HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Minutes of the meeting of the Health and Adult Care Scrutiny Committee held on 12th August 2013 in Meeting Room 3, Darby House, Lawn Central, TF3 4JA

PRESENT:
Councillors D. White (Chair), F. Bold , R. Evans V. Fletcher , J. Greenaway, A. Meredith, J. Minor, Co-optees R. Shaw, J. Gulliver, D. Davies and R. Perkins.

Also Present**:** Cllr. A. England, Cabinet Member Adult Social Care, P. Taylor (Interim Director Adult Care, Heath and Wellbeing), K. Kalinowski (Assistant Director Care and Support), C. Heaven (Shropshire and Telford and Wrekin Age UK) and F. Bottrill (Scrutiny Group Specialist)

HACSC-50 MINUTES

RESOLVED - The minutes of the previous meetings of the Health and Adult Care Scrutiny Committee held on 3rd May 2013 be agreed as an accurate reflection of the meetings and signed by the Chairman subject to the deletion of 'to' page 3, paragraph 11, line 3.

HACSC-51 APOLOGIES FOR ABSENCE

None

HACSC-52 DECLARATIONS OF INTEREST

Cllr. R. Evans declared her employment in a social care provider organisation that has contracts with the Local Authority.

HACSC-53 RESPONSE TO THE SCRUTINY REVIEW OF CONTINUING HEALTHCARE

The Chair invited Cllr. A. England, Cabinet Member for Adult Social Care, to give a verbal response to the Scrutiny Committee's report on Continuing Healthcare (CHC).

Cllr. England made some initial comments on the report setting out the reduction in the level of CHC funding and the impact that this has had on the Local Authority's Adult Care budget. He noted the approach that the Scrutiny Committee had taken in looking

at the quality of the assessment process. He highlighted the findings of the report that set out that the local interpretation of the assessment process was unfair and that in some cases care provision was not meeting the needs of individuals. He commented that he would like further evidence of this. He also commented on the finding of the Committee that it would be impossible to produce a single document that would explain to patients and their families what care the patient being assessed would need and how this related to CHC funding. Cllr. England said that this reflects the complexity of the system. He added that the assessment process has to be fair and it should not be based on patients who 'shout the loudest' getting the most support.

Cllr. England commented on the findings of the Committee that the Council is not meeting the full cost of people's needs. He responded that private Care Homes make a profit but he recognised that there are not-for-profit care home providers. He was glad that the report identified the implication for the Adult Social Care Budget which has resulted in additional costs of £8 million. If this continued there is a risk that the threshold for eligibility for local authority funded care could be raised to critical.

The Chair requested that the Cabinet Member respond to the recommendations in the report. He added that the Committee also had concerns regarding people who are self funding and the appeals process. C. Heaven confirmed that the appeals they had supported over the last 3 years had not been successful and that a patient who appealed last month was still waiting to hear. Cllr. England responded that he wanted to ensure that the Committee understood the difficult issues and the Interim Director for Adult Care, Health and Wellbeing suggested he could update the Committee on the work that has been undertaken with the Clinical Commissioning Group.

Cllr. England provided the following response to the recommendations in the Scrutiny Report:

Recommendation 1
The CCG put systems in place to ensure that all patients and their families are appropriately involved in the assessment process. The CCG must ensure that the assessment is patient centred and that the assessment is carried out in a caring and compassionate manner in line with the Francis Report.

CCG to respond to this recommendation

Recommendation 2
All patients who are assessed using the Initial Check List and their families should be given written information about independent advice and advocacy services with specialist knowledge of CHC BEFORE the checklist is initiated. The information should provide the contact details for the advocacy services

CCG to respond to this recommendation

Recommendation 3
This advocacy service must be adequately resourced to respond in a timely manner and provide the necessary support to individuals and their families throughout the CHC process. The Committee recommend that the CCG contribute toward the cost of this service in line with the National Framework Practice Guidance (p.98)

Accepted: The Council currently funds advocacy services and patients and their families going through the CHC process can access these. The issue of advocacy services for CHC was discussed at the CHC workshop on 20 June with the CCG and this has been built into the follow up action plan. This will be carried out jointly with the CCG

Recommendation 4
The Multi-disciplinary working can only be delivered through a successful partnership approach both at organisational level and practitioner level where all the people involved in the care of an individual feel that their views are valued. The views of all professionals in the MDT must be evidenced in the decision making process.

Accepted: The Local Authority would like to work with the CCG towards a more integrated assessment approach. A joint Steering Group is being set up (first meeting in September) and will take forward an action plan following the joint externally facilitated workshop on 20 June.

Recommendation 5
All the organisations involved in the care of an individual being assessed for CHC must be included in the Personal Details section of the DST (p. 53 of the draft Operational Arrangement Document). All these organisations must be contacted to provide evidence for the assessment including mental health services.

CCG to respond to this recommendation

Recommendation 6
Joint training is undertaken (including role play) ensuring that all professionals from the different organisations involved in CHC understand the full implications of the decisions that are made from the perspective of the patient, their colleagues from other organisations and the implications for wider health and social care economy.

Accepted: The Local Authority CHC Team Leader has and continues to carry out training for LA staff to raise awareness of CHC following the recent revision of the

framework. Training has also been undertaken with Care Homes in partnership with SPIC. There is also a commitment for follow up joint training as discussed at workshop as part of the action plan

Recommendation 7

Domiciliary care providers and their care staff are involved in this training so that they can engage in the CHC process to contact the relevant professionals to request and contribute to a check list and contribute towards the Full Assessment.

Accepted; This is included in the training as set out above. It is hoped in future training will be delivered jointly with the CCG

Recommendation 8

The CCG record and monitor the number of people who have an Initial Check List and the outcome of this i.e. how many of these are referred for a Full Assessment.

Accepted :The CCG have responded that this information is collated in a database which is already in place. The Local Authority is looking to see what information it can record on Care First, our client record system, but this would only include people known to us and not self funders .

Recommendation 9
All staff who carry out the Initial Check List must be appropriately qualified professionals and have had training on how to carry out the assessment, what information to provide to patients and their families and how to promote the advocacy support that is available. The information provided to patients should include health care and financial implications for patients and their families in the event of the range of outcomes of the assessment process.

CCG to respond to this recommendation

Recommendation 10

The CCG should work with the Hospital Trust to review the Integrated Health Assessment Form which incorporates the CHC Checklist to ensure that all information is clinically appropriate – of specific concern is the current instruction that patients who have not had previous cognitive impairment and have suffered a stroke must not be referred to mental health services.

CCG to respond to this recommendation

Recommendation 11
That as part of the agreement of the Operational Arrangements document the CCG, Local Authority and other partners agree to a local protocol on the interpretation of the revised Decision Support Tool guidance on the eligibility of patients who do not have a Priority Need but do have needs that meet indicative guidance set out on p.14 and 15 of the revised guidance.

Partially Accepted: The Local Authority has agreed with the CCG to work to the national guidance in establishing a primary health need. Therefore a local protocol should not be necessary as the detail is sufficient in the national guidance. Processes for local implication are being agreed e.g. Disputes Process. The Local Authority is committed to working with the CCG to provide the assurance to the Scrutiny Committee that the Indicative Guidance is being implemented appropriately.

Recommendation 12
The CCG should work with partner organisations including the Local Authority, SPIC, the Community Health Trust, the Hospital Trust, Age UK and other advocacy services to establish a panel that will consider the MDT assessment and make recommendations to the CCG regarding CHC eligibility. The terms of reference and operation of the panel should be reviewed annually to ensure that it is adding value to the process.

CCG to respond to this recommendation

Recommendation 13
The CCG and Local Authority work together to agree a dispute process as set out in the National Framework (p. 136) and jointly monitor the number and outcome of the assessments disputed by the Local Authority

Accepted : This recommendation has already been agreed and implemented.

Recommendation 14
As part of the Operational Arrangements document the CCG must include information on the re-assessment process. This must include a local policy on the interpretation of the principle of well managed needs as set out in the 2012 Department of Health Framework (p. 61) agreed by the CCG, Local Authority, Community Health Trust, SaTH, SPIC and the local advocacy services.

Partially Accepted: The Local Authority has agreed with the CCG to work to the national guidance in establishing the well managed need. Therefore a local protocol is not necessary. The Local Authority will work with the CCG to seek evidence that the National Guidance on well managed need is being implemented appropriately.

Recommendation 15
The CCG records and monitors the number of appeals / review and their outcomes.

CCG to respond to this recommendation

Recommendation 16
All patients and their family / representatives should be offered independent advice and advocacy before and during the appeal / review process. Patients should also be made aware of independent legal advice available e.g. free 15 minute appointments with a solicitor through Age UK and other specialist legal advice.

CCG to respond to this recommendation

Recommendation 17
The CCG ensures that it is adhering to the Framework when the patient or their family dispute the outcome of a re-assessment where funding is withdrawn.

CCG to respond to this recommendation

Recommendation 18
The Membership of the appeal panel should reflect the good practice established by the regional appeal panel (previously at the SHA) which included an independent chair. All communication from the Panel should come from the independent Chair.

CCG to respond to this recommendation

Recommendation 19
The Committee has not made any specific recommendations regarding the level of CHC funding as the funding inequality is a product of the failings in the CHC assessment process.

CCG to respond to this recommendation

Recommendation 20
The CCG and Local Authority work together to explore the option of Joint Funding Packages for patients who are not eligible for CHC in line with the National Framework.

Accepted: This has been agreed with the CCG and an initial meeting to establish appropriate policies and procedures was held in July.

Recommendation 21
The Committee does however recommend that the number of CHC cases, the level of funding and the number of jointly funded care packages made following a CHC assessment and the total funding contributions by partner organisations is reported quarterly to the Health and Wellbeing Board.

Accepted: The Local Authority will work with the CCG to bring this information to the Health and Wellbeing Board.

Recommendation 22
The Local Authority should ensure that any staff who report bullying or harassment are appropriately supported – this should include policies and procedures to cover partnership arrangements.

Accepted: The Local Authority has put in place training for staff so that they understand more fully their roles and responsibilities when representing the needs of their client at an MDT meeting.

The CHC Team leader also provides support in specific cases.

The dispute process is in place and staff are informed how they can use this.

The Council does have policies and procedures to support staff who are feeling stress as a result of bullying and harassment though a range of mechanisms.

Further discussion with People Services around procedures to raise issues with partner organisations.

Councillor England asked for clarification of the comments made in the Scrutiny Report in relation to bullying. Paul Taylor stated that at no time had any staff formally raised concerns in relation to bullying or such allegations.

Recommendation 23
In line with the Framework (p. 21) should the Initial Check List or full assessment identify a carer they should be informed of their right to a carer's assessment and advised to contact the Local Authority or, with their permission, refer them for this purpose.

Accepted: The Local Authority, as a matter of course, will inform a carer of their right to an assessment.

The Local Authority are committed to working with partner organisations to ensure this happens through out the assessment process.

Recommendation 24
Further work is carried out to clarify the number of patients assessed as eligible for CHC funding and receiving CHC funding and the age profile of people receiving CHC funding.

Recommendation 25
The Operational Procedure Document that was presented to the Scrutiny Committee is an opportunity for the CCG to have genuine dialogue with partner organisations. The Committee recommend that the concerns expressed by the local authority regarding this document are taken into account and that SPIC and Age UK and other advocacy organisations are also given the opportunity to comment on the Operational Procedures for CHC.

Reject
The Local Authority has agreed with the CCG to work to the national guidance as it is sufficiently detailed to be adhered to without the need for local guidance. Local processes are being agreed. The Local Authority will work with other organisations to monitor whether National Guidance is being implemented appropriately.

The Chair asked the K. Kalinowski, Assistant Director for Care and Support if she had anything to add.

K. Kalinowski responded that a Joint Workshop had taken place on the 20th June, facilitated by the Department of Health CHC Lead and the Association of Directors of Adult Services CHC Lead. The draft action plan is being drawn up and can be shared with Scrutiny. A Joint Group will oversee the implementation of this action plan and joint training will be essential. Within the Local Authority we have carried out training

for our staff and it is hoped that this will be done jointly in the future. The Joint steering Group has been established and will meet in September. This will be jointly chaired by the Assistant Director for Adult Services and the CCG's Executive Nurse Lead for Quality and Safety.

The Interim Director for Adult Care, Health and Wellbeing, added that there are discussions with the Chief Operating Officer and Chair of the CCG regarding the ongoing transfer of funds. It had been acknowledged that the Council had previously not been funding enough and after the rate of CHC funding had reduced the PCT had recognised the financial pressures this created for the Local Authority and had transferred funds. The CCG has agreed to passport £2.4 million funds to benefit the council. He recognised that the issues for patients and service users are different since NHS care is free at the point of delivery while the Local Authority does not fund care for people with over around £23k disposable capital. For 2012/13 the cost for self funders was £2.4 million. The CCG have continued to recognise the need to passport money to the Local Authority in 2014 but there needs to be further discussion regarding the number of people in the CHC system – the CCG and Local Authority have different views on this. We need to have an open dialogue about this and the impact if decisions regarding CHC.

The Chair commented that the CHC Guidance issued by the Department of Health in 2012 was much clearer. He added that the issue with the CCG transferring one-off funds was that this could change in the future. The Committee want to see the National Guidance implemented correctly. The guidance is open to local interpretation and the Committee concluded that it was not being interpreted fairly. If there is a primary health need – there must be a fair assessment and the care must be funded by the NHS. The Committee want the Council and CCG to work together to resolve this.

The Interim Director for Adult Care, Health and Wellbeing added that there has been agreement to adhere to the National framework. There has been disagreement in the past but we have agreed to work together in the future and there will need to be some compromise on both sides. We need to be clear what the processes are and it was recognised that it can be difficult for people to be clear what is the roles of the NHS and Local Authority social care.

The Chair responded that there has to be a fair system and that this should include jointly funded packages of care.

The Assistant Director for Care and Support agreed that Joint Care packages should be a matter of routine. There was a meeting in early July to take this forward.

The Interim Director for Adult Care, Health and Wellbeing clarified that the legislation

is clear that if there is a primary health need the NHS meets the cost of health and social care needs. If a person is not eligible for CHC there may be other health needs that the NHS should meet above the Registered Nursing Care contribution. There is no national system for care in a non nursing home setting e.g. at home nursing input above and beyond district nursing.

The Chair commented on the specialist care provided by care staff in nursing homes e.g dementia care.

Cllr. England agreed that it is important to provide continuity of care.

Cllr. Minor asked if there was anything in the National Framework that can be used to refuse care? He added that the current position seems to be " them and us" and there is something wrong of Age UK have not won an appeal for 2 years.

The Interim Director for Adult Care, Health and Wellbeing responded that the CHC and Continuing Care legislation sets out who should fund the care, but neither legislation sets out the level of care – this has to be a judgement of need. There are difficulties for both organisations with their respective budgets.

The Chair said that there were a number of solicitors who were involved in challenging decisions and that this was something the Committee were very concerned about.

Cllr. Fletcher said that the Committee had not got information on the specifics on the different levels of funding and how this is decided.

The Interim Director for Adult Care, Health and Wellbeing responded that he can provide the numbers for continuing healthcare and continuing care.

These figures were confirmed following the meeting. The national figures for 2013/14 quarters have not been released yet.

- Continuing Healthcare (funded by T&W CCG): 56 people (as at 3 March 2013), equivalent to 15 per 50,000 head of population, compared to England average of 52 per 50,000 and Shropshire CCG 64 per 50,000 of their population
- Continuing Community Care (funded by T&W Council): 2060 people (as at July 2013)

It was recognised that we need to do more work with the CCG to agree the number of people who should be in the CHC system. National Figures show that we should be nearer 150.

J. Gulliver stressed the importance of dementia training in hospital. She had been in the hospital that morning and was told by a nurse that it was not happening.

The Interim Director for Adult Care, Health and Wellbeing highlighted that CHC does not apply to people in a hospital setting. When long stay hospitals closed more people were supported in the community.

The Chair added that it is important to recognise that people have different care needs and this includes religious requirements that should be provided in different settings.

The Interim Director for Adult Care, Health and Wellbeing responded that the legislation determines the funding responsibility – but the level of care is determined within the budget.

R. Shaw commented that the Department of Health Framework Guidance for CHC was better.

The Chair asked if the CCG representative would like to comment on their response. This was declined as she was attending as a member of the public.

Cllr. Fletcher said she was concerned that the CCG response says that the Scrutiny Committee had been biased. She confirmed that in her view the Committee has looked at this issue objectively.

The Chair said the Committee had identified that there had been a change in the level of funding – something had changes. The evidence presented to the Committee showed that the assessment process was unfair. The Committee did not have a set aim for this review.

Cllr. Fletcher said that she had met someone recently who did not know about CHC and was funding his own care.

R. Perkins said the Committee were looking for a balanced approach. The Committee had heard that people were not given the opportunity to contribute to the assessment.

Cllr Minor said that it is important to consult people. With information technology it is possible for people to get together through facebook, twitter. He gave the example of Stafford Hospital where local campaigns have made a difference.

