

SCRUTINY MANAGEMENT BOARD

Minutes of the meeting of the Scrutiny Management Board held on Friday, 14th November 2014 at 10.30 pm in Meeting Room 7, Darby House, Telford

PRESENT: Cllrs. D. White (Chair), A. McClements, C. Turley, K. Guy, S. Reynolds

ALSO ATTENDING: Cllrs. J. Seymour, E. Carter, J. Greenaway.

IN ATTENDANCE: Cllr. C Smith, K. Callis; Assistant Director: Development, Business & Employment, T. Keever; Home Improvement Team Leader; J. Bax; Bromford Housing Association; L. Heath; Sanctuary Housing, J. Griffiths; Bournville Village Trust, D. Wells; Wrekin Housing Trust A. Johnson; Wrekin Housing Trust, S. Hosking; Locality Manager Wrekin Hub, P. Taylor; Director of Health, Wellbeing and Care; J. McGillivray; Adult Social Care Service Delivery Manager; D. Moseley; Democratic Services Officer; F. Bottrill; Scrutiny Group Specialist.

SMB-8 MINUTES OF THE LAST MEETING

RESOLVED – that the minutes of the meetings of the Scrutiny Management Board held on the 19th September 2014 be confirmed and signed by the Chairman.

SMB-9 APOLOGIES FOR ABSENCE

None

SMB-10 DECLARATIONS OF INTEREST

None

SMB-11 UPDATE ON THE IMPLEMENTATION OF TELFORD HOUSING OPTIONS AND ACCESS TO AFFORDABLE HOUSING

The Chair welcomed everyone to the meeting and thanked the representatives of the Housing Associations for attending. He set out that the Committee had invited them to take part in the discussion at the meeting, but he noted that the Committee did not have the power to scrutinise the work of Registered Social Landlords. He provided some back ground to the Council's approach to housing when he had been Chair of the Housing Committee and that the Council had been ahead of its time. For a number of years scrutiny had been interested in housing issues and following the closure of Choose Your Home

there are now a number of different ways that people can register for housing. The Committee wanted to know how these systems are working.

T. Keever updated Members on the implementation of Telford Housing Options following the closure of the Choose Your Home system in the 1st July 2014. The Telford Housing Options system is an interactive 24/7 system where people can log on to get advice e.g. about landlord problems and to find accommodation. Telford Home Finder which started at the same time and enables people to find accommodation with approved landlords. A briefing had been held for Elected Members on the new systems.

Members were also informed that prior to the transition to Telford Housing Options all the people who had registered with the Choose Your Home System as were in most need of accommodation were informed of the changes – this was supported by an in-house call team. People were also informed that if they registered with homes direct before 19th July that the date they had registered their housing need with Choose Your Home would be taken forward.

T. Keever also updated Members on the Land Lord Accreditation Scheme. There were 41 accredited land lords and letting agencies. There were about 5 new properties a week being registered on this scheme and the scheme also involved the work of a Tenancy Relations Officer.

There had been 16,000 people on the Choose Your Home waiting list. Not all of these were homeless and there was evidence that not all the people registered were in housing need but rather people wanted to move house. People who currently use the Telford Housing Options tool will still be put through to the Homeless Service if this is appropriate. An important part of the transition to Telford Housing Options had had been managing expectations.

D. Wells and A. Johnson supported the transition from the previous Choose Your Home Scheme. There had been 16,000 people on the list but there had been around 1000 lettings per year so many people had been waiting on the list indefinitely. Many of the people registered were 'wanting' not 'needing'. The Wrekin Housing Trust spoke to everyone who was in the 'urgent' housing band before the system changed to let them know how to register on the new systems. The Committee were informed that the Wrekin Housing Trust currently had a small waiting list, 372 people on the date of the meeting had had checks done. Under the previous system there had been a significant failure rate for new tenancies. The current checks are cover tenancy responsibility and financial capacity which means that people are getting housing and staying there longer.

L. Heath explained that Sanctuary Housing Association does not hold a waiting list, this is managed through Homes Direct. The experience of the Trust under the current system was that there is a lack of demand for properties. She gave examples of accommodation that had become available but there were few or no bids from people from the Telford and Wrekin area. Half of the homes were going to private tenants as the bids were not coming through Homes Direct.

The Chair expressed serious concern at this as he was aware that there are

large number of people who need housing.

It was reported that on the Homes Direct System there 363 houses had been let to people who were registered as Band A, the number of properties let to B and C tenants were 200 and 391 and the number of properties let to band D was 356.

J. Griffiths confirmed that the Bournville Village Trust also struggled to let properties. They had been informed that one and two bedroom properties had been in short supply.

