trainer in Telford and Wrekin (The Telford & Wrekin Safeguarding trainer will also be delivering Mental Capacity Act training and Deprivation of Liberty training). These posts deliver a range of training and offer support and signposting to workers in both the independent, statutory and voluntary sector.

The organisation delivers a wide range of training, including:

- Adult Protection Awareness – this course has been reviewed and updated
- Adult Protection for Provider Managers
- Keeping Safe, Understanding and Reporting Abuse (for people with a learning disability in Shropshire)
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (Telford & Wrekin)
- Professional Boundaries in Social Care and Health
- A range of Moving and Handling courses
- Infection Control
- A range of First Aid courses
- Medication Training for Carers
- Medication Training for Nurses

Information Sharing and Awareness Raising

One of the most important roles SPIC has is keeping the sector up to date with information and developments, legalisation, guidance and good practice. This is achieved by:

- Facilitating workshops, seminars and presentations with a safeguarding theme

- March 2011 seminar sought the views of the membership on the review of the Multi - Agency Adult Protection Policy Shropshire and Telford and Wrekin. (The views, comments and ideas have been feed back to the Adult Protection Leads in Shropshire and Telford & Wrekin)
- Providing information via the website
- Information Alerts
- Newsletters
- Organises events each year with Shropshire and Telford and Wrekin Council to mark World Elder Abuse Awareness Day (WEAAD)

Safeguarding is a recurrent theme in all SPIC seminars in order to keep the independent care sector up to date with information and to share best practice.

Information sharing is not a one way process and SPIC contributes to national and local consultations. It also channels views and concerns raised by the sector to other organisations, including; local authorities (T & W and SC), CQC, MP's and emerging GP consortia.

Future Developments

SPIC is committed to developing its range of courses tackling safeguarding issues. Future development s planned include

- Keeping Safe, Understanding and Reporting Abuse training to roll out into Telford & Wrekin (subject to funding - bid to be submitted to Training Together for Learning Disabilities)
- Karen Littleford has developed a Professional Boundaries course which has successfully been delivered in Shropshire. Discussions are taking place with Workforce Development in order to deliver the course in Telford & Wrekin
- A refresher course has been developed for Adult Protection Awareness, there are plans to pilot this in Telford & Wrekin with a view to deliver this in Shropshire if the pilot is successful
- Review the Adult Protection for Provider Managers Course
- Seek accreditation with the Royal College of Nursing for Medication Training for Nurses and Support Workers
- Karen George has been teaching carers in Residential Care Homes, early recognition of illness. For example, chest infections, urine infections and dehydration. Early recognition is a way of alerting medical professionals, instigating timely treatment and avoiding admission to hospital.

Promotion of Best Practice

Staff employed by SPIC work with organisations to address specific issues and improve safeguarding practice. Managers who attend the APPM are supported by the trainers to develop action plans around risk reduction and Whistleblowing. This ensures the knowledge gained in training transfers into good practice in the workplace (see appendix).

Staff represent the independent sector on subgroups of the VASB including the Shropshire and Telford & Wrekin Dignity Network and the VASB Training sub group. Through the VASB Training Sub Group, SPIC has developed a Competency Framework for Safeguarding Vulnerable Adults. This will be piloted in the next twelve months.

Medication safety in care homes is a cross-sector partnership project which will run for nine months. The partnership is led by the National Care Forum and the project is funded by the Department of Health. Representatives from across health and social care will work together to improve the

medicines pathway for residents in care homes. This initiative represents an opportunity to address the issues raised by the *Care homes' use of medicines study* (CHUMS) 1 and ongoing concerns about standards related to medication prescribing, administration and management in care homes.

During the project the partnership hopes to jointly produce a set of practical tools to help residents, doctors, pharmacists and care home staff reduce the incidence of medication errors and near misses in care homes. Karen George and Ceri Wright have developed a tool for assessing competence in practice.

Karen Littleford was asked to submit an article to Social Care Institute for Excellence (SCIE) detailing the Keeping Safe, Understanding and Reporting Abuse project. This training was developed by Karen Littleford and Mary Johnson, Joint Training, Shropshire Council. (Report 41: Prevention in adult safeguarding www.scie.org.uk/publications/reports/report41/index.asp Emerging Evidence)

SPIC will continue to work to its core principles and remain committed to safeguarding vulnerable adults in all of the activities it undertakes.

2. SUMMARY OF ACHIEVEMENTS AND TRENDS FOR THE YEAR 2010 – 2011

Safeguarding Strategy

Following its transition from the former Vulnerable Adults Protection Committee in 2009-10, the newly inaugurated Vulnerable Adults Safeguarding Board delegated a small multi-agency working group to prepare a strategy which would establish the Board's direction at the outset of its operation. The draft strategy was completed and presented to the Board's meeting in October 2010, where it was endorsed.

The next stage has involved the agencies represented on the Board endorsing the strategy within their respective governance frameworks. At the time of writing this task was largely completed by the end of the year in question.

In the interests of clarity, the subsequent challenge was to consolidate the content of the action plan which was agreed as part of the strategy, within a single document, along with the respective post-CQC inspection plans and the action plan arising from the annual work programme. Whilst there clearly were sound historical reasons why the separate planning processes developed, it is now clearly desirable for them to be brought together.

Training sub-group

The sub-group was established in autumn 2009 at the request of the Board. There was to be broad agency representation on the group. The Board representative of each agency was to identify their representative to participate.

The group was given an initial remit to produce a training strategy. Once this was done the group was asked by the Board to deliver two key objectives from the strategy:

- A competency framework for adult safeguarding
- The assessment tools to support use of this

The strategy was developed by the group and approved by the Board in the summer of 2010. The group began developing the competency framework which was driven by a comprehensive piece of research into models of competency-driven safeguarding training and their relative effectiveness, which had been undertaken under the auspices of SPIC. The framework was approved by the Board in the winter of 2010 and SPIC's Training and Development Workers are finalising the competency assessment tools ready to be piloted in autumn 2011, once they have been approved by the Board.

The group will be working under the Board's direction to develop future objectives and its ongoing role in developing a safe and competent workforce.

Ongoing Work

During the course of the year considerable inroads have been made with regards embedding Adult Protection into the two Shropshire Prisons, HMP Dana in Shrewsbury and HMYOI at Stoke Heath. Referrals have been received from each establishment and the Adult Protection process followed to a successful conclusion on each occasion. This work will continue with the focus on ensuring more staff become familiar with the Adult Protection process and confident in its use.

Promoting awareness of Adult Safeguarding has also been a feature of the previous year. An ongoing programme of awareness training has progressed and organisations as varied as Church groups, Fire Service, Police and Lay Visitors to Residential and Nursing Homes have received safeguarding awareness training either first hand or have been supplied the necessary tools with which to train their own staff.

There is ongoing work to do in this area to keep the momentum of this training going and a proposal regarding this is set out in the action plan for next year.