The Chair said that we have a good relationship with the NHS. The NHS is in a process of change and the Committee has called the Local Authority and NHS to work together. The Chair said he was sure that they will work together to resolve this.

The Assistant Director of Adult Care, Health and Wellbeing said that there is a lot of good joint working between the Local Authority and CCG. This has been recognised by the Peer Challenge that has recently been carried out. People who are not receiving CHC are continuing to receive care funded by the Local Authority unless they are self funding. It is our view that very few people are not receiving the care they need. CHC impacts on our budget and the Local Authority will get to the point where we can't fund everyone so we do not bankrupt the Council.

Cllr. England said that the Council must work with the CCG and the Health and Wellbeing Board has a role in bringing health and social care together. He saw this as very positive and as an Elected Members his role is to question and challenge.

The Chair said that he had been involved in Scrutiny for a long time and that the Council is very lucky to have this CCG in Telford and Wrekin. The Council and Local Authority must continue to work together and Scrutiny will continue to ask questions.

The Scrutiny Group Specialist said that the responses to the Scrutiny report discussed at this meeting were initial responses from both organisations. A formal joint response has been requested from the Health and Wellbeing Board and this will be submitted to the Committee following the Health and Wellbeing Board meeting in September.

Cllr. England asked who will be presenting the response from the Health and Wellbeing Board?

The Interim Director for Adult Care, Health and Wellbeing responded that he has been tasked to work with the Chief Operating Officer of the CCG to bring a joint response to the Health and Wellbeing Board. It is also important to make sure that the voice for self funders is being heard. He explained that the Care and Support Bill, which is expected to take effect from 2015 will give Local Authorities responsibility for everyone in the care system – this does not mean that everyone will be funded. There will be a maximum amount that individuals will have to pay for their care.

The Cabinet Member for Adult Social Care, Interim Director for Adult Care, Health and Wellbeing and the Assistant Director, Care and Support left the meeting.

The Committee confirmed the views expressed by the Chair regarding the CHC report.

Cllr. Fletcher commented that the CCG response stated that legal advice had been sought. She asked if the Scrutiny Committee should seek legal advice?

The Chair responded that it would not be necessary.

HACSC-54 SHROPSHIRE AND TELFORD AND WREKIN SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2012/13

The Chair informed the Committee that this item had been deferred to the next meeting.

HAC SC- 55 HEALTH AND ADULT CARE SCRUTINY COMMITTEE WORK PROGRAMME

The Scrutiny Group Specialist outlined the work programme for the Scrutiny Committee.

Review of the Meals on Wheels / Community Meals Service
The meeting with the RVS volunteers had taken place and interviews with service users will be arranged.

Autism Strategy – it was agreed that a report on the autism strategy should come to the Committee in October

Mental Health – The Joint HOSC has decided to look at the provision of Mental health services. The South Staffordshire and Shropshire Healthcare Foundation Trust will be invited to the September meeting of the Joint HOSC.

Transfer of Public Health – the new Director of Public Health has been appointed and will be invited to future meeting of the Committee.

It was reported that the capacity of the Scrutiny Group Specialist to support this work will be affected by the work load of the Joint HOSC.

Cllr. Fletcher suggested that the Committee should scrutinise the cost of the new hospital at Ludlow and how this is being funded.

The Chair responded that this will be incorporated in the work of the Joint HOSC.

HAC SC- 56 CHAIR'S UPDATE

The Chair updated the Committee on the work of the Joint Health Overview and Scrutiny Committee with Shropshire Council and the outcome of the meeting held on the 8th August 2012. The Chair reported that he and the Shropshire Chair of this Committee has held meetings with the Hospital Trust, CCGs and NHS England Area

Team regarding the concerns about services at the Princess Royal Hospital and the Royal Shrewsbury Hospital. The Trust faces a number of issues:

- Low patient satisfaction
- Capacity issues at SaTH
- Ability of Trust to meet targets
- Concerns about sustainability of A&E services
- Staff survey – low morale and difficulty recruiting in key areas
- Financial issues resulting from requirement to make efficiency savings and duplication of services across both sites.

These issues are in the public domain and there are discussions taking place but as Chairs of the Joint HOSC they were concerned that no solutions for the longer term problems has been put forward. If these issues are not resolved important services may be lost by the Trust or it could be taken over. It important that the discussion about the future of hospital services is debated in public. The Joint HOSC Chairs held a meeting with representatives from the Clinical Commissioning Groups, Shrewsbury and Telford Hospital NHs Trust, Community HealthTrust, both Local Authority Cabinet Members for Adult Services and Chairs of the Health and Wellbeing Boards and the NHs England Area Team. At this meeting the Chairs expressed their concern and set out their expectations for the Joint HOSC meeting on the 8th August. The NHS organisations attended this meeting and set out the issues that the health organisations face and the need for change. The Hospital Trust was open about the problems they face. The Joint HOSC recognised that the services are not sustainable as their are currently configured. This has started the debate about the future of services, including A&E and the Joint HOSC recognised that all options must be considered. As far as he was aware, this is the first time that a Joint HOSC has taken this proactive approach to start a public debate about hospital services and there is no guarantee what the outcome of this process will be. The local NHS organisations have been asked to plan the public consultation. The role of the Joint HOSC is not to develop the solutions but to ask the questions. The Chair explained that it had not been possible in the timescales to update this Committee before now. He asked if the Committee support the approach taken by the Joint HOSC Chairs and the work undertaken by the Joint HOSC.

J. Gulliver commented that one issue that need to be addressed is that Walk in centres are referring patients to A&E

R. Perkins commented that access to GP is an issue and if people cannot get an appointment they will go to A&E.

The Chair said that doctors in Primary Care should perform minor surgery rather than

referring to A&E.

R. Perkins said it is important to educate the general population about how to use the NHS.

Cllr. Minor congratulated the Chair on the work the Joint HOSC Chairs had undertaken.

The Chair said that the Joint HOSC recognised that services need to be consolidated. As Chair he will not allow the discussions at the Joint HOSC to become politicised. Some people will have to travel further to get the best service – but it is not acceptable that the current situation where there are two understaffed and disorganised hospitals. The Joint HOSC has started this process and at the meeting on the 8th August it was set out that any decisions about the future reconfiguration of services will be made within 12 months.

Cllr. Fletcher commented on the need to locate children's services with other specialities.

Cllr. Greenaway said that it is important to look at the bigger picture if there is a risk of losing services. She asked who will manage the consultation and how this information will be recorded.

The Scrutiny Group Specialist responded that it is usually the Commissioners who are responsible for managing the consultation on changes to NHS reconfigurations.

The Chair added that the consultation will not be restricted to hospital services but will include community hospitals as well. All health professionals, the CCGs and the Health and Wellbeing Boards will have to be involved.

Cllr. Greenaway said that any consultation will involve a lot of responses which will include anecdotal evidence. This is an important part of the consultation.

Cllr. Fletcher said that the option to build a new hospital had been discussed in the media.

The Chair said that this was unlikely given the funding that would be required – but at this stage nothing should be ruled out.

The Scrutiny Group Specialist said that the Joint HOSC had responded to the recommendations of the Francis Report and was being proactive in addressing concerns about local services.

R. Perkins supported the work of the Joint HOSC and the timescales discussed.

The Committee supported the work of the Joint HOSC and the Joint HOSC Chairmen.

The Meeting ended at 17.33pm

Chairman: .....

Date: .....

TELFORD & WREKIN COUNCIL

HEALTH AND ADULT SOCAL CARE SCRUTINY COMMITTEE - 4th NOVEMBER 2013

RELATIONSHIP BETWEEN SCRUTINY AND HEALTHWATCH IN TELFORD AND WREKIN

REPORT OF SCRUTINY GROUP SPECIALIST

1.0 PURPOSE

1.1 To enable the Health and Adult Social Care Scrutiny Committee to consider the relationship with Telford and Wrekin Healthwatch.

2.0 RECOMMENDATIONS

2.1 That the Committee agree the working arrangements with Telford and Wrekin Healthwatch.

3.0 PREVIOUS MINUTES

3.1 None

4.0 BACKGROUND INFORMATION

4.1 The Health and Social Care Act 2012 not only reformed the arrangements for NHS organisations – but also the local accountability structures for health and social care services. This included:

- Establishing Healthwatch organisations as local consumer champions for health and social care
- Conferring the health scrutiny powers on the Local Authority rather than a Health Overview and Scrutiny Committee and extending health scrutiny powers to all NHS providers.
- Establishing Health and Wellbeing Boards to encourage integrated working between the NHS, Public Health and social care advancing the health and wellbeing of the local population.

4.2 The Act came into force on the 1st April 2013 and following consideration

by Council Constitution Committee, Full Council has agreed the necessary arrangements to discharge the health scrutiny function effectively. The contract for Telford and Wrekin Healthwatch was awarded by the Local Authority to Parkwood Health Care and the official launch event was held on 24th October 2013. The Chair of the Health and Adult Care Scrutiny Committee attended a workshop on 24th September arranged by Shropshire Council and Shropshire Healthwatch which considered the roles and relationship of different health and social care organisations, HOSC and regulators with Healthwatch.

5.0 SCRUTINY AND HEALTHWATCH

5.1 The Health and Adult Care Scrutiny Committee and Telford and Wrekin Healthwatch both have roles in the accountability arrangements for health and social care services. The Centre for Public Scrutiny had contributed to the 'Smart Guide to Engagement' document which sets out the roles of Healthwatch and Scrutiny in holding NHS commissioners and providers to account.

Council Scrutiny	Healthwatch
Councillors as Community Leaders	Local people and groups
Have a broad overview of local health and social care issues	Ask local people what they think about local health and social care and suggest ideas to help improve services
Scrutinse priority areas, including impact of council services	Investigate specific issues of concern to the community
Have no powers to enter and view	Authorised representatives able to enter and view premises to see if services are working well
A right to require information and attendance from Cabinet Members, senior council officers and NHS staff	Ask for information and get an answer in a specified amount of time
Define substantial developments and variations of health services and require to be consulted	May help NHS develop options for service changes and may submit views during public consultation
Refer proposals for health service changes to the secretary of state in specific circumstances	Refer relevant issues to council scrutiny
Make recommendations and require a response from NHS bodes and council executive	Make reports and recommendations and receive a response
Have a non-executive role to hold decision makers to account	Take decisions through role on Health and Wellbeing Board

5.2 In relation to children's services the Telford and Wrekin's Health and

Adult Care Scrutiny Committee can scrutinise the commissioning and provision of NHS services for children and young people (this may be carried out jointly with the Children and Young People Scrutiny Committee where appropriate). Local authority scrutiny of children's social care services is carried out by the children and young people's Scrutiny Committee. Healthwatch's role includes children's and young people's NHS services but does not include children's social care services that are regulated by OfSted.

5.3 In considering Scrutiny's relationship with Healthwatch is it also important to recognise the role of the Joint Health Overview and Scrutiny Committee with Shropshire Council as this has the formal role to Scrutinise County wide services including acute hospital services, community health services and mental health services.

5.4 At the date of writing this report there has been no formal guidance from the Department of Health on Health Scrutiny arrangements or how the relationship with Healthwatch will work in practice (other than the right of the Healthwatch to refer an issue to Scrutiny). The Department of Health Scrutiny Guidance is due to be published at the end of October and may therefore inform the discussion at the Committee meeting. However, Scrutiny in Telford and Wrekin had a good working relationship with the Local Involvement Network and this can be used as a starting point for discussion with Healthwatch:

- Co-opted representatives on the Health and Adult Care Scrutiny Committee and Joint HOSC (co-optees on the Joint HOSC have voting rights)
- Sharing work planning process and agreed work programmes
- Informal meetings of the Scrutiny Chair with Healthwatch Members / officers
- Ongoing communication between supporting officers

5.4 When considering the option to co-opt a Member of Healthwatch on the Scrutiny Committee Members are asked to consider the relevant elements of the Terms of Reference for the Scrutiny Committee and the Co-optee protocol. The current Scrutiny Handbook sets out that, with the exception of the Children and Young People Scrutiny Committee, the number of co-optees will not exceed 50% of the Elected Members membership of the committee. If a Member of Healthwatch were invited as a co-optee on the Health and Adult Care Scrutiny Committee in addition to existing co-optees this exemption would need to be extended to this Committee as there would be 8 Elected Members and 5 Co-opteed Members. The terms of reference for the Joint Health Overview and Scrutiny Committee set out that there are 3 Elected and 3 co-opted Members from each authority on the Joint HOSC. It is not possible for the Health and Social Care Scrutiny Committee to

unilaterally change the number of co-opted Members on this committee.

5.5 The Health and Social Care Act also sets out that Healthwatch must have a place on the Health and Wellbeing Board which encourages integrated working and prepare the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. Issues regarding any conflict of interest for Healthwatch representatives are outlined in the legal comment in Section 8 of this report.

6.0 EQUAL OPPORTUNITIES

6.1 There are no specific equal opportunity impacts arising from this report.

7.0 ENVIRONMENTAL IMPACT

7.1 There are no specific environmental impacts arising from this report.

8.0. LEGAL COMMENT

8.1 In addition to the legal issues outlined in the report, it would be necessary to ensure co-optees did not act when a conflict of interest arose. The Healthwatch representative nominated to sit on Health and Adult Social Care Scrutiny Committee would need to be different from the representative from that organisation that sits on the Health Wellbeing Board. Also, when the Health and Adult Social Care Scrutiny Committee was scrutinising any Healthwatch related matter, the Healthwatch representative would need to ensure they did not participate in that item.

9.0 LINKS WITH CORPORATE PRIORITIES

9.1 Establishing an effective working relationship with Healthwatch will contribute to the corporate priority to improve the health and wellbeing of our communities and address health inequalities

10. OPPORTUNITIES AND RISKS

10.1 It is important that Scrutiny and Healthwatch have a good working relationship to ensure that appropriate information is shared and avoid duplication.

11. FINANCIAL IMPLICATIONS

11.1 If a member of Healthwatch is co-opted on to the Scrutiny Committee they will be entitled to claim an allowance of £260 per annum. This could be accommodated within the current revenue budget for member allowances. TAS 23.10.13

12. WARD IMPLICATIONS

12.1 There are no specific ward implications arising from this report.

13. BACKGROUND PAPERS

13.1 None

Report prepared by Fiona Bottrill, Scrutiny Group Specialist 01952 383113

TELFORD & WREKIN COUNCIL

HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE – MONDAY, 4 NOVEMBER 2013

ADULT SOCIAL CARE UPDATE

REPORT OF DIRECTOR OF HEALTH, WELLBEING & CARE

LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report provides the Health and Social Care Scrutiny Committee with an update on the following areas relating to Adult Social Care:

- Peer Challenge
- Financial position
- New Options
- Care and Support Bill
- Integration of Health and Social care

1.2 It outlines the need to step up our approach to personalisation transformation and financial improvement and steps now in place to take this forward.

1.3 In addition the report sets out the work being undertaken to review the Council's in-house provider services, as well as flagging up major new transformation programmes on the horizon, the Care and Support Bill (including funding reform) and the health & social care integration agenda.

2. RECOMMENDATIONS

2.1 Scrutiny Members note the Adult Social Care update in respect of the areas listed below and consider whether and when they require any further updates on these areas.

2.2 Scrutiny Members consider their response to the recommendation that the Peer Challenge Team made specifically to Scrutiny.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	*Vulnerable Children & Adults* *Health and Wellbeing*
	Will the proposals impact on specific groups of people?	
	Yes	Will impact on people who are ill or disabled, who need support and on their family carers.

TARGET COMPLETION/DELIVERY DATE	See attached actions.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The Care and Support Service Area faces significant financial challenges going forward. The Personalisation Transformation Plan and the Financial Improvement Plan. Are key to addressing these challenges and it is vital that the actions within these plans are delivered. Full agreement is yet to be reached on the amount that the CCG will contribute towards CHC related costs in 13/14 and failure to obtain this will have a significant impact on the Council's overall 2013/14 financial position. Further assumptions on CCG funding have been reflected in the Council's medium term financial plan which could be at risk if the CCG continue to experience reductions in their own funding allocations. The financial implications of any additional actions within these plans resulting from the Peer Challenge have not yet been assessed but will need to be met from within existing resources. The Service have sufficient one off resources to fund the additional staff required to deliver the Personalisation Transformation Plan. The financial implications of the Care & Support Bill, the reformation of Care funding and the introduction of the Integration Transformation Fund (ITF) will need to be fully assessed as work towards their implementation progresses. £200m additional national funding in 2014/15 has been announced to assist local authorities in the implementation of the ITF. This increase will continue into the national ITF pooled budget of £3.8bn in 2015/16. Individual allocations of funding for 2014/15 and 2015/16 will be announced as part of the Government's Autumn statement.
LEGAL ISSUES	Yes	As outlined in the body of the report and appendices, there are significant changes ahead in the field of Adult Social Care. The Care Bill was introduced into the House of Lords on 9th May 2013. The Bill entered the Report Stage in the House of Lords on 9 October 2013 and will consolidate and modernise existing care and support law from over a

		dozen Acts into a single framework. The Bill and subsequent Statute, once it receives Royal Assent, will be accompanied by relevant Statutory Instruments and Guidance. Legal advice and support upon specific issues can be either provided by or obtained by Legal Services upon request.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact. However the New Options Review may impact on services located in specific wards, though serving the whole community.