L. Heath added that the Sanctuary Housing Trust currently had 3 properties vacant but were not able to let them.

S. Hosking said that his team look weekly at Homes Direct and encourage people to make bids and will support them to do this. He also informed Members that some prospective tenants can find it difficult to register, but that once they are on the system then it works. Not everyone has access to a computer. Under the Choose Your Home system the homelessness team could make proxy bids for houses but that this was no longer possible. The Team is continuing to support people to register their housing need. He also informed the Committee that up to September 2014 there had been 1247 calls to Telford Housing Options of which 847 had been handled. This highlighted the capacity of the team to respond to the number of calls and in the last few weeks 2 agency staff have been appointed and the process has started to recruit 2 new posts. It was reported that there were 141 people in temporary accommodation. While the capacity of the team had been low it was difficult for the staff to support people to get permanent accommodation as they were taking calls.

The Chair said that there is huge demand for housing which was demonstrated by the number of people in temporary accommodation. He said that if the system makes it difficult to register this may explain why the people in need are not bidding for the houses that become available.

Cllr. McClements commented that it appeared that some people had not registered by the 19th July and she was concerned that the staffing levels were low and that people were not able to get the professional advice they needed.

J. Bax explained that the Homes Direct system was a 16 page application but that the Trust was not getting inundated with calls about how to complete it.

Cllr. McClements said that there was obviously an issue and it is important to take a step back and understand why this situation was occurring.

The Chair said that a lot of people who tried to use an online system would give up if they did not understand how the system worked and what they needed to do.

Cllr. Seymour said that the figure of 16,000 people registered on the Choose Your Home system was not an accurate reflection of the number of people needing housing in Telford and Wrekin. If people are in real housing need they will come to the Council. The links between the organisations are failing as it

does not make sense that the RSLs have to go outside of the Borough to find residents.

The Chair said that in Sutton Hill there are houses of multiple occupation of a low quality and people need to be able to register for the housing in the new high quality development.

Cllr. Reynolds asked if it would be possible for the RSLs to contact the Council if there is a property that they are having difficulty to let before it goes to tenants outside the Borough. She commented that a 16 page online form can be daunting and that through her work with students she was aware that there are people who do not have access to a computer at home.

L. Health explained that when the Sanctuary Housing found it difficult to let a property all the customers were contacted and it was still available on the Homes direct Website.

Cllr. Reynolds said that if people use the computers at a library the staff there may not have the time or the knowledge of the online systems to support people to complete the online forms. She concluded that the Council and the housing associations need to talk to each other.

J. Griffiths said that through the Homes Direct Scheme none of the properties had been allocated to a homeless applicant supported by the Council. If properties have been available staff at the Council have been emailed.

The Chair said that the Council have details of the people who need homes, but it is also important to involve voluntary organisations. There is a paperless online system – but it is essential that people have access to this.

D. Wells said that he did not agree that people are not able to access the service as Choose Your Home was an online system, the mail shots uses were less than 2%. The issue is that people do not know how to access the new systems. Of the 4,000 visitors to the Wrekin Housing Trust website 2,000 were not eligible or the Trust do not have housing that they want. It seems that these people are not finding their way to Homes Direct. The Wrekin Housing Trust have details that can be shared. He also highlighted that there is a demand issue as a result of the Welfare Reforms and so the Trust is struggling to let 2 bedroom properties in some areas. Another consequence is that to fully occupy a four bed room house it may be necessary to have 8 people to occupy it. The Wrekin Housing Trust has previously had low demand for 3 bedroom properties. He gave the example of a three bedroom property in Brookside that had received 6-10 bids and the Trust was still struggling to find a suitable tenant.

Cllr. Carter said that when older people down size, they do not want to move to a flat but want a bungalow. People can blame the Government and the housing providers for the shortage of bungalows but the underlying reason that more bungalows are not built is that they are more expensive.

A. Johnson said that the Wrekin Housing Trust is building bungalows where it

can – the Trust is responding but not in the numbers that are needed.

T. Keever said that there is a lot of preventative work to help people maintain tenancies and also that some people are going to the private rented sector and so are not coming through the system. If the Registered Social Landlords are finding it difficult to let properties they can be advertised on Telford Home Finders. It can be difficult to place some tenants, as there are some areas people do not want to go to and so they will decline a suitable property in the area. It is valid to decline a property for a medical reason. There can be a perception that if someone is homeless they will automatically get a 'council house'

Cllr. Greenaway asked if the Council could notify people who are registered homeless if the RSLs have a property that cannot let.

J. Bax added that it is not in the interest of the Housing Associations to have a property that is vacant.

S. Hosking said that he had only recently been aware that the people that the Council supports were not getting through the system.