Referrals

Both Shropshire and Telford and Wrekin have experienced a drop in the referrals received this year, which can be attributed to a number of factors. Firstly the VASB introduced a number of guides to assist in the decision making process as to when a medication error or a pressure ulcer should or should not be reported into the Adult Protection process. This actively supports minor incidents of both types of concerns being dealt with by the Management of the provider where the incident has occurred. This has coincided with a national trend to keep minor incidents out of Adult Protection, and to have them dealt with in other ways allowing more time to concentrate resources on dealing with the more serious and risky concerns. The Disciplinary process tool has also been introduced to assist in this area. Finally, the more training that is undertaken by staff, the greater the chances of the overall standards of care increasing with a subsequent reduction in referrals.

However, it is to be noted that certain organisations appear to have a lower referral rate into the Adult Protection process than would be expected. A proposal to remedy this is incorporated in the action plan for next year.

Investigations

Fortunately there have not been any Adult Protection incidents where it has been necessary to ask the Board to consider a Serious Case Review.

Review and revision of the Multi-Agency Adult Protection Policy and Procedure (MAAPP)

This piece of work remains ongoing. Throughout the year, attention has been devoted to the need to review and update the MAAPP, in line with a number of recommendations for action which followed the safeguarding inspections of both authorities by the Commission for Social care Inspection in late

2009 and early 2010. A considerable amount of preparatory and consultative work has been undertaken to identify the specific areas in which change was required - always bearing in mind that the existing policy is well-regarded and has served the adult protection partnership well over time.

Late in the year it became apparent, with the launch in January of 'Protecting Adults at Risk - the Pan London multi-agency policy and procedures to safeguard vulnerable adults from abuse' that there was likely to be value in investment and collaboration in the preparation of a high-level regional approach to procedure development. Self-evidently this would require the development of local protocols, which match the existing structures in each local authority. At the time of writing, it appears that this approach has been cautiously welcomed across the West Midlands, including within our two authorities.

Endorsement of Tools to inform and assist practice

During the year, the Board considered, endorsed or reviewed three pieces of work which had resulted in the production or further development of practice tools which could be applied in particular situations, to ensure that the service response was based proportionately on the level of risk presented.

- Medication errors tool - to assess risk where instances of medication error have come to light, and to inform a sound approach going forward
- Pressure Area tool – an aid to decision making in responding to the identification of pressure sores
- Disciplinary process tool – a tool to assist managers in negotiating the interface between disciplinary issues and the adult protection process.

Dignity Network

A national campaign to promote Dignity in Care led by the Department of Health was established in 2006, which has since moved to a regional leadership model. In response to this the Shropshire and Telford & Wrekin Dignity Network was established in 2011. The network aims to sustain the momentum of the Dignity Campaign, coordinating activities and sharing examples of good practice. Shrewsbury and Telford Hospital Trust recently organised a conference with the theme 'Dignity in Care: Because it Matters' which was widely attended.

In 2011 the network became a sub group of the Vulnerable Adult Safeguarding Board (VASB), which enables the VASB to delegate appropriate pieces of work. The terms of reference for the group including its objectives have been developed and the network is currently commencing work on planning further Dignity initiatives. The future work plan includes initiating a Dignity Audit across the health and social care sector in Shropshire and Telford & Wrekin alongside any other projects determined by the VASB. This audit will identify needs, to inform the development of the work plan.

The need for a network has been reinforced by high profile reports published in 2011, including the **Health Service Ombudsman's report 'Care and Compassion'** and the Older People's Commissioner for Wales report 'Dignified Care? The experiences of older people in hospital in Wales', not to mention the recent publicity surrounding care practices at Winterbourne View Hospital. Each of these **identifies how much work still remains to embed the fundamental principles of dignity within care systems.**

Institutional Investigations

Investigations within the procedure for institutional abuse have over the year been undertaken in both local authorities, in response to serious concerns arising in regulated care settings, which appear to affect several or all the service users.

In Shropshire there were 18 'Institutional' abuse investigations in 2010/11. This reflects the large number of Nursing and Residential homes that are in Shropshire. Whenever concerns are categorised as Institutional, good liaison has taken place between CQC, Shropshire Partners in Care and Contract monitoring to ensure that the maximum amount of help is afforded to homes at the earliest opportunity.

In Telford & Wrekin, the year saw 5 separate institutional abuse investigations, which focussed in all but one instance on larger residential units providing residential and nursing care. One of these homes was the subject of two separate institutional investigations during the year. The remaining investigation was carried out at a small provider of care for people with learning disabilities.

Towards a paperless process (Telford & Wrekin)

In Telford & Wrekin, the year saw progress towards the ultimate abandonment of the use of paper and hard-copy files as means of recording adult protection activity, along with other areas of Adult Care & Support. As part of the Electronic Document Retrieval and Management System, the entire process will be recorded on Care First and CareAssess, with the prospect of any future hard copy items, correspondence etc being scanned into the system. The Go-Live date for this was 1st April 2011, prior to which a considerable

Whether this results in the ultimate goal of a 'paperless office' remains to be seen. Future annual reports will be in a better position to gauge whether this ambition has been realised.

Designated Person network (Telford & Wrekin)

In order to ensure that the maxim 'Safeguarding is everybody's business' is developed and meaningful across the authority, a network of Designated Persons for Safeguarding (children and vulnerable adults) has been established. Designated Persons, who are distributed proportionately across the across all areas of the authority, are known to all staff, as the individuals to contact in case of any safeguarding concern which arises. They receive particular training and briefing input and respond promptly and with confidence and expertise to any information they receive relating to safeguarding, so that any concerns are reported and directed appropriately and efficiently.

3. Training

The level of training has increased over the last twelve months and the range of safeguarding training courses available continues to widen in order to meet the needs of the sector.

The increased range of training and availability from different sources, makes producing a single total figure for the county difficult. It should be understood that there may be a small amount of double counting. This is due in part to the joint working approach adopted within the county.

All member organisations keep a training matrix. This should detail individual training requirements and the training they have accessed and when they need to update it.

Table 1 – Total Number of Learners Accessing Safeguarding Training in Shropshire and Telford & Wrekin 2010- 2011

(Note: Some agencies do not participate in the training sub-group and therefore their data is not available as it has not been provided.)

Agency/Sector	Shropshire	Telford	SaTH	Foundation Trust	Total
Acute	394	80	3220		3694
Foundation Trust	104	3		383	490
PCT	309	186			495
Local Authority	575	215			790
Independent and Voluntary Sector (inc housing)	2303	574			2877
Total	3685	1058	3220	383	8346

Training is provided by all agencies on the sub-group and a detailed breakdown appears in appendix 2.

Following adoption of the training strategy the VASB Training Sub-Group has continued to develop training opportunities and carry out activities delegated by the board. The Safeguarding Vulnerable Adults Competency Framework was signed off by the board early in 2011 and the assessment tools are complete. The tools will support managers to assess individuals and ensure competency regarding safeguarding practice. They should also make sure that resources are targeted appropriately dependent on a persons role.