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1. This report provides an update for the Health and Social Care Scrutiny Committee on the following areas relating to Adult Social Care:

- Peer Challenge
- Financial position
- New Options
- Care and Support Bill
- Integration of Health and Social Care

Peer Challenge

4.2 Telford & Wrekin volunteered to be the pilot Local Authority for the Peer Challenge approach to sector led improvement in the West Midlands region.

4.3 The Peer Challenge team consisted of:

- Andrea Pope-Smith - Lead DASS (Dudley)
- Brendan Clifford - Assistant Director (Dudley)
- Karen Murphy - Assistant Director (Solihull)
- Stuart Lackenby - Head of Service (Dudley)
- Liam Waldron - Expert by Experience (Solihull)
- Keymn Whervin - Expert by Experience (Solihull)
- Eddie Clarke - West Midlands Coordinator (Former DASS)

They were on site for 3 days during the period 22-26 July 2013 and engaged with staff, managers, service users, carers and elected Members. They also considered a range of performance data and other relevant information provided to them by the Council.

4.4 The key lines of enquiry which we asked the team to review were:

- **How well are we addressing our original principles and priorities relating to introduction of Personalisation to underpin our approach to the delivery of community care services** particularly in the context of service user and carer experience, especially around choice and control.

- **The sustainability of our model** given the future opportunities and challenges presented by demographic and funding pressures, legislative change such as the Care Bill and the national cross-party 'integration' agenda.

4.5 The final letter setting out their findings is attached at **Appendix One.** Officers considered the findings were balanced between support and challenge and constructive to the Council in moving forward.

4.6 In summary they identified the following strengths:

- dedicated, hard working and loyal workforce
- real commitment from partners
- clear insight into challenges and issues
- Cabinet Member focused on budget strategy and need for transformation
- understanding of the financial challenges
- support for carers
- strong partnership working with the Clinical Commissioning Group (CCG)
- good basis of joint commissioning with the CCG which can be re-launched and extended
- robust safeguarding response to Winterbourne
- engagement with service users and carers
- innovative workforce development
- vibrant, well informed voluntary and community sector (VCS) - keen to be more involved
- commitment and potential for greater integration with NHS
- enablement integrated with Health
- hospital discharge processes are lean with good support
- budget strategy and efficiency plans in place
- significant level of efficiencies already achieved

4.7 They also stated, *"we have learnt from the process ourselves and we have really appreciated the opportunity to take away some good examples of care and support that we can share with our own Councils".*

4.8 However whilst the Peer Challenge Team identified these strong foundations to build on, they also identified that the:

- Personalisation journey had stalled and "*would benefit from a fundamental review"* and re-launch *"to develop the step change"* required.
- *"That the sustainability of the budget strategy is predicated upon the transformation plans that need revision, and clear leadership to ensure delivery by the Council"*

- *"Co-production with people who use services and family carers is central to the success of personalisation and this should be exploited in developing further transformation plans.*
- *"Challenges faced by the Directorate, like all Councils, are immense and there will need to be consistent and further leadership and support from senior Elected Members and the Corporate centre of the Council to assist the response to the challenges".*

4.9 In summary the following areas were set out for the Council to consider in moving forward:

- corporate visibility of adult social care.
- stronger relationship between finance, performance and operational management.
- whole system vision to underpin transformation programme.
- dedicated transformation resource and expertise for budget and service redesign.
- allow time for staff and managers to come together to learn, share and deliver the vision.
- actions required on culture, performance and leadership.
- re-launching choice and control and achieving/sustaining cultural shift.
- further work needed on Resource Allocation System (RAS).
- approach to personalisation needs to be more creative and embedded.
- implement new market development strategy - emphasise building community capacity.
- signposting - single source, better recording in CareFirst, fuller role for VCS.
- embed integration of teams and expertise.
- focus on service user reviews.
- use of common language.

4.10 The Health and Social Care Scrutiny Chair was interviewed by the Peer Challenge Team and they made a specific recommendation to Scrutiny, *"...Scrutiny may wish to consider how it secures a good overview of the progress on personalisation, performance and budgetary management".*

4.11 Unlike the former inspection regime there is no statutory requirement to publish the findings or consider them formally within a Council Committee. However the approach we have taken is in line with the Council's co-operative principles and the letter, with the agreement of our Cabinet Member, has been shared widely, including all who took part in the process, including our partner agencies, providers of care, voluntary organisations, etc.

4.12 Actions to address the "areas for consideration" have been incorporated within the existing Personalisation Transformation Plan and the Financial Improvement Plan. The Council had, ahead of the findings of the Peer Challenge, agreed to use one off monies on an invest to save basis, to ensure that Adult Social Care has the capacity to deliver on these plans.

4.13 A series of team sessions led by Karen Kalinowski have taken place during September and October to feed back the key messages to frontline staff and seek their views, suggestions and support to take this forward. Key messages have also

been fed back to stakeholders and partners during September and October through existing, established meetings.

4.14 Fundamental to delivering the personalisation agenda and taking forward savings in adult social care will be the introduction of Personal Budgets for all service users in receipt of community care funding, calculated through a Resource Allocation System (RAS) embedded in the assessment form. This will ensure that there is a fair and equitable system in place so that people with the same level of need receive an equal level of resource which is sufficient to meet their eligible, unmet needs. The Council purchased such a system last year, with Council approval which we have been testing. We now need to move forward as soon as is practical to use it as an integral part of our community care process. Initially this will be for all new cases and on a phased basis for all existing service users, as recommended by the Peer Challenge Team.

4.15 Use of a RAS based system for allocation of personal budgets will require a revision of existing Community Care Policies & Procedures to be agreed by Council. We intend to bring a report to Cabinet in December seeking approval of the new approach to community care with a view to implementing for all new service users early in 2014 and at point of next review for all existing service users.

Financial Position

4.16 Adult Social Care's budget accounts for 36% of the Council's spend. With the Council having to make £50m savings since 2009/10, largely as a result of cuts in Government grant, inevitably this has impacted on Adult Social Care, who even with some protection have already had their budget reduced by £7m. Up until now this has largely been achieved through efficiencies, new ways of working and staff reductions. In addition to this, given the Council must find a further £23m of savings by 2015/16, Adult Social Care is expected to find £6.5m of this total.

4.17 However in the current financial year, Adult Social Care Services are projecting an overspend of £2.8m relating to the cost of care packages and an overspend of £0.33m on staffing related to in house services (previously included in the cost of care packages variation). There are also pressures relating to Supporting People which is £0.5m over budget and the care leaver's budget which is also projected to be £0.5m overspent at year end. Combined the overall overspend is currently projected at £4m. This is an improvement of just under £0.2m compared to the position reported to Cabinet on the 17 October in the financial monitoring report. One-off funds from the CCG are being used in 2013/14 to help offset an element of the significant ongoing additional cost pressures relating to Continuing Health Care clients consistently reported throughout last year.

4.18 Of course this is all happening at a time when the demographic make up of our population means that more people are likely to need care and support. Whilst there are national policy drivers that expect local government to support a whole health and social care system which increasingly looks to meet the needs of people outside of a hospital environment, which places additional demand on the social care system.

4.19 As a result of this situation we have had to step up our approach and have put in place a financial improvement plan, that is being robustly monitored through regular meetings with the Managing Director, Assistant Director of Finance, Audit and Information, our Cabinet Member and the Cabinet Member for Finance & Enterprise.

4.20 The plan is based on making further savings by:

- reducing care provider costs.
- reducing the amount of care provided.
- using assistive technology in place of more costly care alternatives where possible
- reviewing all care packages people receive to make sure they are getting the support they are entitled to and not more.
- maximising an individual's and/or family income for care related benefits to reduce the cost to the Council.
- supporting people to help themselves and make more use of community resources.

4.21 Well over 80% of our budget is spent directly on providing care to people so in reality this is where savings have to be made to meet these targets. A Panel process has been re-introduced to challenge all requests for new or additional funding, which is chaired by either the Director or Assistant Director. This does build delays into the process and does take up significant officer time, with 50 or more cases having to be presented most weeks. However we believe it is important to use Panel to effectively manage the limited resources available and to set out a clear position statement for our staff, who are having to work with people at a time when expectations often outweigh the resources we have available. Panel has been in place for 6 weeks now and is resulting in a reduction in costs in some cases, however, the net impact to date of all cases going through the process is an increase of £0.240m for the year. Recent analysis indicates that there continues to be an underlying growth in the number of people needing services compared with the number of people leaving the service.

4.22 To support the Panel approach and ensure that the public, partners, service users and carers are aware of the impact of the Government grant reductions on the Council and in particular on the Adult Social Care budget, we have developed a communications plan which involves media briefings and presentations to existing meetings we have with all stakeholders. In addition we are about to write individually to all stakeholders, including service users, explaining the background to why we will over the course of the next few months be reviewing all care packages with a view to:

- considering where we can reasonably pay less for the same amount of care.
- reduce the amount of care provided by finding alternatives ways of meeting the need.
- ensure we are only meeting eligible need to a reasonable level.

4.23 In addition we will as a matter of urgency be re-considering our approach to the continued low level of Continuing Health Care funding being provided by the NHS locally through the CCG.

New Options

4.24 New Options is a review about the future of the Council's in-house care provider, providing services for adults with a learning disability, such as:

- Residential Care – Carwood and Downing house
- Day Opportunity Services – from a number of sites

- Community Support – a specialist domiciliary care provider
- Shared Lives – supported placements with a family setting

4.25 Change is required both to ensure the service provided is personalised and enabling and will be able to offer value for money services when people are free to use their personal budget on the services of their choice. At the same time, as with all other areas of the Council, this service is expected to reduce its budget – with a view to making £500,000 savings out of a £5m budget. This figure is included in Care & Support's total savings proposals identified within the Council's medium term budget strategy.

4.26 After an initial period of engagement with service users and their parent carers, and taking account of their views, a proposal for change was put forward for consultation. The proposals involve a redesign of the existing services, to focus their activity on community enablement, community activity & wellbeing and skills & enterprise. They also propose a rationalisation of building based sites currently used within Day Opportunities and an option for one of our residential homes (Carwood) to be converted to a housing based service.

4.27 The consultation process commenced at the beginning of September and will close on the 3 December. It involved a Launch Event on the 3rd September 2013, New Options Web Site, New Options Booklets, Service user workshops, Family Carers Information Events, Staff Information Events, Partnership Boards, groups, service meetings etc; Social Media: Email, Facebook /Twitter.

4.28 So far 224 people attended the Launch Event, 120 attended service user's workshops, and we have received 322 comments from service users, 329 comments from parents and carers, 74 comments from staff, 74 comments from others.

4.29 All the consultation feedback will be available from December 2013 and a summary and analysis of the findings will be prepared and available in early 2014. This is with a view to finalising proposals ahead of sharing with users, family carers and staff, entering into formal staff consultation process, seeking Cabinet approval to take forward final proposal and starting to implement the changes from April 2014.

Care and Support Bill & Reforming what and how people pay for their care

4.30 The first part of this update focused on major change and pressures that the service is having to deal with now. This and the next section provide a brief summary of major transformation that will have to take place by April 2015, but for which we need to start planning now.

4.31 The Care and Support Bill currently going through Parliament will establish a new legal framework for adult social care, marking the biggest transformation to care and support law in over 60 years, and will replace more than a dozen pieces of incoherent legislation. The Act will place additional responsibilities on Councils to help people to stay well and independent, rather than wait for them to reach crisis point. It will clarify entitlement to care and support, develop a national eligibility criteria, give carers additional rights, provide guarantees for people who move from one local authority to another and provide flexibilities to facilitate greater integration.

4.32 The Bill will also be used to reform the way in which people pay for their care with a view to ensuring:

- Everyone receives the care they need and more support goes to those in greatest need.
- An end to the unfairness of and fear caused by, unlimited care costs.
- People will be protected from having to sell their home in their lifetime to pay for care.

4.33 Whilst the legislation will not apply retrospectively, from April 2016 a cap will be introduced on the costs that people have to pay for care over their lifetime - £72,000. Financial help will be provided to people who have up to £118,000 rather than the current £23,250. However the Care Cap will only apply to care related costs and people in care homes will remain responsible for what is described as living costs, of up to £12,000 a year. From April 2015 all people in a care home, who own their own home, can defer selling their home to meet care costs until they die.

4.34 Nationally there is a high level of concern about the additional assessment activity which will be generated by the legislation and whether sufficient additional funding will be pass ported through to local government to meet the additional assessment activity and care costs that will fall to local government. There has been a formal consultation process taking place on the funding reform which closed on 25 October, to which we have contributed. Our views are consistent with those set out in the West Midlands ADASS response to the consultation (See Appendix 2).

4.35 All LAs are being urged to start their planning early and will be expected to complete a modelling exercise early in the new year aimed at costing more accurately the impact of the Bill. We will also need to have an implementation plan in place demonstrating that we have a programme and lead officer in place, that we understand the scale of the changes required including workforce, IT systems, numbers of self-funders and costs, stakeholder engagement, etc. However there are also concerns that unless Government quickly sets out more detail that normally is set out in Regulations and Guidance that follow later, that this modelling exercise will have a significant level of uncertainty and risk built into it.

4.36 In addition this does nothing to address the current funding pressures, and when taken together with the further transformational change described below, will place significant additional pressures on a service already under pressure.

Integration of Health and Social Care

4.37 The Health and Social Care Act, 2012 set out expectations around greater integration of health and social care services to provider more effective pathways and better outcomes and value for patients/service users. The spending review at the end of June 2013 set out the requirement to set up an Integration Transformation Fund (ITF) by April 2015, with at least a minimum value of CCG and Council monies included in the ITF. The national value of this funding in 2015/16 is £3.8bn and it includes the continuation of the 2014/15 NHS transfer to local authorities. The spending review announced an increase to this transfer in 2014/15 by £200m to help local authorities prepare for the implementation of the ITF and make early progress on priorities.

4.38 On 17th October, NHS England and the Local Government Association jointly released a letter titled "Next Steps on implementing the ITF". There is an expectation that Health and Wellbeing Boards will oversee the development of a shared plan for the totality of health and social care activity within their area and that over time the level of total funding the CCG and LA will commit into the ITF will increase. The letter suggests that a fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk.

4.39 Nationally there is a requirement to put our local share of £3.8billion identified as the minimum amount to be included in the ITF. This money is not new money but there is an expectation the Council and CCG will agree to use the money to take forward a new shared view. The local value of our proportion of the £3.8billion is still to be totally identified but include the local NHS proportion of £1.9billion of current NHS funding and the local proportion of another £1.9billion that currently is made up of existing funding badged as Carers Breaks Funding, CCG reablement funding and capital funding (including Disabled Facilities Grant).

4.40 The fund will be allocated to local areas where it will be put into a pooled budget under joint governance between the CCG and Council, with a condition that they must have a jointly agreed plan which meets certain requirements set nationally. There are 6 national conditions:

- Plans to be jointly agreed.
- Protection for social care services (not spending).
- 7 day services in health and social care to support patient discharge from hospital and prevent unnecessary admissions at weekends.
- Better data sharing between health and social care based on the NHS number.
- Joint approach to assessments and care planning, funding used for integrated packages and a named accountable professional in all cases.
- Agreement on the consequential impact of changes in the acute sector.

4.41 Elements of the ITF will be performance related amounting to £1billion of the national £3.8billion total. Of this £1billion, 50% will be paid at the start of 2015/16 based on 14/15 performance and that there is a joint plan in place. The other 50% of the £1billion will be paid in the second half of 2015/16 based on in-year performance. Performance measures include delayed transfers of care, emergency admissions, effectiveness of re-ablement, admission levels to residential and nursing homes, patient and service user experience.

4.42 Health and Wellbeing Boards will have to return a planning template (we have received the draft template) by 15 February 2014.

4.43 Joint discussions are underway with the CCG to agree our approach, and ensure we meet the deadlines set. A report will be taken shortly to Cabinet to agree the Council's approach to this national requirement with a view to agreeing the governance arrangements through the Health and Wellbeing Board.

4.44 Clearly the ITF provides significant opportunities to build on the very good examples we have locally of integrated working, but there will be huge challenges on the way, some of which have been highlighted earlier in this report

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

6. PREVIOUS MINUTES

None.