Cllr. Greenaway said that the Council had taken the option not to be a full partner in the Homes Direct system. If there Council were a full partner this would enable council staff to make proxy bids.

The Chair said that it was clear that something was not working as there is always more demand than supply. He said his view was that people in real housing need would not turn down a property because of the area it is in.

Cllr. Guy commented that he understood that the Council would have been charged £2,000 to have access to Homes Direct.

Cllr. Greenaway added that there was an initial charge of £2,000 and then £250 to advertise a property to let,

The Committee recognised that the Council was not a housing provider and therefore would not need to let properties through Homes Direct but it would be beneficial to be able to make proxy bids for people who are registered as homeless.

The Chair said that £2,000 is a small price to pay to ensure that people have access to the housing they need.

T. Keever confirmed that the Council would not be uploading properties but would be uploading demand. However this could be problematic if the council bids for a suitable property that the prospective tenant does not want to take.

Cllr. A McClements asked if the Local Authority Officers and staff from the RSLs have previously met to discuss these issues?

T. Keever responded that she works closely with S. Hosking and his team and

the Council is currently working on the Housing Allocations Policy. The reason a meeting has not been held with colleagues from the RSLs is lack of time.

Cllr. McClements said that it seemed that communication was an issue. It was explained that there had been a forum through the Wrekin Housing Partnership, this was not a formal meeting but an opportunity to discuss demand and supply.

Cllr. Carter said that when he had been a Member of the Council's Cabinet there had been a Housing Regeneration Forum where developers and providers met.

Cllr. McClements said that she would recommend that a forum to resolve the issues identified at the meeting should be set up as a matter of urgency.

A.Johnson said that there is a Homeless Partnership but that this has a specific focus on homelessness.

The Chair summarised the issues identified at the meeting. He said that everyone who worked in this area is caring and wants to provide decent housing for the people of Telford and Wrekin. There are a lot of people in unsuitable accommodation, many of them in Houses of Multiple Occupation. It is important to ensure that people in need of housing are able to access the systems to get access to decent affordable housing. The providers have to accept people on to their list even though it may be difficult to house them. The recommendation from this Committee must be that the Council and RSLs must find a solution that means that they can work together to better meet the need of people who need housing.

Cllr. Seymour asked about the role of the Wrekin Landlords Association,

T. Keever responded that there were discussions taking place about bloc association. The Association does not vet landlords and some may have operated for many years but not updated the way that they work.

The Chair said that the Health and Adult Care Scrutiny Committee was carrying out a review of Drug and Alcohol services. Accommodation had come up as one of the issues during this work – particularly the need to enforce the accreditation criteria.

T. Keever explained that the Landlord Accreditation Scheme is a voluntary scheme which promotes good landlords. The staffing for this service was increased under the last restructure.

The Chair said he was also concerned about the ability to handle the number of calls to Telford Housing Options. He asked if agency staff would have the training to be able to provide the necessary advice?

T. Keever said that it has only been possible under the new system to quantify the number of housing calls but that the demand would have been there previously. Now that the service has been established there will be a focus on providing a better customer service.

The Chair thanked everyone for attending the meeting. The Committee agreed to defer the discussion to agree the recommendations until the end of the meeting to enable to officers attending for the next item to make their presentation. The Chair said that everyone who attended the meeting would be send a copy of the recommendations.

Cllrs. Smith and Carter and K. Callis, T. Keever, S. Hosking, J. Bax, L. Heath, J. Griffiths, D. Wells and A Johnson left the meeting.

SMB-12 SAFEGUARDING ADULTS IN TELFORD AND WREKIN

The Chair welcomed the officers and asked them to introduce themselves.

P. Talyor, Director of Health, Wellbeing and Care introduced J. McGillivray who had been appointed as the Adult Social Care Service Delivery Manager who had taken over the role previously held by D. Robson who had retired.

P. Taylor said that Members had received a copy of the Adult Safeguarding Annual Report and that this was at a time of great change in Adult Social Care. The report also updated Members on the implications of the Care Act. Previously it was good practice to have an Adult Safeguarding Board but this was not statutory as it is for Children's Services. However, under the Care Act from the 1st April 2015 the Adult Safeguarding Board would be on a statutory footing. The requirements on the Board is to work with partners, including health and the police to understand the context for adult safeguarding, to develop a strategy, to develop an action plan and produce an Annual Report that details outcomes. He explained that the current Adult Safeguarding Board is pan-Shropshire and that the chair of the Board has rotated between officers in the two authorities. From the 1st April 2015 Telford and Wrekin will have its own Safeguarding Adults Board and this has been agreed with Shropshire. There is a strength in this approach and the Board will have an independent Chair.