In addition to the adult protection training delivered in Shropshire and Telford & Wrekin Karen Littleford (Shropshire) delivers Standard five and six of the Common Induction Standards Training and has also commenced delivery of Professional Boundaries in Social Care and Health training (both in conjunction with Joint Training, Shropshire Council). The Telford & Wrekin post originally focused on Adult Protection; by making it full time additional training capacity has been achieved. The aim of the increased hours was to deliver MCA and DoLS in addition to adult protection training. Due to the increased capacity since Marion Kelly was appointed Workforce Development has been able to offer more MCA/DoLS and the number of learners is steadily increasing and the number of in house MCA/DoLS training sessions delivered has risen.

The two safeguarding posts continue to work closely and are still co-located at Shropshire Partners in Care.

4. Public Awareness & Prevention

Two training and development posts at Shropshire Partners in Care, funded by the local authorities, continue to raise awareness across social care and health about adult protection. The posts continue to support Provider Managers with the development and implementation of action plans to reduce the risk of abuse in the work place as part of the Provider Managers training. This course continues to be well attended and will be reviewed in 2011 following consultation with learners. Some recent examples of work undertaken as part of this process is summarised in appendix 1.

In 2010/11 there was again an increase in awareness training provided across all sectors.

The annual World Elder Abuse Awareness Day (WEAAD) events continue to raise awareness of this issue. This year Shropshire Partners in Care (SPIC) again took the lead and encouraged organisations to commemorate WEAAD. The theme this year was engagement with service users in WEAAD events. Some twenty two events across social care were registered with SPIC ensuring a wide range of activities took place to draw attention to elder abuse.

Awareness raising materials such as leaflets are available in Shropshire and Telford & Wrekin from the Adult Protection Teams.

5. ACTIVITY AND PERFORMANCE

Telford & Wrekin Council 2010–11

This year, for the first time since this data has been kept, a reduction has been recorded in the number of incoming referrals which have been made to the Adult protection procedure. It would be tempting to ascribe the modest reduction of 4% from 509 in 09-10 to 489 purely to efficiency improvements, enhanced working procedures and increased awareness, whereby inappropriate referrals were more consistently excluded from the formal process. Whilst this view might be justified in part, the overall picture is likely to be more complicated. For example, it remains the case that the source of the vast majority of referrals is the social care sector, whether within the Council or outside. The number of referrals from partner agencies remains at a comparatively low level, and this may indicate a lack of awareness or of confidence, or a conscious reluctance to make referrals. In light of recent nationally reported service failings in other parts of the country, the risks of such an approach are manifest.

The number of referrals from an NHS source amount to just 5.7% of the total, compared with 7.4% in the previous year, and not a single referral appears to have been received from a general practice source. This indicates that even more work may need to be done in raising the profile of safeguarding. This issue ought to be addressed with some urgency.

Over the year it is clear that the changes in the Multi-Agency Adult Protection Policy/Procedure which were implemented from November 2009 have had a beneficial impact. The changes enabled some cases to exit from the process at an early stage, where it was justified by considerations of safety and risk-level.

Undoubtedly, the recorded reduction in referrals over the year would have been far greater, had it not been for the need to undertake investigations within the institutional abuse procedure in a number of large care/nursing homes. It is inevitable, in such instances, which are triggered by serious and wide-ranging concerns potentially affecting all residents at a home rather than individuals, that a large number of additional referrals are generated. Invariably these large investigations bring to light issues of physical and emotional neglect, inadequate care planning and institutional and impersonal modes of care provision. It is also worth pointing out in this context, the considerable impact which these investigations have on the staff involved, both operational and within the adult protection service, both emotionally and in terms of the additional time and effort demanded.

Along with neglect, financial abuse remains the most frequently reported category of abuse, and the current financial downturn seems to have resulted in the temptation of some family members to make illegitimate inroads into the financial resources of vulnerable, usually elderly, relatives. Typically these cases are complicated, easy to raise, but difficult to substantiate or resolve effectively. Several cases have highlighted the benefit of people making contingency arrangements at an early stage, which clarify which clarify their wishes in the event of them losing mental capacity. Other cases of financial abuse point up how difficult it often is for older people to make complaints against relatives, on whom they often depend in various ways.

Shropshire Council 2010–11

Shropshire Council has experienced a reduction in the recorded number of incoming Adult Protection referrals for the first time since records began.

Historically referral numbers have always increased but this year a 3.2% drop has occurred to bring the total referrals for 2010/11 to 423.

It is to be noted that referrals from an NHS source have increased by 21% to 100 for the year, which could reflect the increased awareness and training that has been undertaken by NHS staff. Referrals from all Social care staff have decreased from 304 to 229. There is a national trend to encourage providers, where appropriate, to deal with very minor concerns internally, as a management or training issue and not to report these into the Adult Protection process (this fits with the Pressure Ulcer and Medication error guidance that was issued last year) this could be one reason the numbers have dropped.

It is worth noting that in Shropshire the referral numbers for physical abuse, financial abuse and Neglect were very close at 145, 142 and 138 respectively.

There were 18 investigation classed as institutional this year compared with 14 in 209/10

Vulnerable Adults Safeguarding Board
Quarterly Statistics

1. Total referrals received to date by each Authority; (by quarter for this year, by year for previous 4 years)

Period	2007/8	2008/9	2009/10	2010/11	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	Total
Number of Referrals	643	774	1040	930	98	116	108	167	930

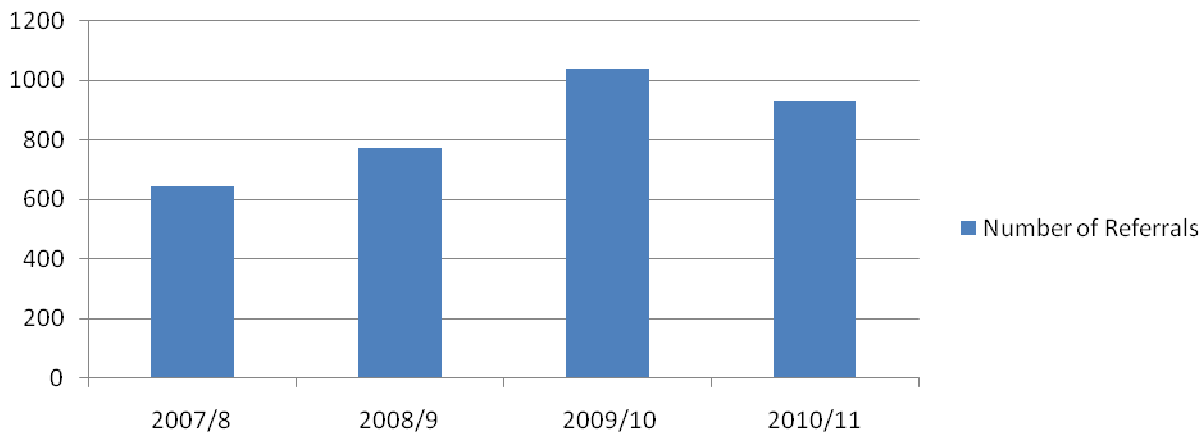
2. Type of abuse by quarter for current year;