7. BACKGROUND PAPERS

7.1 Peer Challenge Review Letter

7.2 Health and Social Care Act, 2012

7.3 Various Reports to Services & Financial Planning Committee

7.4 New Options – Doing Things Differently – Proposals for Change

7.5 Care and Support Bill

7.6 A Vision for Adult Social Care – Capable Communities and Active Citizens, DH, 16 November 2010

7.7 Care and Support White Paper – HM Government, 11 July 2012

7.8 Care and Support Bill – HM Government, 11 July 2012, http://www.dh.gov.uk/health/2012/07/careandsupportwhitepaper/

7.9 Caring for our future: progress report on funding reform – HM Government http://www.dh.gov.uk/health/2012/07/scfunding/

7.10 Integrated Care and Support: Our Shared Commitment – National Collaboration for Integrated Care and Support – May 2013 https://www.gov.uk/government/publications/integrated-care

7.11 Letter inviting expression of interest for Health and Social Care Integration Pioneers - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198746/2013-05-13_Pioneers_Expression_of_Interest_FINAL.pdf

7.12 Policy statement on care and support funding reform and legislative requirements - https://www.gov.uk/government/publications/policy-statement-on-care-and-support-funding-reform

7.13 The Care Bill explained: including a response to consultation and pre-legislative scrutiny on the draft Care and Support Bill - http://www.official-documents.gov.uk/document/cm86/8627/8627.asp

7.14 Care Bill factsheets - https://www.gov.uk/government/publications/the-care-bill-factsheets

7.15 Caring for our Future – Consultation on reforming what and how people pay for their care and support – Department of Health – July 2013

www.gov.uk/government/consultations/caring-for-our-future-implementing-funding-reform

7.15 Next Steps on Implementing the Integration Transformation Fund – LGA/NHS England Letter – 17 October 2013

Report prepared by Paul Taylor, Director: Health, Wellbeing & Care Telephone: 01952 381200

Appendix 1

Directorate of Adult, Community and Housing Services
Ednam House, St James's Road, Dudley, West Midlands, DY1 3JJ
Tel: (01384) 815822 Fax: (01384) 815865
www.dudley.gov.uk

Our ref: 364/EC/APS/gj

9th August 2013

Mr Paul Taylor
Interim Director
Health, Wellbeing and Care
Telford & Wrekin Council
Addenbrooke House
Ironmasters Way
Telford
TF3 4NT

Dear Paul

TELFORD AND WREKIN ADULT SOCIAL CARE PEER CHALLENGE – 22/23/26 JULY 2013

I write to give you formal feedback following the Peer Challenge. This builds on the presentation we shared with you at the end of the challenge on Friday 26 July 2013.

I was pleased to lead the peer challenge and I was joined by Keymn Whervin, Expert by Experience Solihull, Liam Waldron, Expert by Experience Solihull, Karen Murphy, Service Director Solihull, Stuart Lackenby, MIR Programme Lead Dudley, Brendan Clifford, Assistant Director Dudley, and Eddie Clarke, WMADASS Peer Challenge Programme Lead.

I would like to thank you for putting Telford and Wrekin forward to host the "pilot" and the team appreciated the experience offered by the peer challenge.There were many things that we will take away from our visit, not just about the process itself, but also some of the good practice to share back in our own Councils.

I would like to thank all the people who use services, family carers, staff, partners and Elected Members who participated in the challenge. We were made very welcome and the process was very well organised by Julie Gradwell and Clare Hall-Salter. We were very impressed with the openness and honesty of everyone and this helped make the peer challenge constructive and fruitful.

Overview

The Peer Challenge Team (hereafter referred to as the Team) identified a strong level of commitment and loyalty from all staff to the Council and Adult Care and Support. We were impressed by the consistency of understanding of the financial challenges and that these would be on-going.

Partner agencies such as the CCG and the Voluntary and Community Sector were positive about the opportunities for further collaboration and service developments for the benefit of all citizens requiring health and social care support. This included the enhancement of existing joint commissioning arrangements with the CCG.

There were established mechanisms for engaging with people who use services and family carers. The User Led Organisation, Listen Not Label, was enthusiastic about future partnership work with the Council in order to take forward personalisation.

A robust response, along with Shropshire, to Winterbourne View was acknowledged.

The Team was clear that in order to make further progress on the key challenges of personalisation and finance, there would need to be a step change in culture and performance, along with strong, effective leadership.

Personalisation and the Customer Journey

The Council asked us to consider how well the Council has addressed the 2011 Review's original principles and priorities, particularly in the context of the service user and carer experience, with particular focus on choice and control.

Strengths

The Council had previously established a process for implementing personalisation, including training for staff, some exploration of micro-enterprise development, and setting up Access and Direct Payment Support Teams.

Workforce development, especially with the independent sector, whilst focussed on mandatory requirements, impressed as it was both whole sector and in places innovative in its approach, such as the Theatre Project.

The MyLife Portal has commenced and provides information for people requiring information about eligibility and services.

Also, Enablement services are in place in partnership with the NHS and hospital discharge arrangements include home support services provided by the Red Cross. Delayed Transfers of Care are low at 5.3 per 100,000 for 2012/13 with the Family Comparator Group being 6.5 (provisional data for all 2012/13 indicators).

There were positive experiences stated by service users relating to Shared Lives and Extra Care Sheltered Housing. Alongside this feedback to the Team it was identified that as regards performance, new admissions to care homes was comparatively low in 2012/13 and there was strong performance for people with mental health issues in paid employment and supported to live in their own home or with their family.

The Council has registered with Making It Real and is has started consultation on agreeing the three priorities with service users, family carers, and staff.

There had been good joint commissioning with the PCT but some of this had been disaggregated with the change to the CCG. However, the Team was impressed by the very enthusiastic and positive attitude to enhancing partnership work by the CGG. This was complemented by a similar keenness to develop partnership work by both the Voluntary and Community Sector and the User Led Organisation, Listen Not Label. These partners together offer an exciting platform for building up personalised services, creating a wider range of community services, and pursuing integration and joint commissioning options with the CCG.

An area of excellence was the support to family carers. At the meeting with carers there were many positive comments about the support received, the engagement arrangements through the Carers' Partnership Board, and the effective role played by commissioning. Carers stated that they were well supported and specific mention was made of dementia services.

Areas for Consideration

Progress on moving on from the initial stages of implementing a more personalised, person centred adult social care system had stalled. This was evidenced by the low performance on improving the take up of direct payments – the percentage of people with a direct payment was 8.1% with the Family Comparator Group at 14.4%. The Team concluded that that there needed to be a re-launch of personalisation in the Council that should be aimed at achieving a step change and cultural shift across the organisation and partners that establishes a truly creative support planning process and an improved focus on outcomes. The whole adult social care system needs to be preventative and enabling.

This cultural shift should be supported with action to widen access to more bespoke services and support via commissioning and brokerage – for example, improved access to personal assistants, micro-enterprise development, and community bridge builder staff to assist service users and family carers to engage with leisure, educational and other community facilities. An organisation called Community Catalysts can provide advice and guidance about these community developments. This would fit well with Telford and Wrekin being a Co-operative Council and its approach to Localism.

This work should address the needs of all communities and specific attention should be given to how services can support black and minority ethnic people in need of adult social care services. The completion of market position statements can assist this development. Also, the Transitions Service would benefit from a more personalised approach that was consistently able to work with people to create support plans that better promote independent living and an improved quality of life that should also provide savings for the Council.

Direct Payments, aligned with creative, person-centred, support planning should become a default position for those people eligible for support. At present there was some evidence of direct payments neither fulfilling the ambition nor the processes that should be expected. Some service users said that direct payments went straight to the provider and they had no choice in the provider, or they were not consulted on their support plan. Whilst there were some positive experiences of direct payments these were by no means universal or extensive.

The Team was informed that there was currently no Resource Allocation System in place although a pilot is to start in September 2013. This is a major risk for the Council which leaves it open to legal challenge, as there is no robust, transparent and written policy/procedure for linking assessed needs to an indicative budget, an eventual personal budget and a possible direct payment. This requires an immediate remedy if the Council is to reduce the risk of legal challenge. A written policy and procedure should be made available as soon as possible to support the proposed pilot.

The Access and Signposting services require a review to ensure they are being fully effective in directing people to information and support if they are not eligible for adult social care, including self funders, and to ensure those in need of an assessment can promptly receive one. There does not appear to be a single signposting service to which the Access staff can refer people. This could be an opportunity for the VCS or a micro-enterprise. The MyLife Portal includes the Adult Social Care Services Directory and this means that people may simply download it instead of exploring the Portal. This should be re-considered.

Additionally the functionality of CareFirst could be improved with an identifier number being used for all contacts, including those that do not lead to an assessment. This would enable a more accurate recording of those who are signposted. Duplicate paper systems for those cases requiring allocation should be ceased.

The performance on Case Reviews was noted as being at 58% of people receiving at least one annual review. It had fallen from 79.6% in 2009/10, though performance is improving in the current year. The Team saw this as presenting both safeguarding and resource management issues. If nearly half of service users are not receiving a review for over a year then this poses risks for the Council as Health, Wellbeing and Care could not be assured that people are safe and that they are receiving an appropriate level of service. This should be remedied promptly.

Transformation and Budget Challenges

The Council asked us to consider how sustainable is the Directorate's model given the future opportunities and challenges presented by demographic and funding pressures, legislative change such as the Care and Support Bill, and the national cross party "integration agenda".

Strengths

From all our interviews and meetings it was clear that all staff were dedicated and very committed to supporting the citizens of Telford and Wrekin and they demonstrated a strong loyalty to the Council.

The Team heard views from all staff and managers that indicated there was a good knowledge of the financial challenges faced by the Council and the Directorate – and that there were more challenges to come.

There were various budget and development action plans in place and these were overseen by the Transformation and Performance Boards. There were clear examples of good performance as evidenced by the comments in the previous section about care home admissions and low delayed hospital discharges. Also, there is a welcome review of the commissioning and contracting of home care services that will address the high unit costs and multiplicity of providers.

A significant level of savings has been achieved to date and further savings plans have been outlined. For this and next year savings representing 27% of the Directorate's budget are to be made.

The relationship with the CCG had been influenced by the pressures associated with Continuing Health Care that had been identified at one stage as amounting to a budget pressure of £8.5m for the Directorate. However, the Team were encouraged by the willingness of the CCG to enhance the partnership, including integration. There were existing signs of strong collaboration such as the smooth transfer of the "Lansley" monies.

The new Cabinet Member had already secured a good grasp of the pressures on the Directorate and that transformation needed further emphasis. This was mirrored by the Managing Director and there was a recognition that some additional leadership resource would be needed to deliver transformation and to respond to the budget and demographic pressures.

Areas for Consideration

The challenges faced by the Directorate, like all Councils, are immense and there will need to be consistent and further leadership and support from the senior Elected Members and the Corporate centre of the Council to assist the response to the challenges. This includes Scrutiny, which may wish to consider how it secures a good overview of the progress on personalisation, performance and budgetary management.

The Council had previously centralised some functions such as finance and performance. Whilst this was understandable in order to achieve efficiencies in support services, similar to other Councils, some work is required to strengthen the collaboration to improve the sharing of expertise and knowledge about budget and transformation plans.

For adult social care a whole system vision and transformation programme should be developed. Whilst there are various existing plans these have not yet achieved the change desired or planned and a coherent and succinct strategy should be established. This should focus on the three main areas that can enable the Council to achieve more personalised care and efficiencies/savings: personalisation; integration (with the NHS), and prevention services. It will be important to set clear milestones and targets so that delivery and clear outcomes are visible to all.

Part of the vision and plans should include “horizon scanning” such as the Care and Support Bill so that future implications for the Council can be identified at an early stage and planned for as necessary. For example, the introduction of national eligibility criteria will mean that the Directorate’s plan to consider savings from a change in criteria levels is no longer possible.

In the light of the refreshed vision for the Directorate there should also be a review of the savings plans and their viability. The Team noted the existing budget overspend over the last two years and the overspend in the current year. Extra savings have been required for this year, on top of those already planned, amounting to £800,000. The Team is of the view that further savings are possible in areas like Personalisation (via implementing an effective RAS), Transitions, and Shifting the Balance of Care - from care home services to community services, especially in services for people with a learning disability where over 50% of the budget is on funding care home places. A target of moving towards 40% over the next few years should be set and supported by increasing the availability of cost effective housing and community based options.

Any significant change in adult social care support has a risk of legal challenge. The Team would recommend that the Directorate receives good legal advice on any significant changes such as any “maximum expenditure policy” for placing a financial limit on care packages for people living in their own home or similar.

The Council cannot fetter its discretion in such cases and, whilst there is no indication it intends to, it will need to demonstrate that there is not an arbitrary limit or cap on care packages.

There is a judicial review hearing pending with Worcestershire and it would be sensible to monitor the outcome of that case in order to ensure that, if the Council proceeds, its policy and arrangements are sound legally.

With all the substantial change faced by communities and by frontline staff it will be important to support staff through strong and clear leadership alongside the vision and
further transformation plans to be developed. Staff should have opportunities to share their own ideas and views at regular sessions with senior managers so that they are fully engaged with shaping plans. This holds true too for people who use services and family carers who have an important contribution to make in co-producing different approaches and services. The User Led Organisation, Listen Not Label, is aspirational about their involvement with the Council in delivering a transformed adult social care landscape. This should be grasped fully with them and other similar organisations.

Conclusions

The Team concluded that:

- There was a strong foundation of commitment to build upon throughout the Council and partners
- The work on the personalisation journey would benefit from a fundamental review in order to deliver step change
- Co-production with people who use services and family carers is central to the success of personalisation and this should be exploited in developing further transformation plans
- The sustainability of the budget strategy is predicated upon the transformation plans that need revision, and clear leadership to ensure delivery for the Council

We have sought to make the findings of the peer challenge constructive and helpful to the Council and also to strike an appropriate balance between support and challenge. We hope that you are able to receive positively the comments in this context. We have learnt from the process ourselves and we have really appreciated the opportunity to take away some good examples of care and support that we can share with our own Councils.

We have identified some learning points about the peer challenge process itself and we are grateful for those submitted by yourselves to Eddie Clarke. WMADASS will consider these and any necessary changes to the programme.

Finally I would like to thank you for hosting this initial peer challenge and for your positive contribution to achieving a successful outcome.

Yours sincerely

Andrea Pope-Smith
Director of Adult, Community and Housing Services
(on behalf of the Peer Challenge Team)

cc Peer Challenge Team
Richard Partington
Julie Gradwell

Shropshire and Telford & Wrekin
Safeguarding Adults Board
Annual Report 2012-13

No more secrets.

‘Keeping people safe from harm’

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FOREWORD

Welcome to the Shropshire and Telford & Wrekin Safeguarding Adults Board, Annual Report 2012/13.

The Board is a voluntary arrangement of statutory and non-statutory agencies that work together with the shared vision of making Shropshire and Telford & Wrekin a place where adults at risk are protected from abuse, and the rights of people who are unable to make decisions for themselves are promoted and safeguarded.

This Annual Report provides an overview of the Board, its member organisations, its work-streams and achievements over the last 12 months.

I am pleased to be able to highlight achievements across our areas of responsibility:

- the adoption of the pan-West Midlands Policy and Procedure

- the level of training available and delivered

- the signing of the information sharing protocol

The Annual Report provides more detail about the range of achievements of the Board collectively and also of individual agencies. Whilst recognising what we have achieved as a Board, we are very aware of the need to ensure that we continue to progress. There is more to be achieved and we continue to be committed to working collectively to take forward and deliver our responsibilities to vulnerable adults.

Karen Kalinowski
Joint Chair

SUMMARY OF ACHIEVEMENTS AND TRENDS FOR THE YEAR 2012-13

New Adult Safeguarding Policy and Procedure

The most important development for the Board over the last year was the resolution to replace our existing adult safeguarding arrangements, based on the Multi-Agency Adult Protection Policy and Procedure, which had served the Board area well for more than a decade with an entirely new approach, based on a pan-West Midlands model. Based in turn on an approach which has enabled all the London Boroughs to share the same adult safeguarding procedural arrangements, the proposed policy and procedure will be implemented across 11 of the 12 Board areas in our region.

The policy document is hosted on the Social Care Institute of Excellence website at:

http://www.scie.org.uk/publications/reports/report60/files/report60.pdf

The new process is based upon 7 key stages, each of which are subject to defined timescales

1 Alert
2 Referral
3 Strategy discussion
4 Investigation
5 Case conference
6 Review
7 Closure

The beneficial features of the new arrangements include

- A renewed focus on the sound assessment of risk and the planning of actions in response
- Means by which matters can leave the process in an accountable way at any stage in appropriate circumstances
- More proportionate safeguarding responses to concerns raised.
- The facilitation of more straightforward regional benchmarking for the future

The new arrangements were ready for implementation in Shropshire at the year end, though local technical difficulties resulted in a delay until June 2013.

Referrals for the year – a summary

During the year, both local authorities reported a substantial increase in the number of referrals received. In Telford & Wrekin the increase was from 439 to 503, a rise of 14.6%, while in Shropshire the total went up from 412 to 547, representing an increase of 32.8 % over 2011-12. (See Appendix 1 for further details)

It is no easier to interpret this increase than it was to account for the decreases which were reported in previous years. A tentative suggestion is that the increases for both local authority areas point to a high level awareness of safeguarding and of how to respond to concerns. Given the high level of referrals from the social care sector, this in turn suggests that the safeguarding awareness training which is delivered by Shropshire Partners in Care across the independent care sector is effective and beneficial.

The institutional abuse investigations that have taken place over the year may well provide a further reason why the number of referrals has increased so sharply.