J. McGillivray highlighted that the chair's role will be similar to the independent Chair of the Local Safeguarding Children's Board.

P. Taylor said that it was recognised that there will be a synergy between the Boards for example with regard to domestic abuse.

J. McGillivray presented the 2013/14 Annual Report. She explained that the report is retrospective and as such some of the data is out of date and it a collection of reports from separate organisations rather than a document that sets out clear priorities. She said that the key areas worth noticing are that there is close working with the Regional Group so that 12 of the 14 authorities have the same policies and procedures in place. This provides economies of scale . There is an additional chapter on large scale investigations. This may relate to an organisation or an individual and sets out how the different organisation

would work together to respond to this. JM highlighted page 6 which set out the activity and performance. This showed a high number of referrals as people are now more aware of abuse – both public and professionals. This is a national trend.

It was explained to the Committee that an audit of the safeguarding service found that the service was struggling with the number of issues. In managing this it is important to respond in a proportionate way and to manage risk. The service is currently being re-structured and it has been recognised that there is a need for a specialist team for Adult Safeguarding. It was recognised that there is a judgement to be made about how to best use resources to respond to alerts e.g. can some be dealt with by other organisations? The national approach to adult safeguarding has been to move away from processes / meetings and to work more with the individual to identify what they want to help keep safe.

P. Taylor clarified an important difference between the responsibilities of the adult and children's safeguarding boards. Adults with capacity can do what they want.

J. McGillivray explained that under the Mental Capacity Act 2005 if a person has capacity, understands the decision and consequences they have the right to make unwise decisions.

P. Taylor said that sometimes people feel that the Council should do something – but if the person has capacity the local authority has no power.

J. McGillivray referred to the Annual Report and said that the information on adult safeguarding training was in some areas incomplete. The individual organisations provided the information that has been included in the report and in some cases not all the information was provided or it was provided in a different format.

P. Taylor added that this is partly because the current report is a pan-shropshire document but in future the Boards report will be for Telford and Wrekin.

P. Taylor said that the Council's internal audit were currently carrying out some work to assess safeguarding practice against policy. This work was in final draft but the Scrutiny Committee might want to follow up any recommendations.

Cllr. McClements asked what the implications were for adult safeguarding as people live longer and the number of people with dementia and Alzheimer's increases. She also asked about the role of the Care Quality Commission (CQC).

J. McGillivray responded that the CQC are the regulators for care and all health care providers, day care. Personal assistants are not regulated. If the CQC had a concern about safeguarding there is a formal alert form that they send to the local authority. This would then be screened and it would be determined if it is a quality monitoring issue, in which case it would be referred to contract monitoring or if there is a risk of harm. If an inspection of the service is carried out and the concerns are so serious that all residents are at risk of harm the

large scale strategy would be implemented. The CQC have legal powers to take action. The CQC has no previously taken very little action but under the new inspection process this will hopefully change.

P. Taylor said that the Government has put more resources into the CQC.

J. McGillivray explained that when there are concerns about the quality of care provided by an organisation if new management are brought it is important to ensure that the practice changes as changes do not always filter down. The CQC has the powers to close a provider. The Council can stop purchasing care from that organisation. It was explained that the intervention process does make a difference to the quality of care. She gave the example of concerns relating to a provider; the CQC met with the Registered Provider and Care Home Manager who decided to self suspend and not take any new people until the service was safe. There are many different organisations and professionals who have a responsibility to ensure that services are safe e.g. local pharmacists, tissue viability nurse,

The Chair explained his concern about personalisation and the risks this presents. He gave the example of an older person who could not do shopping so gave a bank card and PIN number to a carer who then stole money from the account. When this was reported to the police they could not take action because the PIN number had been given. He also gave an example of a care home that was reducing costs by removing meal options for residents.

P. Taylor said that it will be the responsibility of the Adult Safeguarding Board to hold all organisations to account. In terms of the provision of meals it is condition or registration that residents are given a choice.

J. McGillivray said that in response to the example given of financial abuse the police response was correct. However, when a person is planning their care if they do employ a carer through a personal budget, the planning process should include 'how are you going to keep yourself safe?' and consider questions like 'What do you do if?' Choice and independence are important but we must also ensure that people are safe.

The Chair asked how someone who is bedbound at home would be expected to access money?

J. McGillivray responded that the large scale investigations have been around values, ethics and quality of care not finances.

P. Taylor said that as well as responding to abuse adult safeguarding must also be preventative.

J. McGillivray said that Healthwatch are very interested in adult safeguarding and have said that it will help them to target their work. Returning to the Annual Report she highlighted page 31 which set out the implications of the Deprivation of Liberty Safeguards for individuals in hospitals and residential settings.