Type of abuse	2007/8	2008/9	2009/10	2010/11	Total
Physical	185	254	302	269	
Sexual	53	55	74	63	
Psychological	68	86	241	207	
Financial/Material	157	191	325	293	
Neglect/Acts of Omission	177	208	367	303	
Discriminatory	3	3	3	1	
Institutional	20	17	38	61	
of which no. of multiple abuse	72	57	266	227	
Not stated	0	0	0	0	

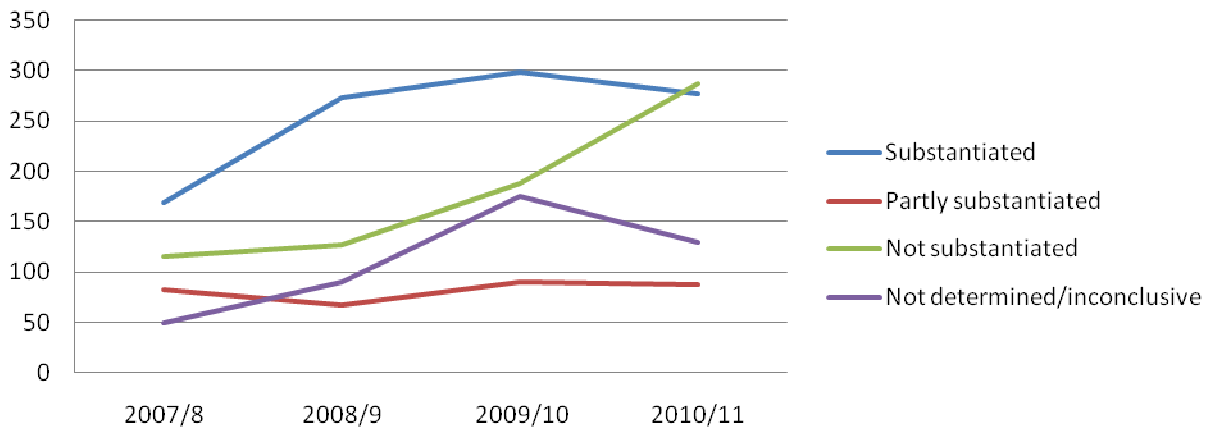
3. Case conclusion;

Case Conclusion	2007/8	2008/9	2009/10	2010/11	Total
Substantiated	169	273	299	277	0
Partly substantiated	83	67	90	87	0
Not substantiated	115	127	188	287	0
Not determined/inconclusive	49	90	175	129	0

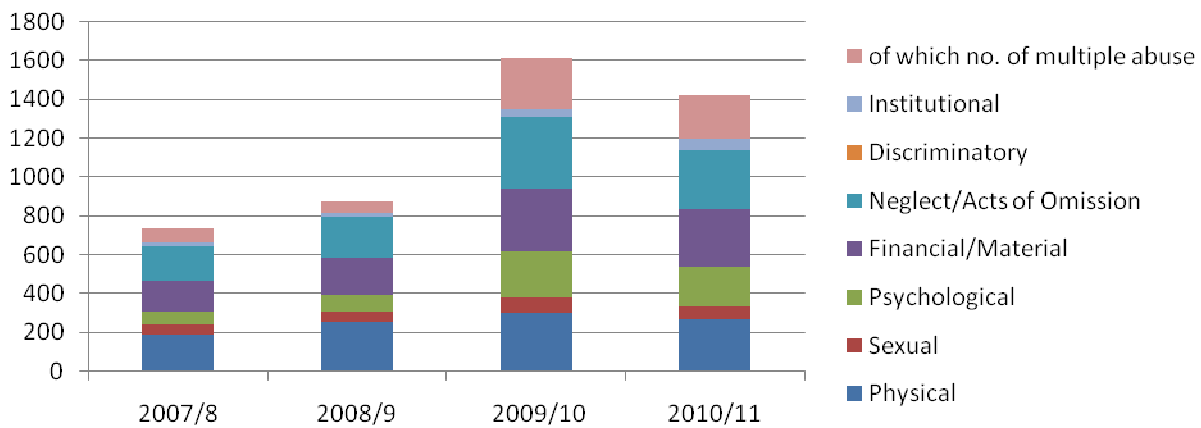
Number of Referrals



Case Conclusion



Types of Abuse



6. DEPRIVATION OF LIBERTY SAFEGUARDS

LOCAL ARRANGEMENTS for DoLS WORK IN TELFORD

There is a joint approach between NHS Telford and Wrekin (NHS T&W) and Telford and Wrekin Council (LA), which is endorsed in their policies and procedures for the implementation of this legislation. There is also a joint Telford and Wrekin policy drawn up mutually between NHS T&W, LA and the Adult Protection team in relation to referral processes. These will need to be reviewed following the restructure in the LA and when more is known about the process of NHS T&W handing over their responsibilities for DoLS.

This year the LA have funded training of 1 best interest assessor (BIA) and NHS T&W have funded 2 through the dedicated course at the University of Wolverhampton. There are now 11 BIAs working across both services:

LA	NHS T&W
1 - Physical disability team	2 – Learning disability team
2 - Older people’s team	1 – Continuing Health Care
2 - Learning disability team	1 – District Nursing
1 - Emergency duty team	1 – Shropshire Enablement Team

One BIA has resigned from their position.

Both the LA and NHS T&W have been able to respond to what continues to be a slow rate of demand for assessments within the appropriate timescales in accordance with legislation. The joint panel has proved to be a satisfactory way of ensuring that the decision of the BIA is taken forward and that the recommendations contained in the BIA report have been attended to, as part of the care planning process.