Under the heading of abuse in institutional settings, it was recognised that there had been a rise in the number of referrals from both the Royal Shrewsbury Hospital and the Princess Royal Hospital. A rise in the overall number of referrals is to be welcomed but in this case the concerns indicated a pattern of similar concerns which needed addressing. Senior representatives from both authorities and both hospitals were able to meet and subsequently complete an action plan to minimise the repeat concerns that had been raised.

There has also been a sustained focus by both authorities on their responsibilities following the findings of the Winterbourne View enquiry. To this end, a series of multi-agency meetings have taken place, to ensure that the risks to service users placed by Shropshire and Telford and Wrekin with providers out of the county borders are minimised, and that suitable and regular reviews of that placement take place by our own staff.

New sub-committee structure for the Board

In order to make its work manageable and efficient, the Board has delegated certain functions to subgroups, some of which operate in respect of specific issues on a task-and-finish basis, while others will have an ongoing and continuing role.

- Performance subgroup

  The group has met for single sessions in between full Board meetings. Meetings during the year have focussed on agreeing terms of reference, developing useful additional values for reporting by each local authority on a quarterly basis, themed audits of case records where a concern about financial abuse had been raised and identification of other sources of safeguarding intelligence, notably Trading Standards (who later made a presentation to the Board).

  The Performance subgroup plays a central role in providing the Board with evidenced assurance that safeguarding systems across the partnership are sound and effective, or in highlighting areas which require attention if the Board is to meet its objectives. For this aspiration to be realised going forward, commitment and consistent contributions will be require, as well as clear steerage from the Board in regard to priorities.

- Dignity Network

  The Dignity Network met bi-monthly throughout the year. The group aims to raise the profile of Dignity, as a key concept which underpins both safeguarding and personalisation.

  The network's achievements during the year included the completion of a Dignity Survey of the local health and social care sector, in order to gauge the extent awareness of dignity issues and how they are promoted. A drive to recruit more Dignity Champions has continued through the year, but the most prominent achievement was a 10 mile Dignity Walk from Haughmond Hill to the Wrekin by network members, which achieved publicity for the cause in the local press and radio.

- Training subgroup

  Although the training of staff in a range of safeguarding areas has continued across the sector throughout the year (see figures presented by both Shropshire Partners in Care and the respective training leads from the two local authorities, elsewhere in this report) the Training subgroup, as a formal body reporting to the Board, has not met consistently. This will need to be addressed for the year to come in order to ensure that the Board is able to be accurately informed both of what training and development opportunities are made available, but also to create a means by which any gaps or deficits are tracked and responded to.

- Procedure and Protocol group

  Over the year the Procedure and Protocol Group's principal task was to oversee and preparations for the implementation of the new regional Adult Safeguarding Policy and Procedure. As described elsewhere this radical overhaul of our safeguarding arrangements is based on a regional model of adult safeguarding, which will be shared with 11 other Safeguarding Board areas in the West Midlands.

  The Lead Professional in Telford was a member of the regional editorial panel. In addition to the completion of the high-level procedure document, the new arrangements have the required the group to work on a range of implementation guides which create the fit between the procedure and the local organisational landscape within the Board's area. The task of training and briefing staff across the sector on the changes, as well designing new forms, both electronic and manual, had been largely completed by the end of the year.

Further work will be necessary in the year to come to develop and seek approval for terms of reference and work programmes for each subgroup

In the year(s) to come, with the adoption of a new adult safeguarding policy and procedure and a new approach to the process, there are likely to be difficulties in making direct statistical comparisons between data gathered up to now and from 2013-14 onwards. In particular the introduction of an initial 'alert' stage, is likely to reduce the number of cases which enter the process as full referrals.

Institutional abuse investigations / large scale enquiries

Within the Multi-Agency Adult Protection Procedure, the Institutional Abuse process has been invoked in circumstances where serious safeguarding concerns arising from a provider indicated that something was fundamentally wrong with the service and that a radical response was called for. The process is extremely expensive of staffing resources, which have to be devoted to detailed investigation and reviews, and is not entered lightly. Exit from the institutional abuse is on the basis of a multi-agency judgement that the level of risk to vulnerable people in the setting has been reduced to an acceptable level.

In Telford & Wrekin, 7 institutional investigations were carried out over the year, in the following settings

- 4 large residential/nursing homes
- 1 small residential home
- 2 domiciliary care agencies

In Shropshire there have been 5 investigations that have been recorded as being institutional investigations.

They were all in large residential/nursing homes.

Over the last 12 months it has become the policy of Shropshire Council to be more robust with providers who consistently refuse, or who are very slow to raise standards or to implement changes when requested to do so. The suspension of new referrals and ultimately the complete withdrawal of contracting with that particular business has been necessary in order to ensure the safety of the residents.

Serious Case Reviews

A single request was made for a Serious Case Review during the year, and this will be the subject of investigation during 2013-14. This is only the second such request for review since the adult safeguarding process was inaugurated in 2001.

The guidance on Serious Case Reviews originates from the Association of Directors of Adult Social Services and specifies the following circumstances which a Serious Case Review should be established

- A vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the Board should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- A vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

PUBLIC AWARENESS AND PREVENTION

A six month project was started in 2012 to see if there was a better way of delivering the 'Safeguarding' message to a wide variety of community groups throughout the County.

The aim was to raise the profile of safeguarding as a whole across Shropshire and to promote safeguarding within community groups. To this aim a presenter from Shropshire's Joint Training team was employed to deliver briefings to the wider community; the areas targeted were community organisations, volunteer groups, church and faith groups, women's institute's, farming organisations etc. and on to as many areas of the community as possible in order to ensure that the widest available audience receives this basic knowledge of safeguarding and can recognise abuse and know what to do about it.

The areas of safeguarding that will be covered are;

- Adults at risk
- Children
- Domestic Violence and Hate Crime.

The presenter was also to liaise with the new GP's, surgery staff, patient advisory groups, and Shropshire CINCH to promote safeguarding in the areas where the most at risk people are being cared for.

Initially the take-up of the offers for the briefing was slow, but with the persistence of the trainer and 'word of mouth' recommendations after the first briefings have been delivered, a steady flow of requests was beginning to be received several months into the project.

The Safeguarding Briefing has been delivered to 71 health staff as a refresher / update with signposting to more in depth training for identified roles. Delivery of this Safeguarding training for the above church groups commences in early June 2013

End of Initial Project observations:
We are only now beginning to see a take up in this training offer due to the long term planning that these groups appear to have in place, coupled with fairly infrequent meetings.

Additional resources to accommodate this training would ensure the longevity of the provision of this valuable learning option which will support community capacity building alongside promoting the Safeguarding Agenda and protection of adults at risk.

Talks are currently on-gong to explore ways of continuing this project and expanding it over a wider area.

During 2012/13 a website for the Safeguarding Adults Board has been inaugurated and it can be accessed at;

http://www.stw-sab.org.uk/

Information for access by members of the public and professionals is available on this site. From this modest beginning, it is hoped that the website will develop into a valuable local tool for the widespread dissemination of news and information about adult safeguarding for practitioners, managers and anyone else with an interest in safeguarding.

ACTIVITY AND PERFORMANCE

Vulnerable Adults Safeguarding Board combined (both Authorities) statistics

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

Period	2008/9	2009/10	2010/11	2011/12	2012/13
Number of Referrals	774	1040	948	851	1062

2. Combined referral data 2012/13

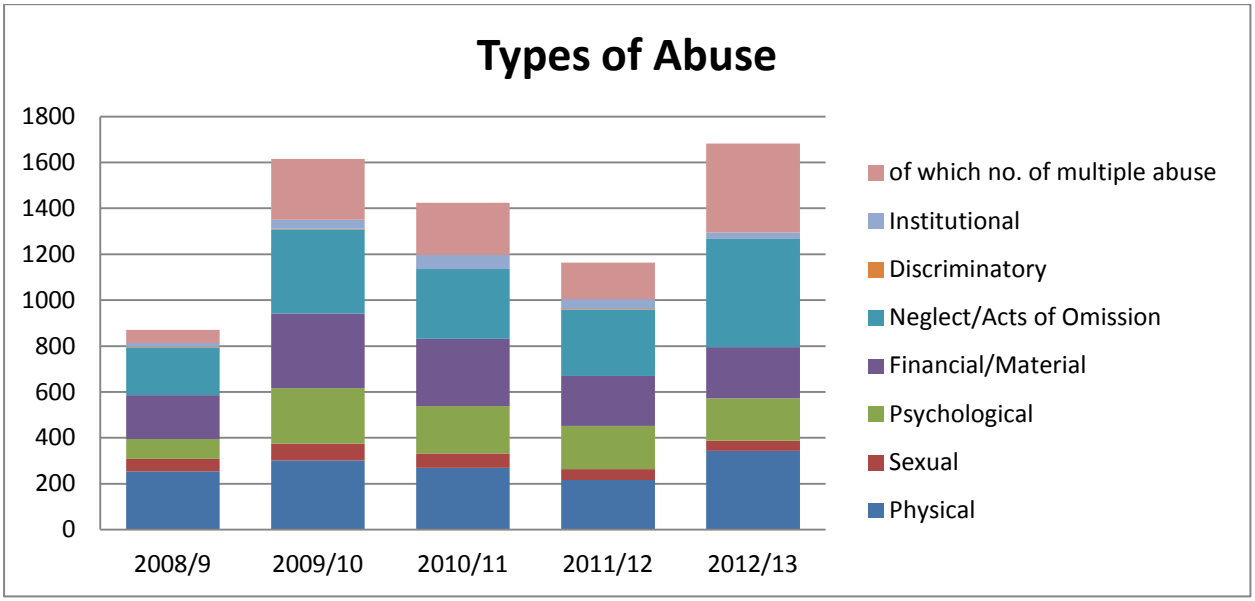
Source Of Referral	Total
Vulnerable Adult	19
Vulnerable Adults Family	98
Friend/ Neighbour	14
Other Service User	0
Social Care - Domiciliary Staff	90
Social Care - Residential Care Staff	234
Social Care - Day Care Staff	24
Social Care - Social Worker/ Care Manager	107
Social Care - Self Directed Care Staff	4
Social Care - Other	119
NHS - Primary/ Community Health Staff	98
NHS - Secondary Health Staff	97
NHS - Mental Health Staff	15
Care Quality Commission	38
Housing	17
Education/ Training/ Workplace	9
Police	14
Other	67

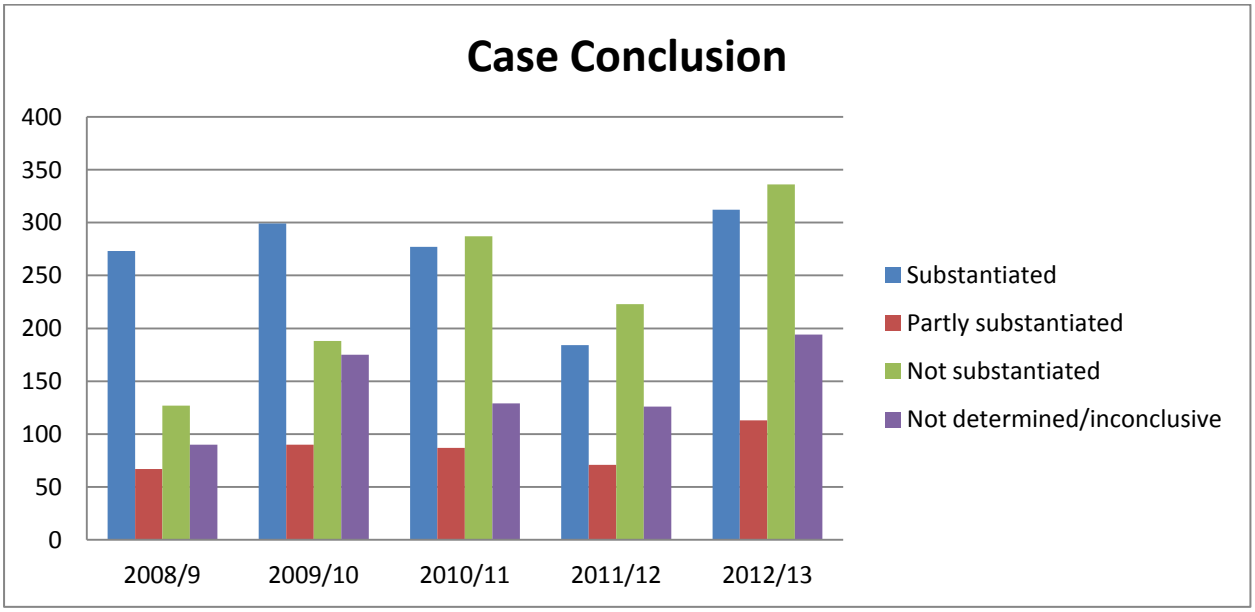
3. Type of abuse

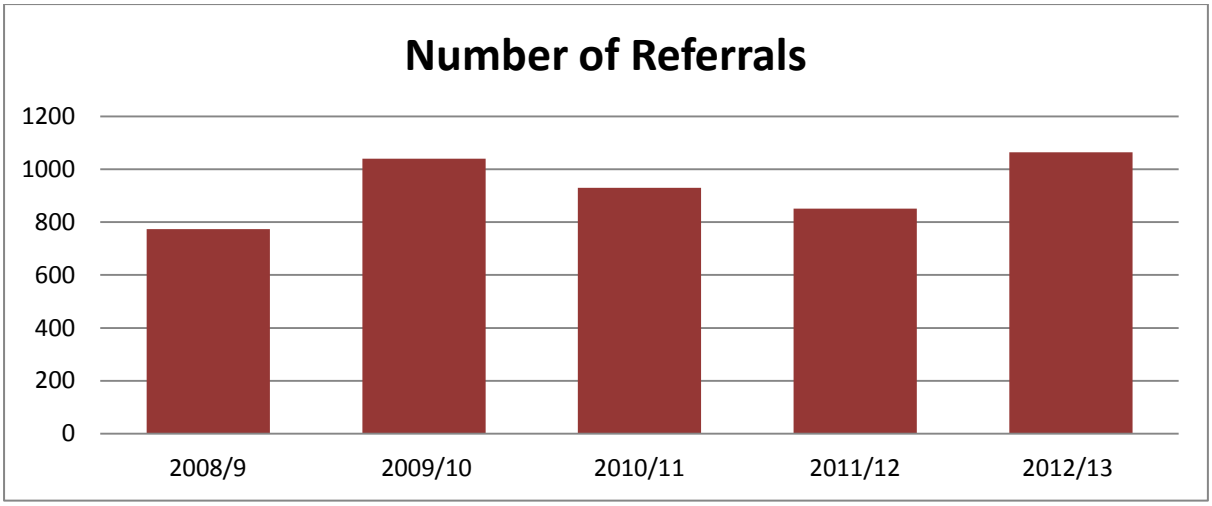
Type of abuse	Total
Physical	343
Sexual	45
Psychological	184
Financial/Material	223
Neglect/Acts of Omission	472
Discriminatory	0
Institutional	27
of which no. of multiple abuse	388
Not stated	0

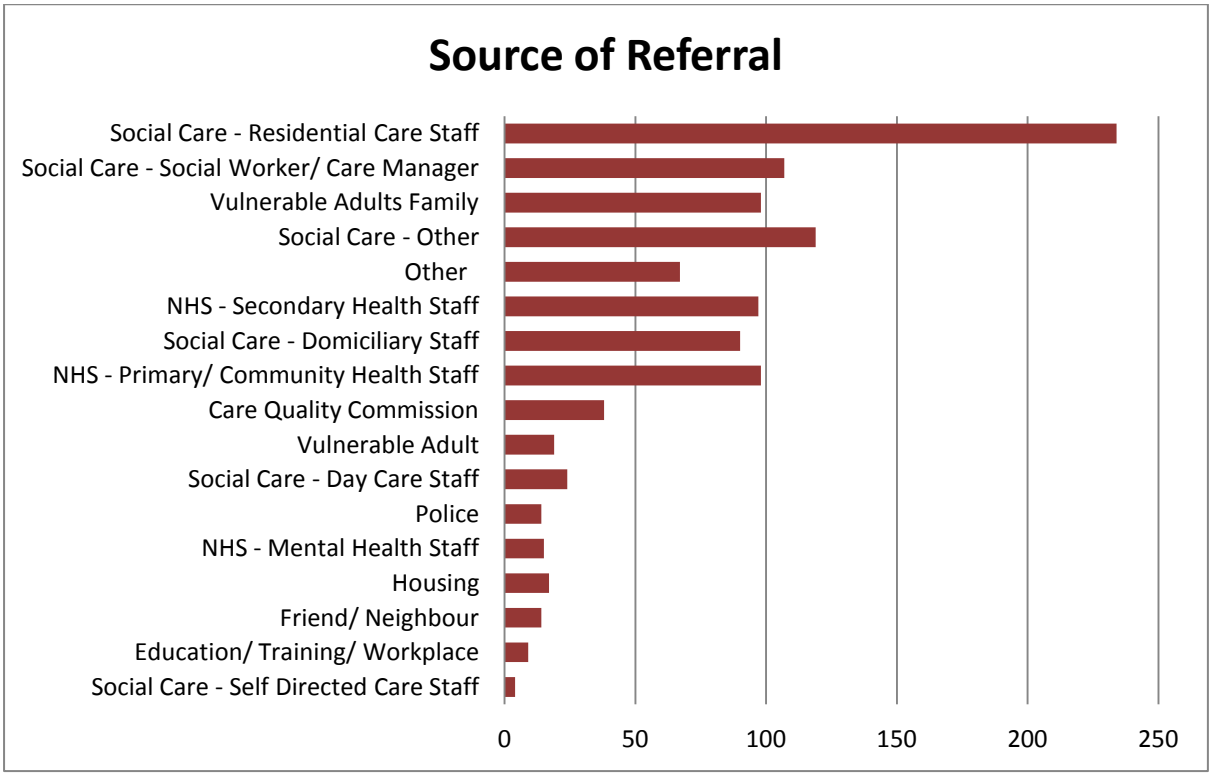
4. Case conclusion;

Case Conclusion	Total
Substantiated	312
Partly substantiated	113
Not substantiated	336
Not determined/inconclusive	194






Number of Referrals
1200
1000
800
600
400
200
0
2008/9
2009/10
2010/11
2011/12
2012/13


Source of Referral
Social Care - Residential Care Staff
Social Care - Social Worker/ Care Manager
Vulnerable Adults Family
Social Care - Other
Other
NHS - Secondary Health Staff
Social Care - Domiciliary Staff
NHS - Primary/ Community Health Staff
Care Quality Commission
Vulnerable Adult
Social Care - Day Care Staff
Police
NHS - Mental Health Staff
Housing
Friend/ Neighbour
Education/ Training/ Workplace
Social Care - Self Directed Care Staff
0
50
100
150
200
250

TRAINING

The following sections demonstrate the extensive training provision available and delivered by Board member agencies.