P. Taylor said he had brought this to the attention of the senior management

team and that there is one off money to respond. The DOLS legislation was in response to a case in which a person with learning difficulties was in hospital and was not detained under the mental health act but the professionals used their power to say why the family could not take the person home. The High Court said that the professionals had no legal power to detain the person, this power only through the Mental Health Act.

J. McGillivray added that the court case made clear that it does not matter how nice an environment is – if someone was to get up and walk out – if they are stopped this would be a deprivation of liberty. “ A gilded cage is still a cage”. There are currently 3 people who are able to carry out DOLS assessments and this is in addition to their own job.

P. Taylor explained that a DOLS assessor has to be trained and that this training requires extra resources.

J. McGillivray said that this is national issue and the Department of Health is realising that this is a very significant issue. Locally there are 400 people waiting for a DOLS assessment. Under both Safeguarding Boards there will be a DOLS sub group. The requests for DOLS assessments have to be prioritised and she gave the example of a patient who was in intensive care in hospital following a car accident. The hospital trust may request a DOL but this would be a low priority. Discussions are taking place with Keele University about a Best Interest Assessor training course which would be completed over 1 week. All social workers would be trained.

Cllr. Seymour asked about people who stay at home but are still very vulnerable. How does the council know what is going on and protect the interest of these people?

J. McGillivray said that there is no easy answer but the Board has a number of objectives that cover care at home e.g. domestic violence and financial abuse. It is important to discuss these issues with the person who needs care e.g. how will your money be managed?” and explaining that being at home may be important because it provides independence but there are risks and these should be managed.

The Chair thanked the officers for their report and said the Committee looked forward to receiving the report from the statutory Adult Safeguarding Board the following year.

SMB – 13 CHAIRS' UPDATES

Cllr. Guy reported that it was agreed at the Children and Young People's Scrutiny Committee at the meeting the previous week that the Committee would undertake a review on multi-agency working against Child Sexual Exploitation. This had been discussed with the Cabinet Member and the Chair of the Children's Safeguarding Board. It was explained that this was a very large piece of work to undertake and that the remaining work programme has been put aside. As this was a change to the agreed work programme Cllr. Guy

asked for the Board's approval.

The Chair supported this review and said that it is a timely piece of work.

Cllr. McClements said that she was pleased that the Cabinet Member had asked Scrutiny to look at this issue.

Cllr Reynolds said that she was happy for the Committee to look at this work.

Cllr. Guy said that as it was a huge area of work the review would need to be focussed. It would not look at ongoing cases but look at what had been learned from earlier work including Operation Chalice. The Committee has agreed to interview senior people from different organisations but also to talk to front line staff. The Jay report into CSE in Rotherham had criticised scrutiny for not testing out the information they had been given by senior officers. This follow up work would be carried out by a sub group which may co-opt people with knowledge of this issue.

Cllr. Turley said he had attended a briefing where it had been confirmed that CSE is still an issue in Telford and Wrekin.

The Scrutiny Group Specialist explained that it had been discussed that once there was a draft terms of reference this may be published for comment to ensure that people have confidence in the scope of the review and how it will be carried out.

AGREED: The Committee supported the Scrutiny Review of CSE to be undertaken by the Children and Young People's Scrutiny Committee.

Cllr. Guy left the meeting.

SMB – 14 RECOMENDATIONS ON ACCESS TO AFFORDABLE ACCOMMODATION

It was agreed that recommendations would be made that as a matter of urgency a forum should be established to improve communication between the Council and Registered Housing Landlords to ensure that people in housing need in the Borough have access to the accommodation that is available.

The recommendations should also cover the following points:

- Capacity to respond to the number of calls to Telford Housing Options
- Providing information about facilities where people can access computers to register online
- The Council and housing providers look into the option of making their registration systems accessible from mobile devices.
- The need to ensure that the registration system enables people to register housing need even if they do not have all the information required to complete the full form
- The Council negotiates access to make proxy bids

The Chair said that he would follow up the discussion with local voluntary organisations that work with people who are homeless to see how the system work for their clients and service users.

AGREED: The Scrutiny Group Specialist will draft recommendations based and circulate these to the Members present at the meeting for comment. The final recommendations would be agreed with the Chair of Scrutiny Management Board.

SMB- 15 SCRUTINY WORK PROGRAMME FOR 2014/15

The Scrutiny Group Specialist presented the work programme update. Following the previous discussion the review of Multi-Agency Work against CSE would be added to the work programme.