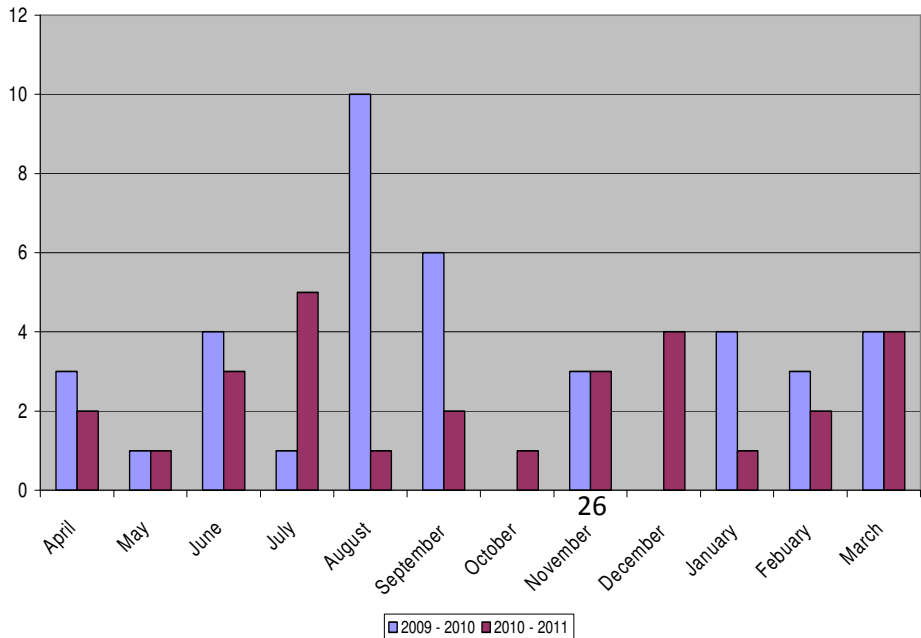
The demand for DoLS assessments continues to be steady, but probably lower than it might be, particularly from the hospitals. There is a plan already in place to deliver training to local acute hospital staff. It is clear from national statistics that the demand varies in different areas and there is no obvious reason for this situation. Care Quality Commission will continue monitoring the situation and identifying issues in their annual reports.

We have established a quarterly MCA/DoLS forum and attend the Shropshire forum when invited to do so.

**T&W
Deprivation
of Liberty
Safeguards
Activity in
Telford &
Wrekin**

Assessments by Month	LA 2009/10	NHS T&W 2009/10	Total 2009/10	LA 2010/11	NHS T&W 2010/11	Total 2010/11
April	3	0	3	2	0	2
May	1	0	1	1	0	1
June	3	1	4	2	1	3
July	1	0	1	3	2	5
August	10	0	10	0	1	1
September	5	1	6	1	1	2
October	0	0	0	0	1	1
November	2	1	3	3	0	3
December	0	0	0	2	2	4
January	3	1	4	1	0	1
February	3	0	3	2	0	2
March	3	1	4	4	0	4

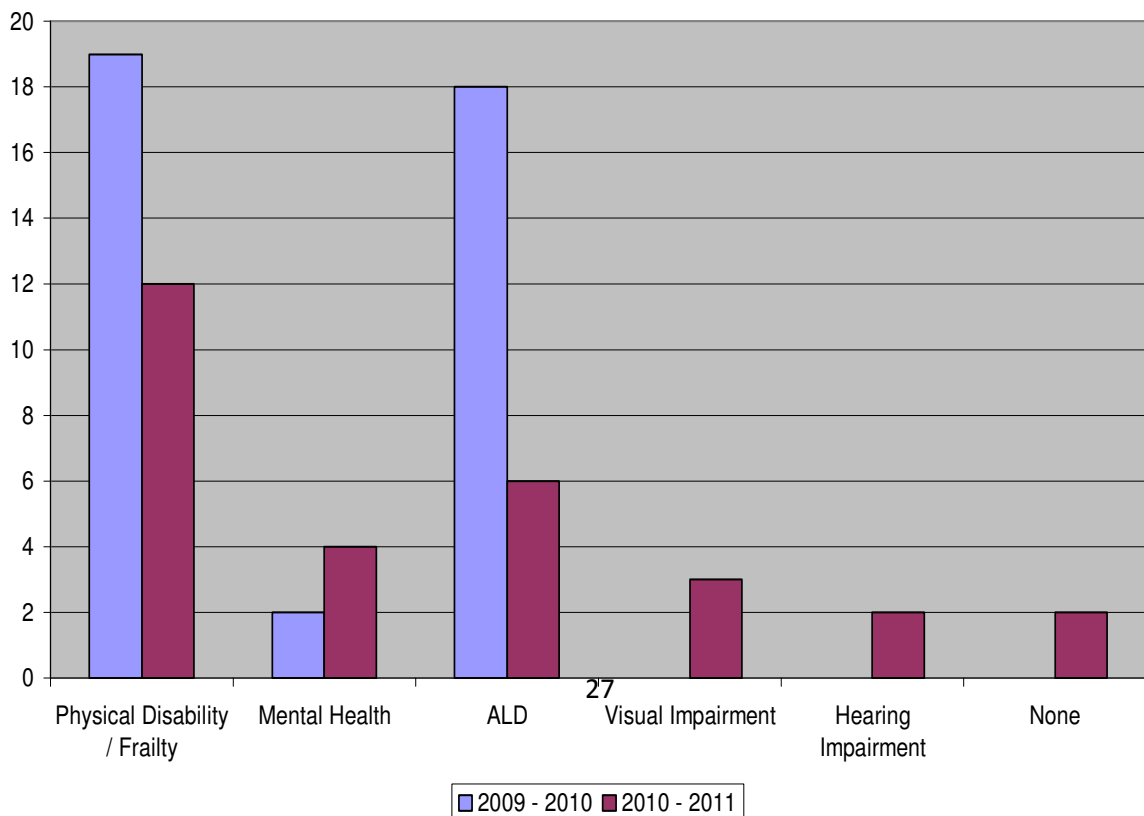
**Assessments by Month
(T&WC and NHST&W)**



	LA 2009/10	NHS T&W 2009/10	Total 2009/10	LA 2010/11	NHS T&W 2010/11	Total 2010/11
Physical Disability /Frailty	14	5	19	9	3	12
Mental Health	2	0	2	4	0	4
ALD	18	0	18	6	0	6
Visual Impairment	0	0	0	2	1	3
Hearing Impairment	0	0	0	0	2	2
None	0	0	0	0	2	2

Assessments by client group

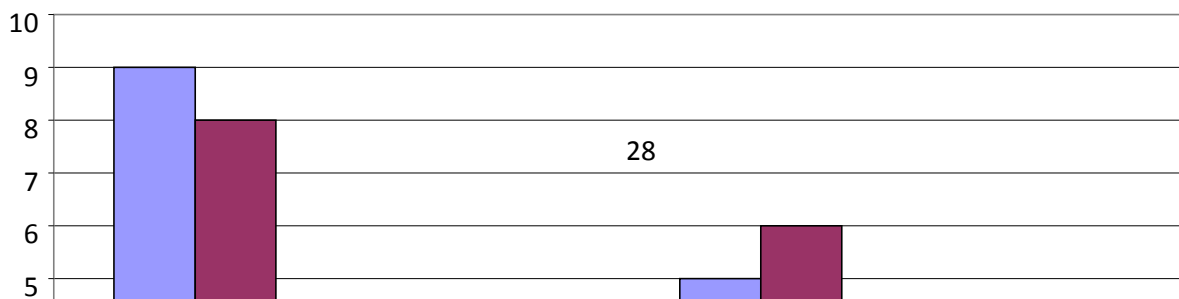
**Assessments by Client Group
(T&WC and NHST&W)**



	LA 2009/10	NHS T&W 2009/10	Total 2009/10	LA 2010/11	NHS T&W 2010/11	Total 2010/11
Physical Disability /Frailty	4	5	9	6	2	8
Mental Health	2	0	2	2	0	2
ALD	5	0	5	6	0	6
Visual Impairment	0	0	0	1	0	1

**Authori
sations
Granted
by
Client
Group**

**Authorisations Granted by Client Group
(T&WC and NHST&W)**



This information is extracted from the report provided to the Board by the joint LA & NHS Telford & Wrekin DoLS leads. They provide a summary of the work within Telford for the Safeguarding Report.