Safeguarding Training of Council Workforce (Shropshire & Telford and Wrekin)

This year it has not been possible to collect information about the training status of all statutory and independent sector workforces. This will be addressed in next year's report.

A range of training opportunities exist to meet the learning and development needs of different staff in a variety of settings who have different roles and levels of responsibility. Each agency takes a slightly different approach to meeting those needs, always appropriate to achieve the competencies set out in the framework approved by the board.

This ensures that all staff know what actions they need to take in order to safeguard an Adult at Risk.

Training is available at different levels of complexity to meet different learners' needs in the format of short courses, problem solving workshops and longer courses up to 5 days. Training is targeted to the relevant audiences, for example 'awareness' level for all staff with direct access to adults at risk and Minute Taking for administrative staff undertaking this task.

A range of training is also provided for non-Council staff from the care and health sector and community groups in Shropshire e.g. Safeguarding Briefing for Community Groups.

The following table sets out the range of courses available across the two Councils (not all courses are provided in both) and the number of Council staff who have attend each in the year 2012-13.

Number of Council workers who attended training during 2012-13

Subject	Shropshire	Telford & Wrekin
Safeguarding Adults Awareness	200	34
Safeguarding Adults for Provider Managers	11	1
Interviewing and Investigating	15	Not applicable
Chairing Adult Safeguarding Meetings	3	Not applicable, done previous year.
Minute Taking in Safeguarding Adults	4	Not applicable, done previous year.

New Safeguarding Adults Policy – Implications for Investigating Workers	75	Undertaken through briefings
New Safeguarding Adults Policy – Managing Officers	43	Undertaken through briefings
Safeguarding Briefing Train the Trainer	6	Not applicable
Mental Capacity Act 2005 (different levels)	109	Not applicable
Mental Capacity Act and Deprivation of Liberties Safeguards	Not applicable	22
Deprivation of Liberty Safeguards, including Authorisers training (different levels)	203	Not applicable
Best Interests Assessment (different levels)	35	Not applicable
Court of Protection and Decision Making under MCA	17	Not applicable
Police and Criminal Evidence Act (PACE)	27	Not applicable
Dignity in Practice	11	Not applicable
Professional Boundaries	23	0
Personal relationships and sexuality (different levels)	43	0
Domestic Abuse	21	Not applicable
Managing Actual and Potential Aggression MAPA® (this figure is the number of complete courses attended, which range in duration from one to four days)	139	78

The training numbers are relatively small in Telford due to very low levels of staff recruitment during extensive restructuring activities. There is currently no mandatory requirement to attend refresher training so long-term workers have not needed to attend a second time. The development of e-learning to cover some of these subjects will make training easier to access and update knowledge.

In Telford Council 399 workers have direct contact with vulnerable adults and therefore need a minimum of the 'awareness' level training. Of those, 42 have yet to undertake the training. This is approximately 10% of the workforce. In Shropshire accurate data is not currently available due to recent reorganisation of services and movement of staff.

<u>Shropshire Partners in Care</u> (Independent & Private Sector)

Training is made more widely available to the sector through Shropshire Partners in Care and is offered directly though SPIC and in partnership with Joint Training for Adult Community and Health Services, Shropshire Council and Workforce Development, Telford & Wrekin Council. In 2012-2013 the safeguarding trainers were invited to present workshops on safeguarding and Mental Capacity Act during the COPE training sessions for GP practices.

Training delivered or coordinated by SPIC:

- Safeguarding Adults Awareness

- Safeguarding Adults for Provider Managers
- Keeping Safe, Understanding and Reporting Abuse (Shropshire)
- Common Induction Standards Training (Standards 5 & 6) (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
- A range of First Aid courses
- Medication in Care for Support Workers and Nurses
- Dignity in Practice (Shropshire)
- Dementia Awareness (Telford & Wrekin)
- Management programmes and workshops

In 2012-2013 the number of learners trained has again risen, 1515 learners accessed safeguarding related courses delivered by the training and development worker in Shropshire and 1254 in Telford & Wrekin. (These figures may show duplication with Joint Training and T&W Workforce Development as SPIC trainers deliver the courses).

Robert Jones & Agnes Hunt NHS Foundation Trust

The Trust currently provides mandatory training for clinical staff with direct patient contact which needs to be completed every 3 years by staff identified within the Trust Training Needs Analysis. The Trust aims for all clinical staff to have completed the training by the end of 2013/14.

The table below shows the number and percentage of staff that are compliant with the training listed above:

Year	***Name of Training***		
	Safeguarding Vulnerable Adults	**DOLS**	**MCA**
2010 – 2011 % in 2010-11 *(based on 751 staff to complete)*	292 38.9%	43 5.7%	45 5.9%
2011 – 2012 % in 2011-12 *(based on 751 staff to complete)*	628 83.6%	69 9.2%	68 9.1%
2012-2013 % in 2012/13 *n.b. The Trust Training Needs Analysis was reviewed in November 2012.*	582 86.9% *(based on 670 staff to complete)*	178 30.9% *(based on 575 staff to complete)*	145 23.4% *(based on 620 staff to complete)*

The Trust aim is for at least 90% of relevant staff to have received Adult Safeguarding Training by 31st March 2014.

The Trust also provides further training in the following specific areas:

• ***Mental Capacity Act 2005 Awareness***
This is provided as a facilitated session delivered by an external training company.

• ***Deprivation of Liberty Safeguarding Awareness (DOLS) Training***
This is provided as a facilitated session delivered by an external training company.

• ***Learning Disabilities Awareness Training***
This is provided as both an e-learning module and a facilitated session delivered by Shropshire County Training and a service user. In 2012-13, the number of staff who are compliant with the training is 445 staff, giving a percentage of 68.0% (based upon 654 staff to complete following review of TNA in November 2012).

133 staff have completed a variety of Dementia awareness workshops and 73 staff have completed mental health awareness training and mental health first aid training.

West Midlands Ambulance Service

The Safeguarding Team (together with the Education and Training Department) have delivered extensive education (Educare, Clinical Notices, VLE, Clinical Times and Weekly Briefing articles, direct training, mandatory workbook and University engagement). This has led to a the quality of referrals being substantially increased and can be evidenced by a reduction in the amount of concerns from partner organisation's in regard to our referrals

Shropshire Fire and Rescue Service

We recognise that sharing data with other agencies can greatly improve our effectiveness and we have a long history of sharing information and data with partners to assist in achieving mutual goals. Our involvement in safeguarding adult's programmes is part of that commitment. A number of our staff have been trained and deliver the programme in house. We have now trained the majority of our front line staff in recognising and acting upon safeguarding issues, a total of 300 staff in all. From this training we have had a number of referrals to the safeguarding teams in the first year that the training has gone live. This has allowed the relevant agencies to assess and assist where necessary, and also allowed vulnerable adults access to help and assistance

Training in SaTH

Training remains a key focus within the organisation regarding safeguarding of children and adults at risk. Across the Trust there are 5,500 members of staff to train. Adult protection Awareness training remains part of the statutory training programme for all patient handlers and at present we have achieved 70% attendance with a target of 80%; which is a significant increase to last year. Adult safeguarding training has now been included in the induction training of new members of staff within the Trust.

Shropshire Council has continued to provide MCA and DoLS training sessions on site with further sessions to be provided. This has proven to be very effective in raising awareness within the Trust with the outcome of increasing referrals for DoLS over the year.

West Mercia Police

The investigator has undertaken training as listed below.

- Aspergers.
- Personality Disorder
- Mental Health
- Huntingdon's Disease
- Whistle blowing Conference

DEPRIVATION OF LIBERTY SAFEGUARDS

Shropshire

Deprivation of Liberty Safeguards annual report 2012/13

Level of DoLS activity 2012/13 for Hospitals in Shropshire

There were 17 requests from Shrewsbury and Telford Hospitals which related to 13 different people.

There were 4 requests from Robert Jones and Agnes Hunt all granted, one request from Chirk Community Hospital which was granted, one request from Queen Elizabeth Hospital, Birmingham not granted as the patient had absconded and one from St Georges Hospital Stafford (there is a specialist ALD unit there) which was granted. In the case of the absconding patient an Adult Safeguarding referral was made to Birmingham.

SOURCES OF HOSPITAL DOLS REFERRALS 2012/13	**NUMBER**	**GRANTED**	**NOT GRANTED**
SATH	17	8	9
RJAH	4	4	
BISHOPS CASTLE CH	0	0	
BRIDGNORTH CH	0	0	
LUDLOW CH	0	0	
WHITCHURCH CH	0	0	
ST GEORGES	1	1	
QE BIRMINGHAM	1	0	1
CHIRK CH	1	1	

Level of activity 2012/13 Care Homes

There were 81 requests of which 51 were granted and 30 not granted.

Combined level of activity 2012/13

Numbers of assessments completed April 2012 to March 2013 compared to previous years

Assessments month by month	2009/10	2010/11	2011/12	2012/13
Total	**62**	**107**	**121**	**105**

Case Law and Court of Protection

Best Interest assessments have become more complex, time consuming and challenging as case law develops. Assessors are grappling with concepts as they are interpreted by Judges and have to always be alert to potential challenges to their decision making.

We do not currently have any DoLS cases at the Court of Protection to challenge DoLS decisions. However, we are involved with a care management case at the Court of Protection where the Court have found a deprivation of liberty is occurring and required the care home to apply for a DoLS authorisation. It is linked to the Cheshire West appeal which is to be heard by the Supreme Court in October this year. Once this case it heard it may provide more direction about what does and what doesn't constitute a deprivation of liberty.

Areas of developing practice

The Shropshire DoLS Manager is currently summarising a number of case studies where DoLS has produced a successful outcome for the service users with a view to these being published. Community Care is interested in this. Some have also been shared with the DH and with SCIE for inclusion in a Good Practice Guide.

Regional representation

The Shropshire MCA/DoLS Manager is Chair of the Regional Leads Group. The group has produced some significant work over the last year. Training was arranged in 2012 by Shropshire in conjunction with Keele University. This was for all BIA's across the region. The group developed regional training standards for BIA's and for the s12 approved DoLS assessors. In 2013, the annual BIA and S12 DoLS assessor training was arranged by Shropshire and provided in Shrewsbury and Birmingham for approximately 220 people. In addition, regional Transition training for Authorisers was held in Shropshire and well attended.

Extensive work has been carried out across the region to review the DoLS Forms. The DH is aware of this work and has had copies. Checklists of best practice were developed for BIA's and for Authorisers. The new Best Interest Assessment form was piloted across the region from January to March and a final West Midlands wide version is now in use across the region.

This regional support and benchmarking is extremely valuable to the DoLS Leads, working in partnership ensures greater consistency of practice. The Leads group has recently reviewed the original ADASS DoLS protocol and this has been submitted to the Chair of the national ADASS Mental Health Network to take forward.

The group has also produced a protocol for situations where people are assessed as ineligible for DoLS and also for the MHA. This causes operational problems and may leave us open to challenge as the supervisory body for hospital DoLS.

The safeguarding systems coordinator for Shropshire is now part of the national DoLS Development Group which is chaired by the Section Head, Adult Social Care Statistics (HSCIC). The key aim of this group is to operationally manage and develop the DoLS collection from 2013/14 to reflect the requirements of users and policy.

Telford & Wrekin

The table below shows the numbers of assessments completed across Telford & Wrekin Council (T&WC) and NHS Telford and Wrekin (NHS T&W) between April 2012 and March 2013 in response to requests for Standard Authorisations.

Source of Hospital Referrals	Total Number	Number Granted	Number Not Granted
St. Andrews Hospital, Northampton	2	2	0
St. David's Independent Hospital, Corwen	1	0	1
Whorlton Hall Independent Hospital, County Durham	1	0	1
SaTH	6	1	5
University Hospital, North Staffs	1	1	0
Total	**11**	**4**	**7**

- There was a total of 43 referrals from care homes of which 31 were granted. This has shown an increase of 16 (59%) on the previous year.

- The number of referrals received from hospitals totalled 11, which related to 9 individuals. This figure remains the same as the previous year. This is a fairly low number, but following transfer of responsibility for hospital DoLS to the Local Authority, a new quarterly meeting has been set up with Health colleagues, which will include focus upon hospital DoLS.

Total Standard Authorisations per 100,000 population (see Appendix 2)

The total number of standard authorisations received per 100,000 population shows Telford & Wrekin at 42.4, which is higher than the West Midlands average of 29.6. The number of standard authorisations granted compared to not granted, has increased over the year and may be attributed to the quality of training being provided to the care homes.

For the year 2012/13, SPIC trained approximately 450 staff in the combined MCA and DoLS training courses. Staff came from the independent sector, voluntary organisations and groups of doctors and dentists based in Telford. Basic Awareness Training of the MCA and DoLS is now included in the Corporate induction process for both CCG and Local Authority staff within Telford & Wrekin.

There have continued to be complex and challenging issues to consider this year, with the Local Authority experiencing its first DoLS challenge through the Court of Protection. Although this highlighted a small number of care planning issues, the DoLs Authorisation itself was deemed to be appropriate and the assessments were commended by the judge.

The Joint DoLS panel with staff from Local Authority and PCT continued to meet to discuss every individual case and made an important contribution in the development, consistency and governance of the assessment process. Support to BIA's also continued with monthly BIA forums which provided ongoing supervision, peer support and inclusion in the West Midlands regionally agreed 5 year comprehensive mandatory refresher training programme.

Up to the transfer of responsibility of hospital DoLS to the Local Authority, there were 8 Best Interest Assessors (BIAs) working across the service, 4 from NHS T&W and 4 from Local Authority - 2 in Learning Disability/Mental Health, 1 in Older People and 1 in Physical Disability.

Comparison with West Midlands (Appendix 2)

West Midlands data is attached including per head of population. From this table it can be seen that the numbers of referrals from Shropshire and Telford & Wrekin are consistently above the West Midlands average. In terms of per head of population applications Shropshire is 3rd highest and Telford & Wrekin the 4th highest.

In terms of hospital requests Shropshire is about halfway down the list of authorities. Hospital DoLS make up approximately 30% of all referrals but the lack of referrals from Community Hospitals last year is of concern.

Priorities for 2013/14

Priority Actions

	Action/Priority	Agencies	Leads	Target date
1	To develop a performance monitoring framework for the Board	All	Performance subgroup	30/11/13
2	Explore ways of obtaining income streams to allow further development of SAB including the appointment of an independent chair	All	Chair	30/11/13
3	Increase the availability and use of independent advocacy services by adults at risk in appropriate cases	All	All	31/03/14

AGENCY STATEMENTS

Telford & Wrekin Council

Keeping vulnerable people safe from harm has continued to be one the Council's most pressing priorities during 2012-13. Despite the 20% savings which had to be made from Adult Care & Support staffing budget during the restructure during the previous year, the maintenance of the existing resources for safeguarding resulted over the year in the consolidation and continuity of the service offered.

This has meant that the Council was relatively well-placed to meet the challenge posed by the preparation for the new policy and procedural arrangements which were to be shared across most local authority areas in the West Midlands. Particular mention should be made of the Council's Professional Lead for Safeguarding who, as one of the regional editorial group, brought the new process into existence, and contributed considerably to the development of local practice guidance.

In the wake of the events at Winterbourne View the need to look critically at the safety, welfare and life chances of some of the most vulnerable members of our community has been thrown into sharp focus. The events have demanded an effective multi-agency response in producing new approaches to case management, safeguarding, reviewing and commissioning, starting with a strong presumption against placements outside the Telford and Shropshire locality. The Council has played a leading role in bringing about the necessary changes.