The meeting ended at 12.47pm

Chairman:

Date:

SCRUTINY MANAGEMENT BOARD

Minutes of the meeting of the Scrutiny Management Board held on Friday, 19th September 2014 at 10.30 pm in Meeting Room 7, Darby House, Telford

PRESENT: Cllrs. D. White (Chair), A. McClements, C. Turley

IN ATTENDANCE: R. Partington, Managing Director, Telford & Wrekin Council, F. Bottrill, Scrutiny Group Specialist.

SMB-1 MINUTES OF THE LAST MEETING

RESOLVED – that the minutes of the meetings of the Scrutiny Management Board held on the 16th May 2014 be confirmed and signed by the Chairman.

SMB-2 APOLOGIES FOR ABSENCE

Cllr. V. Fletcher, C. Mollett, S. Reynolds

SMB-3 DECLARATIONS OF INTEREST

None

SMB-4 STRATEGIC VISION FOR THE COUNCIL

The Chair welcomed the Council's Managing Director and asked him to set out the strategic vision for the Council. He also asked him to respond to the reports in the press about the 1 million budget deficit.

The Managing Director said that the media reports on the Council's budget were inaccurate and that the Council's budget had been agreed and this set out the savings of 22 million to be made over 2 years. The budget papers clearly set out that there was 1 million still to be identified. This will be managed as part of the budget process and is not a 'black hole'.

He set out the key issues for the Council as:

Finances – the grant cuts will be larger and longer than initially announced and there is an ongoing impact of inflation, both general and specific.

Supply and Demand Issues – the demand for adult social care continues to increase. He gave the example of care for the elderly mentally ill where there is a shortage of places which pushed up the cost of this care NHS Continuing Healthcare funding was not yet close to national averages but there has been

some improvement in this but not enough as yet. Benefit Sanctions are also an issue.

Service Pressures – Highway maintenance is increased by the wet summers and colder winters. Residents' expectation of environmental services is high, there are pressures on safeguarding and cohesion services, and youth unemployment is higher than the national average. Employee costs – employees have experienced a real terms 19% pay cut through the national pay freeze over the past 5 years and job security and opportunities for career advancement have reduced. Staff have left the organisation which means that succession planning is important and work continues on Single Status.

The Managing Director set out the overall budget position - up to 2016 there will have been over £70m of savings made since 2009. There will be difficult decisions after 2016. Between 2016-18 another £20 million + will have to be cut.

The Managing Director explained how the Council had made savings between 2010 and 2014:

- 1151 posts have been cut
- 658 posts have been made redundant (607 voluntary redundancies and 51 compulsory redundancies)
- 50% reduction in senior managers
- More than £20 million saved in salaries
- Staff are redeployed where possible – there have been 2000 posts redeployed
- £7million back office function (40% reduction)
- Rationalising buildings – 33% reduction, saving £2m pa
- Procurement – this is improving across the board e.g. adult and children's services, waste and highways

He set out further work that will improve the Council's additional financial position:

- New housing will generate income through Council Tax of £1.5 million
- NHB (New Homes Bonus) will bring in £3.4m in income
- £3.1 million from new or expanding businesses in the Borough in Business Rates.

He outlined the priorities agreed by the Council and gave examples of how these were being delivered.

The Managing Director said Telford is seen as an example of good practice and had been the only English Council invited to the Welsh Local Government Association event to outline its strategy for dealing with Government cuts.

He set out some of the themes that the Council must consider are when developing the strategy:

- Reviewing, reimagining, reinventing & reorganising
- Challenging and changing the way we do things
- Reducing our dependency on Government grants
- Focusing on 'upstream solutions' to manage and reduce demand for services

This work is underpinned by:

- Our Co-operative Council ethos
- Modern Practices -
 - Employees (terms/Conditions/Ethos)
 - Ways of working (mobile/home/cloud)
 - Making every contact count
 - Communicating & engaging

The Board discussed a number of issues with the Managing Director including:

- The need for the Council to reduce dependency on Government Grants beyond 2016. A question was asked about the level of service the Council will be able to provide. The Board was informed that the budget strategy for 2015/16 is relatively straightforward. But 2016/17 will be more difficult as another £10-12 million savings will be needed and further savings will be required on 2017/18. Integration with the NHS offers opportunities to improve services.
- The need to maintain morale of staff and if the Managing Director would continue to meet with staff. The Board were informed that more meetings with staff are planned.
- Concern was expressed regarding the cuts in Adult Services, particularly that there was no appeals process for people whose care had been reduced and that savings targets should not be set and then cuts made to meet the target. The Board were informed that Adult Social Care savings across the Country have been between 12-20%. Adult Care Service in Telford and Wrekin will make the savings needed over 2 years. The management of the service has changed. The review by Capita found that the service in Telford and Wrekin was old fashioned. It was recognised that the costs for Adult Social Care increase every year. The Board was informed that on average an older person is in the care system for 2 years. A significant cost pressures for Adult Services comes from young people who are leaving children's services which has a different legal framework.
- The need to ensure that support is provided to families at an early stage to prevent increased costs to Children's Services e.g. though Special Education Needs Tribunals brought by families.
- The Shared Lives Scheme was commended but it was commented that if a person needs care some of the Disability Living Allowance goes towards the costs of care. However the individual keeps the Disability Living Allowance under the Shared Care scheme. The Managing Director said he would follow this up.
- The benefit of special guardianship was discussed.
- The Managing Director said that the distinction between statutory and non-statutory services is not necessarily a helpful one when making

savings. Services can be delivered in different ways and it should be about priorities. The Council must change and constantly challenge itself ensuring there are better contracts, better negotiations, leading and creating markets. The review of children's services found 80 front doors which is inefficient. Family Connect streamlines that and children's safeguarding is part of this. First Point for business is not a statutory service but supports local businesses and attracts business to Telford which is good for the area and the Council. There may be opportunities to share services where there is a good fit. Joint work being developed with the NHS through the Better Care Fund. Town and Parish Councils work jointly on the Parish Environmental Teams where enquiries have halved. Children and Adult Services have a national and regional procurement frameworks and West Mercia Energy saved the Council money.

- The solar farm will make £4.4 million profit. In this year it will be £20k profit, with £160k in a full year.
- The Board commended the work undertaken to ensure that the Council is business focussed. The Board was informed that the business approach is based on co-operative public service values. There are a lot of examples where the Council already manage businesses e.g. the Council already trades with schools. As the business approach is developed there may be opportunities to employ more people.
- There is no limit to the amount the Council can borrow as long as it is done prudently. It is important that growth in Telford is planned so that it remains an attractive place to live and work.
- The Council's treasury management has been a success.
- The need to communicate effectively and use the website and digital media. The importance of managing 'upstream' services e.g. the work that Scrutiny had done to develop the befriending service for older people. The Council must encourage people to access Council services in the most efficient way e.g. getting information through the website, paying by direct debit and using the Everyday Telford App. There have been 2,400 downloads of the App, 1450 registrations and 5,257 reports using the App. It was explained that communication and engagement with the public should not rely on one method. 'Your Voice' goes to 70,000 homes and the Citizen's Panel reported that the Insight magazine is the main way that people get information about the Council and that the Shropshire Star is second. The Board recognised the importance of line communication but it was noted that personal interaction is also important. There was a request for Members training on social media.
- The importance of recognising the work of volunteers and Council staff. E.g. ensuring that the issues identified by Street Champions are picked up.
- The importance of the work of the Crisis Network and the Foodbank was highlighted. The work of staff is recognised through the Managing Director Commendation and the flexi deal and online training.
- The best pieces of Scrutiny Work had been carried out along side the service to develop policy. Scrutiny should have a sharper focus. and as the capacity of the organisation gets thinner scrutiny can help find improvements. It will be difficult to hold on to the current Scrutiny

resource.

The actions from this discussion were:

- The Managing Director would follow up the issue of Disability Living Allowance and the Shared Lives Programme
- The Managing Director would continue the programme of meetings with staff
- Follow up on request for social media training for Members.

SMB-5 SCRUTINY OF 2015/16 BUDGET PROPOSALS

The Scrutiny Group Specialist presented the report and asked the Board to consider the principles for budget scrutiny set out in Section 4 of the report and the options set out in Section 5 of the report. The Board agreed with the principles but did not decide on the process as this will be determined by the Budget and Finance Scrutiny Committee after the administration and any alternative budget proposals have been presented to a meeting of the Scrutiny Assembly.

It was agreed that the Scrutiny Group Specialist will contact Group Leaders and the relevant officers to request detail of the timescales for the publication of the budget proposals.

RESOLVED:

- a) That the scrutiny of the budget proposals will be carried out inline with the principles set out in the report
- b) That following a presentation of the administration and alternative proposals at the same meeting of the Scrutiny Assembly the Budget and Finance Scrutiny Committee will meet to agree further Scrutiny of the proposals.

SMB – 6 SCRUTINY WORK PROGRAMME FOR 2015/16

The Scrutiny Group Specialist presented the report. Members recognised the need to review the work programme due to the temporary reduction in Scrutiny Support. The Scrutiny Group Specialist informed the Board that it was likely that interviews for the vacant post will take place in mid October.