The Shropshire Joint DoLS Team Summary of the year April 2010 to March 2011

The team consists of:

Safeguarding Systems Co-ordinator

Administrative Assistant

2 Best Interests Assessor's (BIA)

Mental Capacity Act/DoLS Team Manager

There are also ten BIA's working in teams across health and social care including 2 independent assessors and 1 psychologist. The MCA/DoLS Team Manager provides group and individual supervision to these staff.

All BIAs have attended the required training for re-approval. There are 9 Section 12 approved doctors registered with the team to carry out the Mental Health Assessor role. The relationship with these doctors continues to be extremely good.

Level of activity

Numbers of assessments completed in Shropshire April 2010 to March 2011 compared to previous year

<i>Assessments month by month</i>	2009/10	2010/11
April	4	8
May	7	10

June	2	7
July	2	16
August	3	8
September	5	11
October	6	4
November	6	6
December	10	5
January	4	9
February	5	8
March	8	15
Total	62	107

Comparison with West Midlands

Numbers of referrals from Shropshire are high, rating second highest after Staffordshire which has a much larger population. Shropshire continues to have the highest number of authorisations granted across the West Midlands and a high proportion of Authorisations granted to applications. We interpret this data to indicate that appropriate referrals are being made.

PCT authorisation figures are particularly healthy and represent 28% of requests.

AREA	Number of standard authorisation applications from 1st April 10	Outcome not yet known	Authorisations granted	
Birmingham	104	3	42	40%
Coventry	49	1	20	41%
Dudley	79	1	41	52%
Herefordshire	15	0	4	27%
Sandwell	56	0	31	55%
Shropshire	107	2	67	63%
Solihull	30	0	12	40%

Staffordshire	123	0	26	38%
Stoke	57	3	28	49%
Telford & Wrekin	38	2	13	34%
Walsall	15	0	5	33%
Warwickshire	39	1	7	18%
Wolverhampton	46	10	13	28%
Worcestershire	65	0	15	23%
WEST MIDLANDS TOTAL	633	25	237	

Training and promotion

Training sessions are provided by the Staff Development Officer (MCA) and the MCA/DoLS Team Manager.

All courses are over-subscribed immediately they are advertised and take up is good across the health and social care workforce.

MCA Awareness Attendance	09/10	10/11
Sector		
Acute Hospital	72	311
Housing	2	28
Independents	553	575
NHS Foundation	7	24
PCT	275	87
SC	147	130
Voluntary	39	36
T & W inds	24	43
Total	1119	1234

Principles to Practice Attendance

Sector	09/10	10/11
Acute Hospital	8	1
Independents	26	10
NHS Foundation	1	
PCT	16	
SC/housing	22	12
Voluntary	6	
Total	79	23

DoL Safeguards Attendance

Sector	09/10	10/11
Acute	36	73
Independents	171	250
NHS Foundation	5	13
PCT	53	32
SC	80	35
T & W	4	
Voluntary		14
Total	349	417
Cumulative total	1569	1674

Joint MCA/DOLS	09/10	10/11
Sector		
Acute Hospital		5
Independents		287
PCT		1
SC		7
T&w		24
TOTAL		324
Cumulative total	1569	1998

7. VASB AMALGAMATED ACTION PLAN

	Action/Priority	Agencies	Lead	Target date	Updates	RAG
7.1	To undertake whatever revision and relaunch of the Multi-Agency Adult Protection Policy and procedures as are appropriate following the recent service inspections by the Care Quality Commission, and any other legislative or regulatory changes which are relevant		P Clarke/J McGillivray	31.10.11	Ongoing and in progress	
7.2	To develop and implement systems which ensure that all information regarding potential risks to the safety and welfare of vulnerable adults is promptly and appropriately shared. This is especially relevant in the context of repeated expressions of concern		D Robson/P Clarke	31.12.10	Being addressed within the revision of the MAAPP. Updated CareFirst and Care Assess programmes will assist this.	
7.3	To ensure that safeguarding requirements are embedded in all contracts let by agencies within the safeguarding partnership. Compliance with this measure should be monitored, and appropriate corrective action taken in the case of any breach.		Contracts sections in both LAs and other agencies	31.12.10	In place	

7.4	To develop within each of the agencies within the local safeguarding partnership a safeguarding performance framework which relates to the agencies' performance in the areas of <ul style="list-style-type: none"> • Reduction of harm • Training and competence • Achievement of successful outcomes for vulnerable people 		All agency representatives	31.12.11	At an early stage of consideration	
7.5	Within the review of the Multi-Agency Adult Protection Policy & Procedures, to insert reference to the availability and arrangement of advocacy at an early stage, ie within the APF1 form. Any identified need which cannot be met should be recorded and reported to the Board.		P Clarke/J McGillivray	31.10.11	(Telford) Advocacy Forum is producing broad spectrum easy-read leaflet on advocacy provision which will be applicable to vulnerable people in the AP process.	
7.6	To identify groups and communities who currently have little contact with mainstream safeguarding and support frameworks eg Temples, Mosques, Parish Councils etc, and to work with them towards a better awareness of safeguarding and its potential benefits		D Robson/P Clarke	31.3.11	Groups/sections having little contact are identified., but no action on this yet	

7.7	To develop within the professional system a commitment to removing such barriers as exist to involvement with these groups and communities, and to develop innovative means of awareness raising and publicity		D Robson/P Clarke	31.3,11		
7.8	To develop a consistent approach to supporting vulnerable adults in accessing services which address the reduction of harm from domestic abuse		All agency representatives	31.3.11	Consistent engagement between Adult Protection and MARAC process. Further specification will be	
7.9	To continue to promote and support World Elder Abuse Day, and to plan a further generic Safeguarding Awareness day, around 6 months after World Elder Abuse Day, which covers all service areas		J McGillivray/P Clarke	31.12.10	World Elder Abuse Day 2011 (15 th June) events coordinated by SPIC. Suggestions for the additional awareness day to be developed.	
7.10	To seek details of the experiences of vulnerable adults with the adult protection process, and to ensure that lessons are learnt. This may include <ul style="list-style-type: none"> • Development of the existing closure form to make it more interactive and customer focussed • Development of instant feedback mechanisms, postcards etc • More formal feedback surveys 		All agency representatives	31.3.11	Some work undertaken, but needs to be more systematic and sustainable. This will be strengthened by specific references within the revised MAAPP.	