Bucking the trend of recent years, we have experienced a sharp increase in the number of safeguarding referrals recorded during the year from 428 to 503, an increase of 17.5%. Much of this increase can be attributed to the number of referrals linked with a number of large-scale institutional investigations over the year, conducted with some major local providers.

As a Council we value our local safeguarding partnership very highly and see our colleague agencies as sources of strength, support and positive challenge in the uncertainties which lie ahead, across the public sector.

Karen Kalinowski
Assistant Director, Care & Support

Shropshire Council

The safeguarding of Vulnerable Adults within Shropshire during 2012/13 has remains a high priority for Shropshire Council.

The Adult Safeguarding Board has responded to the Winterbourne View Joint Improvement programme through a task and finish group and now more latterly through a Learning Disability Programme Board which has also addressed the

confidential inquiry into premature deaths and contributing to the joint health and social care self-assessment process.

Training in the Adult Safeguarding agenda has continued across all partner agencies across the wider social care and health economy, building on previous years training offer. The uptake of training continues to grow; 1328 people have been trained in an adult safeguarding related subject during 2012/13, and it remains a high priority for the adult safeguarding board.

Shropshire has continued to work with local partners including the independent sector, Telford and Wrekin Council, West Mercia Police and Health providers to promote safeguarding. Shropshire has also contributed to the development of a West Midlands Policy and a new recording process which went live in April 2013.

Stephen Chandler
Director of Adult Services

Telford and Wrekin Clinical Commissioning Group

In 2012/13 the NHS reforms led to the establishment of Clinical Commissioning Groups (CCG) across England. These new clinically led organisations are to become statutory bodies for local health care commissioning from April 2013. In Telford and Wrekin during 2012/13, the Shadow CCG was formed and statutory roles and responsibilities of the new organisation became clear.

The safeguarding of adults in Telford and Wrekin is one of the key responsibilities of the CCG Board and to this end an accountability structure within the organisation was quickly established, ensuring the highest priority for safeguarding vulnerable adults, working in partnership with all other agencies in both Telford and Wrekin and Shropshire. The CCG Executive Nurse Lead for Quality and Safety is the delegated responsible officer with the Clinical Chair as Lead GP; the Secondary Care Board Nurse also provides scrutiny and support to the CCG internal safeguarding processes. The Chief Officer will have the overarching accountability from April 13.

The CCG has in place a Lead and Associate Nurse for adult safeguarding under a "hosting arrangement" with Shropshire CCG. This arrangement ensures appropriate resources and joint working across common providers. Throughout the CCG authorisation process in 2012/13 safeguarding process and infrastructure where externally reviewed and the CCG was fully authorised to operate across all areas. The CCG works with all healthcare providers to ensure that commissioned care is safe and effective, meeting national guidance in relation to safeguarding adults. This work is shared as appropriate with the Safeguarding Adults Board, in which the CCG plays an active role.

Christine Morris
Executive Nurse Lead for Quality & Safety

Shrewsbury and Telford Hospital NHS Trust

Shrewsbury and Telford Hospital NHS Trust is committed to developing processes and systems that ensure that people using the service, staff and others who visit the hospital are as safe as they can be.

Over recent months there has been an increase of adult protection referrals against the Trust where the care that we provided could have been better. Over half of these referrals were not substantiated. The initiation of each referral is based on a concern and as such the Trust is committed to working with other agencies and with staff within the Trust to make improvements and safeguard all adults at risk. The increase of referrals coincides with an increase in dementia/frail and complex patients admitted to the Trust during March 2013 and an overall increasing demand for beds in the hospitals. As a result the Trust is working extensively with external agencies to ensure that patient's are discharged appropriately with the correct support and care required. A group has been established and endorsed by the Safeguarding Adults Board which will examine all areas of concern. SaTH is proactively addressing the concerns raised and includes a letter issued by myself in the role of Chief Nurse to all senior nurses, matrons and ward managers to ensure that patients are safely managed and discharged home.

Safeguarding Steering Group

This internal group meets bimonthly to develop hospital policies and procedures in line with national and local guidance ensuring hospital practice safeguards both children and adults at risk. Representation of this group includes the newly appointed Associate Director of Patient Safety and also named medical and nursing staff for both children and adults. The Clinical Commissioning Group for Telford and Wrekin and Shropshire also attend and receive reports from internal governance meetings and safeguarding board.

High Risk Scrutiny Group

This group continues to develop best practice and is represented by all area across the organisation. The group currently meet bimonthly to discuss formal complaints, adult protection referrals and serious incidents. Further information regarding patient's deaths which have been reported to the Coroner has now also been added to this group.

Vicky Morris
Director of Quality and Safety / Chief Nurse

Shropshire Community Health NHS Trust

Shropshire Community Health NHS Trust is committed to doing all that it can to protect vulnerable adults. Preventing neglect, harm and abuse is a primary objective. At Board level the Director of Nursing, AHPs, Quality, HR, Workforce/OD, Deputy CEO is the Executive Lead Director for Safeguarding of children and adults and is actively supported at Board by a Non-Executive Director. The Trust is formally engaged with the work of the Safeguarding Adults Board (SAB) and the Executive Director is represented on the Board by the Deputy Director of Nursing & Quality.

The 'Safeguarding adults: multi-agency policy and procedures for the West Midlands' developed with our partners across the West Midlands has been adopted and approved by the Trust.

The Trust is actively engaged in related work programmes for example Dignity Network, MCA DoLS Operational Group and Winterbourne View Programme Board and systems are in place to review and update in line with local and national developments.

The Trust Quality & Safety Committee continues to monitor all aspects of the Trust's services to ensure standards are met via the Operational Group.

We have established and embedded an on-going process where any safeguarding concern/issues/incidents are reported through our Datix Risk Management information system and all information is reviewed by the Trust Safeguarding Adult Lead and reported on a monthly basis to the Safeguarding Group chaired by the Executive Lead and communication systems are set up with partners to identify potential vulnerability and abuse.

The Trust has developed a 'Protocol to support the health care needs of people with a Learning Disability' to promote high standards of practice for this vulnerable group of people within our community and we have adopted joint policies with the two Local Authorities on Mental Capacity Act and Deprivation of Liberty Safeguards. We have also adopted the Competency Framework for Safeguarding Vulnerable Adults and MCA training competencies. We encourage and support access to a wide range of safeguarding training opportunities and we monitor and report on the number of staff that have accessed training each month.

We communicate our safeguarding key messages to staff on a regular basis and these are:

- All staff need to be aware of and recognise signs of abuse, harm and neglect;
- All staff need to be able to identify possible safeguarding concerns and take any immediate safety action

- All staff need to be confident of their role in the prevention and response to abuse, harm or neglect.

Our values 'We Care' reflect our commitment to respecting dignity and achieving tailored outcomes for individuals. We view the assurance and promotion of dignity as key in the prevention of abuse and thus we have adopted the DH 10 Point Dignity Challenge and we encourage all staff to become dignity champions. We continue to work with our local health economy partners to ensure there is zero tolerance to all forms of abuse.

Maggie Bayley, Director of Nursing, AHPs, Quality, HR, Workforce/OD & Deputy CEO
Martine Tune, Deputy Director of Nursing and Quality

The Robert Jones & Agnes Hunt NHS Foundation Trust

Throughout 2012/13 the Robert Jones & Agnes Hunt NHS Foundation Trust has continued to be engaged in the promotion of the well-being, security and safety of vulnerable adults (adults at risk) which is consistent with the individuals rights, capacity and personal choices. As an organisation we have continued to be committed in providing good partnership working with outside agencies, and other NHS organisations providing high quality care and appropriate support for patients.

The Robert Jones & Agnes Hunt NHS Foundation Trust continue to work with Shropshire and Telford and Wrekin Safeguarding Adults Board and attend quarterly meetings to ensure there is effective communication and interagency team working. Good partnership working provides effective means of safeguarding vulnerable adults, and as an organisation, we are dedicated to provide and ensure that the dignity, safety and wellbeing of each individual in our care always remains a priority, and is at the heart of what we do.

Actions undertaken during 2012/13

• A review of the named professionals has been undertaken, and there is a designated named nurse who is the adult safeguarding lead for the organisation, and a named doctor. The named roles have been developed in line with Working Together 2010.

• The Trust has provided safeguarding vulnerable adults training for all staff, and has continued to provide specific Mental Capacity training and Deprivation of Liberty safeguards (DOLs) training.

• Dementia training for clinical staff and mental health training for specific cohorts of staff who are regularly exposed to patients with mental health issues.

• Learning disabilities training which is delivered via e-learning or as face to face facilitated training in collaboration with Shropshire County training

• Training provision has raised staff awareness and has enabled them to understand their role and responsibilities with regard to policy and procedures. This has enabled staff to promote good practice in response to concerns on a multiagency basis.

• Dissemination of clear adult safeguarding policies so that processes are embedded within the organisation. This has been undertaken through the development of the Safeguarding web page on the Trust intranet site.

• Work continues in collaboration with outside agencies to ensure service users are safe from harm, and maintain independence, well-being and choice.

• Quarterly Safeguarding Committee meetings within the RJAH have continued which is a forum to discuss children and adult safeguarding issues. The committee has the appropriate accountability for safeguarding across the trust and reports to the Trusts Quality and Safety committee.

• A review of compliance with the Care Quality Commission Essential Standards Outcome 7 has been undertaken with the appropriate supporting evidence showing how the trust continues to work in partnership towards meeting the standards.

• The Trust has continued to work in partnership with the local authorities and have adopted the Safeguarding adults: multi-agency policy and procedures for the West Midlands and Shropshire and Telford & Wrekin Multiagency Adult Protection Policy which is accessible through the Trust intranet.

• Reporting mechanisms through the Trust Datix incident reporting system have been strengthened. All adult safeguarding incidents are reported through the reporting system, and the adult safeguarding lead is involved when investigations are being undertaken to provide the necessary support for managers.

Actions for 2013/14

Setting up adult safeguarding links within ward areas, and specific clinical areas to raise awareness of the importance of adult safeguarding, and the contribution of the Trust to the care of vulnerable adults (‘Adults at risk’).

Development of staff information leaflet about adult safeguarding which will be distributed to all staff working within the organisation.

Development of face to face adult protection training which links in with the West Midlands multiagency policy, and local Shropshire, Telford and Wrekin Policy. Safeguarding links will be identified to attend this training as well as Ward/departmental managers, and deputies. To consider further face to face training with other frontline staff who care for patients and support their carers/relatives.

Developing an evidence-based portfolio within the ward areas for staff to refer to, that demonstrates compliance against the CQC Essential Standard Outcome 7.

Delivery of the Dementia Strategy and its implementation working in conjunction with the local health economy is on-going. The purpose of this work is to implement best practice across organisations and to ensure that the vision for dementia, as set out in the National Dementia Strategy (2009), Prime Minister's Challenge (2011) and the NICE (National Institute for Health & Clinical Excellence) guidance and quality standards are adopted and delivered for the benefit of patients and their carers.

Reviewing the process for identifying people with learning difficulties/disabilities and ensuring that the organisation reasonably adjusts its services to provide person centred care for this patient group.

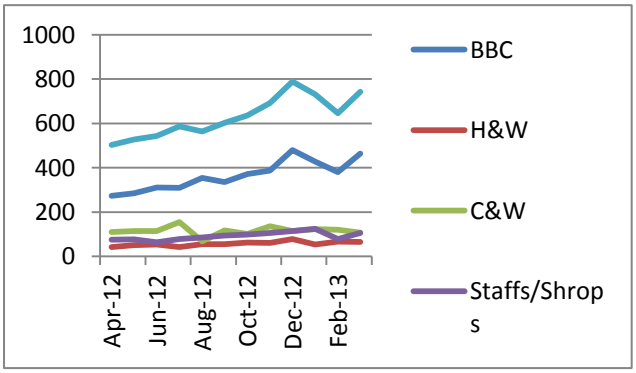
Developing further training materials about patients with Autism including the production of an in-house video about the "Autistic patient experience" in association with Shropshire County Training and the Shropshire Autonomy Self-help Group.

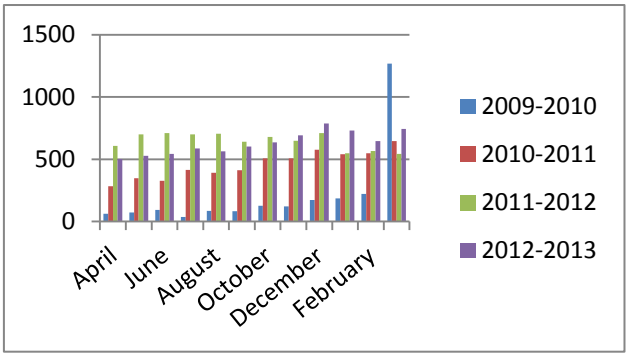
Continuing to embed these principles of openness and transparency to ensure a continued commitment to safeguarding through the collaboration with the local Safeguarding Board and the dissemination of information to prevent and protect adults at risk.

The provision of staff awareness and training enables the Trust to empower and support adults at risk and provide a comprehensive service to them. Reviews of practice have enabled the Trust to develop a robust action plan which will continue into 2013/14 to further enhance safeguarding adults' practices within the organisation.

Jayne Downey, Director of Nursing
A M Worrall, Matron Quality & Safety Adult Safeguarding Lead

West Midlands Ambulance Service Summary of Annual Report (Adults) 2012/13





West Midlands Ambulance Service NHS Foundation Trust (WMASFT) has continued to ensure the safeguarding of vulnerable persons remains a focal point within the organisation and the Trust is committed to ensuring **ALL** persons within the region are protected at **ALL** times.

West Midlands Ambulance Service NHS Foundation Trust serves a population of 5.36 million people covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull and Black Country

For the year 2012/2013, 7562 safeguarding adult referrals were made. This has decreased from 7754 referrals in 2011/2012.

1. The primary justification for the reduction in the numbers of adult referrals is attributed to the situation regarding Care Concern calls. A Care Concern call surrounds an individual whom is not subject to harm being caused by a another individual/organisation (safeguarding) but more commonly as a result of one's own inability to cope with their current situation e.g. an elderly male self-neglecting. WMASFT until the start of 2012 always accepted Care Concern calls being passed via the safeguarding referral route. The Trust received an immense amount of pressure to cease this practice from partner agencies.. WMASFT did cease this practice, however, following and advice from the experts both within and external to the organisation the practice of receiving Care Concerns recommenced in September 2012. Clinical Notice was issued to inform the staff of the change. If the patient does not have capacity then a referral will be made under best interests. This is being constantly reviewed to ensure WMASFT are acting in accordance with the law.

2. The introduction of the Directory of Services has seen an improvement in the amount of direct referrals to partner agencies (Care Concern) and these are now as a result not being required to be passed via the Safeguarding line.

3. The success of the High Volume Service User scheme has resulted in many patients whom would have previously been subject to multiple referrals (often several a week) now being successfully managed by the safeguarding team and the operational leads resulting in a reduced number of referrals as there no longer is a need to make a call.

4. The safeguarding Team have conducted an in-depth call audit and have established that over a one month period the call abandonment rate for the safeguarding line was 29%. We are unable to establish what percentages of these calls were never re-presented. The assumption is that it would be very low however we are unable to evidence that. We will be introducing a final question into the question set to establish the number of attempts to pass the call as a further level of assurance in the next audit.

West Mercia Police

West Mercia is being restructured as part of an Alliance with Warwickshire Police. This will allow for common and enhanced working practices across the two Forces.

For note, resources to Adult Safeguarding will be increased across Shropshire and Telford and there will be one Detective Sergeant supervising 3 Detective Constables. This is a welcomed increase of 1 Detective Constable Post.

The interagency Detective Inspector has been engaged with supporting two key priorities in working with partners to reduce the numbers of vulnerable missing hospital patients & the numbers of Mental Health patients being taken to Custody instead of the recognised Section 136 Suite – Redwood Centre, Shelton, Shrewsbury.

Missing Hospital Patients

The numbers of missing hospital patients has significantly decreased across Shropshire (from 60 in 2011/12 to 49 in 2012/13)

Section 136 Mental Health detentions in Police Custody

New working protocols have been introduced and there is still much work to do. In 2012 there were 120 such detainee's and there were 53 from Jan to May 2013.

Police are continuing to work with hospital managers to understand how improvements can be made so that vulnerable people can be given speedy access to treatment and not routinely taken to Police cells.

Shropshire

This last year has continued to be busy, during the period April 2012 – March 2013 717 adult referrals were recorded. This is around an 18% increase on the previous year. From Jan – June 2013 Police recorded 271 referrals.

Police investigated several cases of financial abuse in domiciliary care, residential and family settings which have resulted in members of staff receiving official Police cautions, and being dismissed from employment.

Cases of Note

- A registered care home manager in Shropshire is awaiting a Crown Court appearance for offences of neglect where they have allegedly misled doctors as to the extent of pressure sores suffered by a number of residents.
- A Nurse has been charged with neglect and is awaiting a Crown Court appearance for allegations of withholding prescribed medication to residents.
- A residential care home manager is being investigated for allegations of neglect and for not having a number of care plans in place.