7.11	To confirm minimum levels of staff training for agencies within the safeguarding partnership, and implement		S Chandler and training subgroup	31.12.10		
7.12	To introduce competency-based training across the safeguarding partnership		S Chandler and training subgroup	31.12.10	The agencies will map their own training against the completed framework and identify any gaps. This enables individual agencies to take their own approach to delivery that suits their services whilst being able to assure the board that the training is underpinned by the same competency framework no matter where it is delivered.	
7.13	To develop both the range of training and the training resources available to partner agencies		S Chandler and training subgroup	31.12.10	The group will support its members to fill the gaps in their training to deliver the full spectrum of the training in the competency framework. This is ongoing and likely to form the continuing remit of the group along with monitoring training activity.	
7.14	Development of Safeguarding Strategy and development and implementation of an action plan which sets out clear priorities for work to be undertaken.	All agencies	Dave Robson & Pete Clarke		Final version of strategy, with action plan, was adopted at the VASB meeting in October 2010. From the VASB meeting in January 2011 partner agencies were to have the strategy/plan approved within their own governance arrangements, by April 2011 meeting. This has been completed by some.	
7.15	Cross agency review of prevention activities against ADASS National Framework of Standards		Pete Clarke & Dave Robson		Following the initial audit by DR and PC partner agencies were asked to audit their own organisations against the framework prior to the April 2011 meeting	

7.16	Review of NHS Related Issues and awareness raising	Health partners	Kevin Moore/Helen Hampson/Denise Williamson/Gill Foster/Vicky Morris		<p>Update on Clinical Governance Guidance at April Board</p> <p>SATH This is an ongoing process where any issues /incidents are reported through our Clinical Governance team and also our Datix reporting system, which is then also relayed to the Adult Protection Lead. Adult Protection remains as part of the statutory training for all staff caring/handling patients</p> <p>SSSFT We continue to monitor any issues regarding safeguarding through our Clinical Governance groups and monitor any referrals to adult protection. Through incident reporting and managerial supervision. We have appointed a Consultant Practitioner for Safeguarding, Mandy Lee, who holds Safeguarding meetings for SSSFT. Vulnerable Adult Awareness Training remains mandatory.</p>	
7.17	Review of implementation of Medication and Pressure Ulcer Tools pilot	Health partners, SPIC	Karen George		Date for report to Board to be agreed	
7.18	Service User Engagement Processes (including advocacy services)	Shropshire Council & Telford & Wrekin Council	Dave Robson & Pete Clarke		Telford Advocacy Forum preparing easy-read leaflet about availability of advocacy services for wide distribution. Will be relevant for use in safeguarding situations. Also contact card for instant feedback being	

					drafted.	
7.19	Continued development of data driven analysis and development		Stephen Chandler & Karen Kalinowski		Paper to April Board to agree common data set across whole area	
7.20	Ongoing monitoring of DoLS implementation		Mary Fraser (T & W) Lorraine Curry (SC)		Report due to July Board	

8. BOARD PRIORITIES FOR 2011 – 12

1. Complete work on the amalgamated action plan
2. Seek commitment from all partner agencies as to their ongoing promotion of safeguarding awareness
3. Secure commitment from all agencies to ensure that all appropriate concerns are referred into the adult protection process
4. Board to monitor MCA/DoLS action plan.

Adult Protection Action Plans

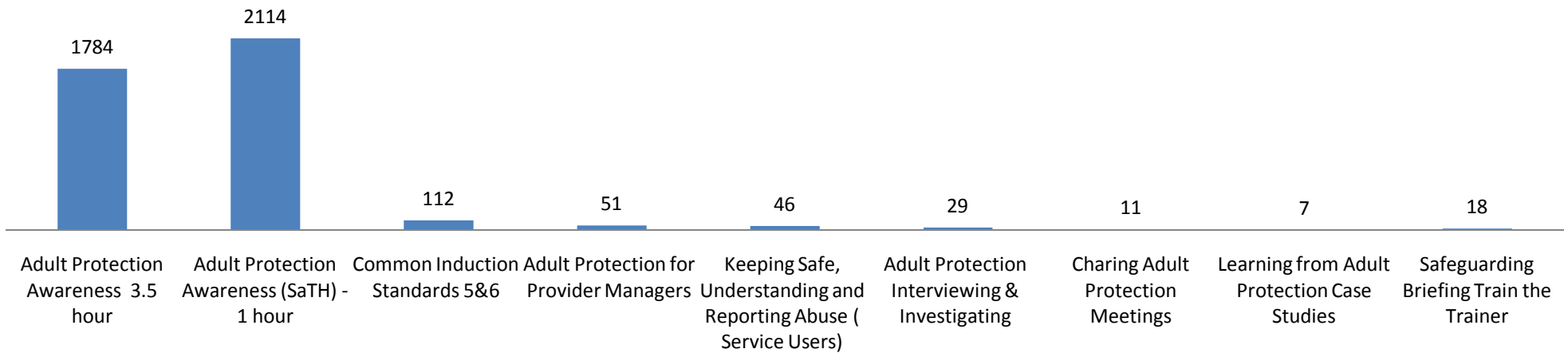
Adult Protection action plans are produced by Managers following attendance on the Adult Protection for Provider Managers training. The action plans aim to reduce the risk of abuse in the workplace to vulnerable adults and also to identify how staff and volunteers can be supported to speak out if they have any concerns about wrongdoing. Karen Littleford (Adult Protection Training and Development Worker, SPIC) and Marion Kelly (Safeguarding Trainer, SPIC), visit the workplace to support and document the actions implemented. The following is a summary of actions from 2010/11. Action plan visits also give managers the opportunity to raise any concerns about safeguarding, these can be fed into other forums or taken to the Vulnerable Adult Safeguarding Board if appropriate.