Partnership working

The Vulnerable Adult Investigator has delivered presentations to staff at Shrewsbury and Telford Hospitals on their role and provided staff insight as to how safeguarding can be enhanced through effective practice.

Trainee Carers at Radbrook College, Shrewsbury have received similar presentations and found them valuable.

Telford

Between Jan – 31st May 2013 there have been 262 Adult Social Care referrals to Police. 50 referrals have been recorded by Police officers.

There has been a significant decrease in the number of referrals since the beginning of June due to new referral mechanisms which have allowed Police staff to focus on completing more investigative work.

The emerging theme is that there is a growing level of financial abuse

Cases of Note

- Following information from a whistleblower the manager of a residential care home in Newport has been dismissed for neglecting elderly residents. There were no judicial outcome but it is reassuring that members of staff have the confidence to come forward to alert the appropriate authorities.

- A nurse from a residential care home in the Telford Area is currently on bail following the deaths of two elderly residents. A number of the residents lacked capacity and prescribed medication was allegedly not given to them.

The Vulnerable Adult investigator has recently been appointed to sit on the local Learning Disability Partnership Board and has undertaken training as below.

- Elder Abuse
- Epilepsy
- Pressure Sore Prevention
- Diabetes

Both the VA Investigator and her supervisor have been forging closer links with residential care homes and have given a number of presentations on their role and the themes of their investigation. This has been well received by staff and care home managers.

Philip Shakesheff
Detective Inspector
Public Protection Department

Shropshire Partners in Care

Shropshire Partners in Care (SPIC) is committed to safeguarding adults at risk, and raising awareness of connected issues across the wider community in Shropshire and Telford & Wrekin.

2012 -2013 has been a year of change preparing for the launch and implementation of the Safeguarding adults: multi-agency policy and procedure for the West Midlands. Prior to which Shropshire Partners in Care organised several workshops for Provider Managers to work with local authority safeguarding leads to develop Provider Managers Guidance (available on the Shropshire and Telford & Wrekin Safeguarding Adults Board website). During the same period there have also been significant changes to vetting and barring (Disclosure and Barring Service), SPIC has worked hard to keep its members and partners up to date with these changes. This has involved delivering support to small groups of SPIC members concerning vetting changes and organising a large cross sector event delivered by the Disclosure and Barring Service focusing on barring responsibilities.

Training

SPIC employs a Safeguarding Adults Training and Development Worker in Shropshire and a Safeguarding Trainer in Telford and Wrekin delivering a range of training sessions and supporting and signposting to the independent, statutory and voluntary sectors.

Training is offered directly though SPIC and in partnership with Joint Training for Adult Community and Health Services, Shropshire Council and Workforce Development, Telford & Wrekin Council. In 2012-2013 the safeguarding trainers were invited to present workshops on safeguarding and Mental Capacity Act during the COPE training sessions for GP practices.

Information Sharing and Raising Awareness

A crucial element of SPIC's work stream is keeping the sector up to date with information and developments, legislation, guidance and good practice.

2012-13 has seen seminars and information days addressing safeguarding, including input from trading standards highlighting rogue trading and issues for adults at risk. Each June SPIC organises events with partners including Shropshire Council and Telford and Wrekin Council to mark World Elder Abuse Awareness Day (WEAAD). In addition to events SPIC utilises its monthly e-newsletter and the website to update the membership. SPIC contributes to national and local consultations and channels views and concerns from the sector to other organisations, including; local authorities (T & W and SC), CQC, MP's and the Clinical Commissioning Group (CCG).

Future Developments and Promotion of Best Practice

SPIC continues to develop its range of courses tackling safeguarding issues and other services to support the sector.

In 2013 this will include training on Hate and Mate Crime to service users with input from the Vulnerable Adults Police Officer (Shropshire). Additionally, an event was delivered at The Lord Hill Hotel (Zero Tolerance) addressing whistleblowing. Speakers included Care Quality Commission, Shropshire Council, Telford & Wrekin Council, Healthwatch and Condover College with attendees from the independent social care sector, specialist safeguarding police officers, statutory agencies and housing. In 2013/14 further work on whistleblowing will be developed and delivered by SPIC.

Staff employed by SPIC continue to work with organisations to address specific issues and improve safeguarding practice, including bespoke projects when required. Managers who attend the Safeguarding for Provider Managers course are supported by the trainers to develop action plans around risk reduction and develop Whistleblowing practice, ensuring knowledge gained in training transfers into good practice in the workplace.

SPIC staff represent the independent sector on various subgroups of the Safeguarding Adults Board (SAB) including the Shropshire and Telford & Wrekin Dignity Network, the Training Sub Group and the Performance Sub Group. Through the SAB Training Sub Group, SPIC has developed a Competency Framework for Safeguarding Adults at Risk (available on the SPIC and Safeguarding Adults Board websites). In addition a Mental Capacity Act Competency Framework Level 1 has been developed for Telford & Wrekin. SPIC is also represented on other groups and Boards including the 'Winterbourne View Review Group' (Shropshire and Telford & Wrekin) and 'Safe Aging and No Discrimination' (SAND) LGBT working group.

SPIC has been instrumental (on behalf of Telford & Wrekin Council) in developing a service specification for the Dementia Leadership Training, having managed the tendering process and organised the delivery of the course in Telford & Wrekin and Shropshire. SPIC has also been involved in supporting learners to update organisational action plans to improve service provision for people with dementia.

SPIC is asked to attend working groups to support meeting health priorities' these include: Health Economy Dementia Group, promoting the Gold Standard Framework, Liverpool Care Pathway, Clinical Input into Care Homes and the Medicine Management Steering Group.

We work very closely with Karen George the Clinical Lead for the Independent Sector and a number of courses have been organised to support workforce development in clinical skills and understanding conditions. Courses attended in 2012/2013 include: Assessing Staff Competence to Administer Medication, Bowel Management, Can You Feel It (Pulse check), Care Plan Training, Continence & Catheter Training for HCA's, Diabetes Training for Nurses, Ear Care, Falls Awareness Training, Falls Champions Update, Training, Foot Care, Hydration, Pressure Area Care, Pressure Ulcer Management, Respiratory Disease, Venepuncture and Waterlow Risk Assessment Training .

SPIC will continue to work to its core principles including working in partnership with stakeholders and remains committed to safeguarding adults at risk in all of the activities it undertakes.

Debbie Price, Chief Officer
Karen Littleford, Safeguarding Adults Training and Development Worker
Marion Kelly, Safeguarding Trainer

Shropshire Fire and Rescue Service

Shropshire Fire and Rescue Service is a keen participant in many multi agency community programmes focussed on making Shropshire, Telford and Wrekin Safer. Through joint working with partners, we work with many groups identified as being vulnerable in society, not only to the effects of fire but other risks that put people in danger. A primary feature of our work is our ability to access all parts of the community. Fire does not discriminate and this means that we find ourselves accessing most areas of society which allows us to identify and highlight concerns if they arise. .

Our involvement with the safeguarding adults programmes has been an extremely positive experience for Shropshire Fire and Rescue Service. It has given our staff the knowledge and confidence to identify and address potentially difficult situations that they encounter during their work and we are keen to continue to support the programme in future.

John Redmond
Chief Fire Officer

West Mercia Probation Trust

West Mercia Probation Trust is committed to safeguarding adults. The Trust is committed to safeguarding adults who have been the victim or are assessed as vulnerable to abusive behaviour. We refer any concerns to Adult Social services, working with partner agencies to protect the individual from harm.

Staff from Telford Local Delivery unit have completed safeguarding adults training. The commitment for all Probation staff attending safeguarding adults training will continue and will be part of the continuous development and learning programme for existing and new staff.

Safeguarding adults is considered in all aspects of Probation work. There are plans to undertake an audit of safeguarding adults work in a Probation setting and it is a work stream for the designated Public protection lead. There has been an increase in awareness of safeguarding adults amongst Probation staff and a number have referred vulnerable adults in to safeguarding adults or been part of the safeguarding process. Probation have a statutory seat at all Multi Agency Public protection Arrangement Panels where the risks to vulnerable adults are identified and risk management strategies agreed. There is also a representative from Telford LDU at the Multi Agency Risk Assessment Conference.

There are challenging times for the Probation Trust as the Government aim to ***'transform the way we manage offenders in the community to achieve a reduction in the rate of re-offending whilst continuing to protect the public'***

This means that by 2015 the majority of offender services will be delivered by a range of contracted private and voluntary organisations, rather than, as now, being delivered through local Probation Trusts. Trusts will be abolished and a new public sector National Probation Service created. This new national service will manage the most difficult and high -risk offender and provide services to courts.

It is not known whether the contracted private or voluntary organisations will have a statutory duty to contribute to or sit on Safeguarding Boards.

In the mean time it is business as usual and the commitment to playing a pivotal role in safeguarding Adults in Telford and Wrekin will continue working on a multi-agency basis with other organisations in the borough.

George Branch
ACO/Head of Service

South Staffordshire & Shropshire Healthcare NHS Foundation Trust

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. Over the past year we have continued to strive to improve our service to vulnerable people.

- We have continued to be an active partner in the Shropshire and Telford & Wrekin Safeguarding Adults Board.

- Adult Protection Awareness training remains mandatory and compliance is rigorously monitored. Staff are trained in adult protection at induction and must update every three years. We have increased our compliance by 11% to 82% in April 2013.

- We have been working to improve our processes to meet the physical health care of our service users. We have implemented a monthly Safety Thermometer which measures key aspects of physical health care for inpatients (such as pressure ulcers, falls etc). In April we were able to demonstrate 100% harm free care.

- We have been working to improve our processes to meet the needs of frail patients who are at risk of harm through falling. We have been effective at reducing the harm to service users from falls.

- We have developed Care Planning Standards to improve the quality of care plans. Our audits have shown that 75% of service users are satisfied with the way we involve them in care planning. We have also improved our involvement of carers in care planning during the last 12 months.

- We have improved our discharge planning to ensure that the transition between inpatient and community services is so there is effective continuity of care.

  Each year our Quality Accounts are available on the Trust's web site at:

  www.southstaffsandshropshealthcareft.nhs.uk

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

Therèsa Moyes Director of Quality and Clinical Performance

Appendix 1

1. Data from Telford & Wrekin

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	2008/9	2009/10	2010/11	2011/12	2012/13
Number	375	509	489	439	501

2. Total referrals received by source for current year;

	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	Total
Vulnerable Adult	2	2	3	3	10
Vulnerable Adults Family	15	9	12	18	54
Friend/ Neighbour	4	1	0	2	7
Other Service User	0	0	0	0	0
Social Care - Domiciliary Staff	17	10	18	15	60
Social Care - Residential Care Staff	20	37	33	36	126
Social Care - Day Care Staff	1	4	7	5	17
Social Care - Social Worker/ Care Manager	14	7	11	21	53
Social Care - Self Directed Care Staff	1	0	0	0	1
Social Care - Other	4	11	7	6	28
NHS - Primary/ Community Health Staff	8	7	10	8	33
NHS - Secondary Health Staff	7	9	13	12	41
NHS - Mental Health Staff	0	3	1	0	4
Care Quality Commission	7	2	2	12	23
Housing	3	4	2	1	10
Education/ Training/ Workplace	0	0	0	6	6
Police	2	3	2	1	8
Other	7	6	5	1	19

3. Type of abuse by quarter for current year;

Type of abuse	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	Total
Physical	39	39	39	41	158
Sexual	6	3	5	3	17
Psychological	34	16	30	42	122
Financial/Material	40	31	27	15	113
Neglect/Acts of Omission	35	54	68	89	246
Discriminatory	0	0	0	0	0
Institutional	2	4	5	11	22
of which no. of multiple abuse	38	28	40	47	153
Not stated	0	0	0	0	0

4. Case conclusion;

	2012/13 Q1	2012/13 Q2	2012/13 Q3	2012/13 Q4	Total
Substantiated	31	33	38	23	96
Partly substantiated	10	14	18	16	41
Not substantiated	39	44	29	24	108
Not determined/inconclusive	29	16	27	17	70

2. Data from Shropshire

Vulnerable Adults Safeguarding Board Quarterly Statistics

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

Period	2008/9	2009/10	2010/11	2011/12	2012/13
Number	399	4531	459	412	561

6. Total referrals received
(For Shropshire – investigations undertaken) by source for current year;

	Q1	Q2	Q3	Q4	Total
Social care staff - TOTAL	**90**	**70**	**66**	**57**	**283**
Of which; Domiciliary staff	8	6	6	9	**29**
Residential staff	36	23	25	20	**104**
Day care staff	2	1	2	1	**6**
Social Worker/Care Manager	15	15	14	8	**52**
Self directed care staff	1	0	1	1	**3**
Other	28	25	18	18	**89**
NHS Staff - TOTAL	**27**	**40**	**38**	**25**	**130**
Of which; Primary/Com health	11	21	17	15	**64**
Secondary Health Staff	13	15	18	9	**55**
Mental Health staff	3	4	3	1	**11**
Self referral	2	2	3	2	**9**
Family Member	17	11	8	6	**42**
Friend/neighbour	0	4	1	2	**7**
Other Service User	0	0	0	0	**0**
Care Quality Commission	4	1	9	1	**15**
Housing	1	1	3	1	**6**
Education/training/workplace	0	0	3	0	**3**
Police	0	1	1	4	**6**
Other	13	11	13	9	**46**
Overall TOTAL	**154**	**141**	**145**	**107**	**547**

7. Type of abuse by quarter for current year;

Type of abuse	Q1	Q2	Q3	Q4	Total
Physical	50	38	52	37	**177**
Sexual	9	6	7	4	**26**
Psychological	17	12	17	8	**54**
Financial/Material	26	30	30	23	**109**
Neglect/Acts of Omission	60	61	53	37	**211**
Discriminatory					
Institutional	3	2	0	0	**5**
of which no. of multiple abuse	8	7	9	4	**28**
Not stated					

8. Case conclusion;

	Q1	Q2	Q3	Q4	Total + % of total closed
Substantiated	65	42	47	18	**172 = 34.05%**
Partly substantiated	12	10	17	7	**46 = 9.10%**
Not substantiated	53	65	50	25	**193 = 38.21%**
Not determined/inconclusive	22	22	23	27	**94 = 18.61%**

Appendix 2 : Comparator data for the West Midlands region

DEPRIVATION OF LIBERTY - WEST MIDLANDS REPORT FOR LA's AND PCT's 1 April 2012 - 31 March 2013				
AREA	Adult Population		Total Number of standard authorisation applications from 1st April 2012	Total Number of standard authorisation applications from 1st April 2012 per 100,000 Adult Population
Birmingham	782,400	LA	48	6.1
Birmingham East and North	782,400	PCT	17	2.2
Heart of Birmingham Teaching	782,400	PCT	14	1.8
South Birmingham	782,400	PCT	19	2.4
Birmingham Total				12.5
Coventry	247,500	LA	97	39.2
Coventry Teaching	247,500	PCT	24	9.7
Coventry Total				48.9
Dudley	241,800	LA	59	24.4
Dudley	241,800	PCT	33	13.6
Dudley Total				38.0
Herefordshire	144,100	LA	60	41.6
Herefordshire	144,100	PCT	10	6.9
Herefordshire Total				48.6
Sandwell	223,300	LA	53	23.7
Sandwell	223,300	PCT	28	12.5
Sandwell Total				36.3
Shropshire	233,500	LA	81	34.7
Shropshire County	233,500	PCT	24	10.3
Shropshire Total				45.0

Solihull	161,200	LA	35	21.7
Solihull Care	161,200	PCT	11	6.8
Solihull Total				28.5
Staffordshire	663,200	LA	172	25.9
North Staffordshire	663,200	PCT	10	1.5
South Staffordshire	663,200	PCT	26	3.9
Staffordshire Total				31.4
Stoke	188,400	LA	66	35.0
Stoke on Trent	188,400	PCT	14	7.4
Stoke Total				42.5
Telford & Wrekin	125,000	LA	43	34.4
Telford & Wrekin	125,000	PCT	10	8.0
Telford & Wrekin Total				42.4
Walsall	196,300	LA	17	8.7
Walsall Teaching	196,300	PCT	18	9.2
Walsall Total				17.8
Warwickshire	424,800	LA	29	6.8
Warwickshire	424,800	PCT	37	8.7
Warwickshire Total				15.5
Wolverhampton *	186,600	LA	55	29.5
Wolverhampton City	186,600	PCT	19	10.2
Wolverhampton Total				39.7
Worcestershire	442,500	LA	90	20.3
Worcestershire	442,500	PCT	41	9.3
Worcestershire Total				29.6
WEST MIDLANDS TOTAL	**4,260,600**		**1260**	**29.6**

	West Midlands
	Above West Midlands Average per 100,000 adult population
	Below West Midlands Average per 100,000 adult population

The West Midlands average of 29.6 per 100,000 adult population is skewed because of Birmingham, with the highest population, having the lowest rate of referrals.