In 2010/11 managers worked on Risk Reduction and Making it Easier to Tell Action Plans addressing the following:

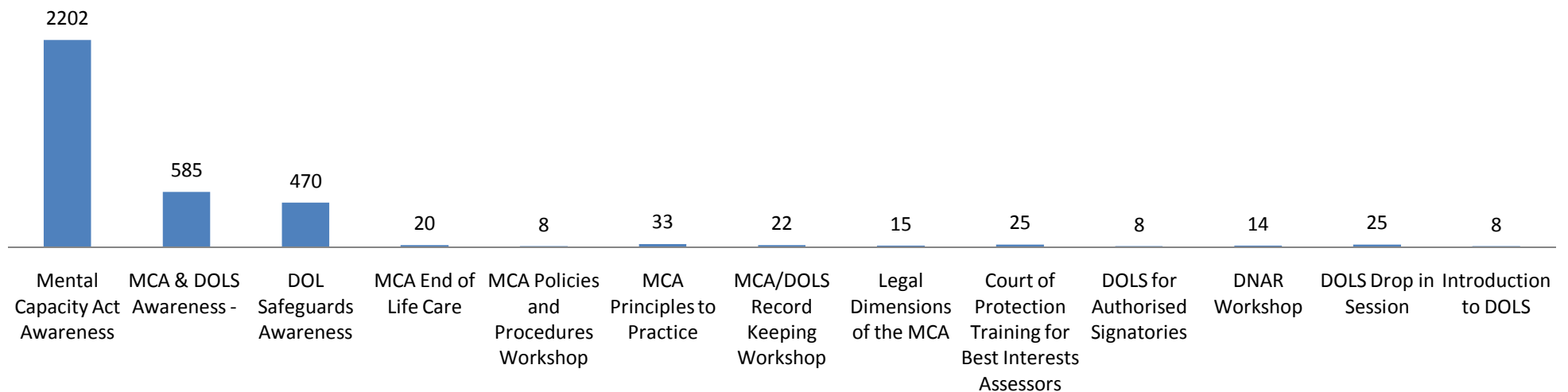
- Medication administration and policy
- Raising awareness of Hate Crime and reporting centre's in Shropshire
- Accessing training including:
 - Professional Boundaries in Social Care and Health
 - Mental Capacity Act 2005
 - Deprivation of Liberty Safeguards
 - Autism
 - Food Hygiene
 - Effective Supervision
 - A range of Dementia courses
 - Medication
- Reviewing and improving documentation
- Improving activity provision
- Addressing adult protection in staff meetings
- Raising staff awareness of adult protection
- Raising service users awareness of adult protection including the development of resources such as leaflets
- Improving financial record keeping
- Supporting discussions around personal relationships
- Highlighting training needs for the service
- Developing information to support service users with safe internet use
- Developing supervision processes and looking at new ways of supervising staff
- Accessing other professionals with specialist knowledge
- Looking at Dignity and ensuring that workers can identify what this means in their practice
- Reviewing the organisations Whistleblowing policy
- Improving communication throughout the team
- Developing an open culture
- Reviewing handover systems

- Developing reflective practice

Adult Protection Training Number of learners attending 2010- 2011



Mental Capacity Act and Deprivation of Liberty Safeguarding Number of learners attending 2010 -2011



Vulnerable Adults Safeguarding Board
Quarterly Statistics – Telford & Wrekin

1. Total referrals received to date by each Authority; (by quarter for this year, by year for previous 4 years)

Period	2007/8	2008/9	2009/10	2010/11 Projection	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	Total
Number of Referrals	284	375	509	489	98	116	108	167	489

2. Total referrals received by source for current year;

Source Of Referral	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	Total
Other Service User	0	0	0	0	0
Social Care - Self Directed Care Staff	0	0	0	0	0
Education/ Training/ Workplace	0	2	1	1	4
Friend/ Neighbour	1	1	1	3	6
NHS - Mental Health Staff	1	2	1	2	6
Police	1	0	2	3	6
Housing	3	2	0	3	8
NHS - Primary/ Community Health Staff	2	2	4	3	11
NHS - Secondary Health Staff	0	4	2	5	11
Social Care - Other	3	2	6	5	16
Care Quality Commission	4	1	4	7	16
Social Care - Day Care Staff	3	3	3	12	21
Vulnerable Adult	13	8	1	5	27
Other	5	10	5	8	28
Social Care - Domiciliary Staff	11	8	4	15	38
Vulnerable Adults Family	16	17	15	22	70
Social Care - Residential Care Staff	14	21	20	27	82
Social Care - Social Worker/ Care Manager	21	33	39	46	139

3. Type of abuse by quarter for current year;

Type of abuse	20010/11 Q1	20010/11 Q2	20010/11 Q3	20010/11 Q4	Total
Physical	21	34	28	41	124
Sexual	9	7	5	9	30
Psychological	21	35	31	41	128
Financial/Material	30	48	34	39	151
Neglect/Acts of Omission	37	30	36	62	165
Discriminatory	0	0	0	0	0
Institutional	1	0	5	37	43
of which no. of multiple abuse	19	27	28	65	139
Not stated	0	0	0	0	0

4. Case conclusion;

Case Conclusion	20010/11 Q1	20010/11 Q2	20010/11 Q3	20010/11 Q4	Total
Substantiated	25	33	21	48	127
Partly substantiated	7	12	11	15	45
Not substantiated	33	38	22	40	133
Not determined/inconclusive	16	16	10	32	74

Vulnerable Adults Safeguarding Board
Quarterly Statistics - Shropshire

Appendix 4

1. Total referrals received to date by each Authority; (by quarter for this year, by year for previous 4 years)

Period	2007/8	2008/9	2009/10	2010/11 Projection	20010/11 Q1	20010/11 Q2	20010/11 Q3	20010/11 Q4	Total
Number	359	399	437	422	132	112	92	86	423

2. Total referrals received by source for current year;

	20010/11 Q1	20010/11 Q2	20010/11 Q3	20010/11 Q4	Total
Vulnerable Adult	6	1	2	1	10
Vulnerable Adults Family	5	9	5	6	25
Friend/ Neighbour	2	1	0	0	3
Other Service User	0	0	0	0	0
Social Care - Domiciliary Staff	1	1	3	1	6
Social Care - Residential Care Staff	10	24	8	16	58
Social Care - Day Care Staff	5	2	3	4	14
Social Care - Social Worker/ Care Manager	7	6	6	4	23
Social Care - Self Directed Care Staff	0	0	0	0	0
Social Care - Other	39	19	28	13	99
NHS - Primary/ Community Health Staff	14	5	7	8	34
NHS - Secondary Health Staff	14	14	12	13	53
NHS - Mental Health Staff	0	5	2	1	8
Care Quality Commission	2	0	1	0	3
Housing	2	6	0	1	9
Education/ Training/ Workplace	2	0	0	0	2

Police	1	2	3	3	9
Other	17	12	3	11	43

3. Type of abuse by quarter for current year;

Type of abuse	20010/11 Q1	20010/11 Q2	20010/11 Q3	20010/11 Q4	Total
Physical	49	32	21	26	145
Sexual	9	9	4	6	28
Psychological	19	18	11	17	65
Financial/Material	43	43	24	21	142
Neglect/Acts of Omission	47	26	27	21	138
Discriminatory	1	0	0	0	1
Institutional	10	6	1	1	18
of which no. of multiple abuse	36	18	7	16	77
Not stated	0	0	0	0	0

4. Case conclusion;

	20010/11 Q1	20010/11 Q2	20010/11 Q3	20010/11 Q4	Total
Substantiated	41	42	17	13	113
Partly substantiated	10	10	4	6	30
Not substantiated	44	40	30	26	140
Not determined/inconclusive	21	11	6	9	47