RESOLVED:

Priority issues for the Scrutiny Work Programme:

Joint HOSC

Supporting the work of the Joint HOSC Chairs

Joint HOSC meetings to consider Future Fit 1 proposals and progress of Future Fit 2

Health and Adult Care Scrutiny Committee
Scrutiny of Adult Care Budgets and Savings (Joint with Budget and Finance)
The Review of the Alcohol Strategy

Co-operative and Community Scrutiny Committee
Review of Benefit Sanctions

Children and Young People Scrutiny Committee
Review of Youth Unemployment
Committee Meeting on 4th November - School Improvement , Children in Care
Dashboard , Parents taking children out of school

Scrutiny Management Board
Meeting 14th November - Telford Housing Options, Housing Allocations Policy

Budget and Finance Scrutiny Committee
Planning the process for scrutiny of the 2015/16 budget proposals

Supporting the Lead Scrutiny Members as Chair of the West Midlands Scrutiny
Network

SMB- 7 CHAIR'S UPDATES

This item was cancelled due to a lack of time.

The meeting ended at 1.15pm.

Chairman:

Date:



Shropshire and Telford & Wrekin
Safeguarding Adults Board

Annual Report
2013 - 14

No more secrets

'Keeping people safe from harm'

1. index

1. Index	i
2. Foreword	1
3. Summary of achievements and trends 2013/14	2
4. Public Awareness and Prevention	3
5. Activity and performance	6
6. Learning & development	14
7. Deprivation of Liberty Safeguards	28
8. Priorities for 2014/15	32
9. Agency statements	33

2. Foreward by Joint Chair Paul Taylor & Stephen Chandler

Welcome to the Shropshire and Telford & Wrekin Safeguarding Adults Board, Annual Report 2013/14.

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 implementation of The West Midlands Safeguarding Adults Policy and Procedures. This includes the development of local guidance to reflect good practice
- The authorisation and implementation of The Large scale Investigation policy and procedure
- the level of training offered and delivered

The Annual Report provides more detail about the range of achievements of the Board collectively and also of individual agencies. From April 2015 Safeguarding Adults Board and it's functions will be statutory. This will include the board needing to develop a strategy, plan and annual report. All partner agencies will need to work together to realise these statutory responsibilities and safeguard adults at risk.

3. Summary of achievements and trends 2013/14

3.1 Sub Groups:

3.1.1 Performance

The Performance sub-group has met on six occasions in the last 12 months, having increased meeting frequency in order to manage the work required. The work of the group is summarized below:

- Completion of two themed audits, one relating to financial abuse allegations and the other to the threshold being applied to decision making at referral stage. Audit reports were provided to the Board and recommendations made for improvement.
- Evaluation of Shropshire and Telford and Wrekin's annual data returns to government against England and comparator local authorities. An analysis report was provided for Board and recommendations for the findings to influence priorities for 2013/14.
- Review of potential frameworks to enable Board partners to complete a self assessment against good practice safeguarding adult's standards. After consultation and minor amendment, it was agreed that the partnership would adopt the Department of Health self assessment framework.
- Development of a Performance Framework so it is clear how the Board will evaluate performance. A draft Framework has been completed and presented to Board.

3.1.2 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 required, as well as clear steerage from the Board in regard to priorities.

4. Public Awareness & Prevention

4.2 Service user Communication and Community Engagement Group

- 4.2.1 This is a newly formed sub group. It is a multi-agency sub group which exists to enable Shropshire and Telford & Wrekin Safeguarding Adults Board to:
- Raise the profile of adult safeguarding across Shropshire and Telford & Wrekin with individuals and communities
 - Improve the engagement of individuals and communities with promoting and informing the children's and adult's safeguarding agenda
- 4.2.2 It has a broad membership across all partner organisations including voluntary and advocacy services. It met once in 2014 and has intentions of developing an action plan in 2014/15 with its first focus being on developing advocacy support, information and services in safeguarding.

4.3 Shropshire and Telford & Wrekin New Adult Safeguarding Policy and Procedure

4.3.1 **Telford & Wrekin**

In June 2013 the Safeguarding Adults: Multi-Agency Policy and Procedures for the West Midlands was launched and implemented in Telford & Wrekin. This included developing local guidance to reflect local practice and support practical application of the procedures.

An electronic recording system was developed using Care First and Care Assess This now records all stages of the new procedure with a particular focus on application of the risk threshold between alert and referral. This has enabled us to store data appropriately but also enables teams and investigating workers to access appropriate information when needed.

The professional Lead for adult safeguarding continued to be actively involved in the safeguarding adult's regional group. This involved her being part of a small working group to develop The Large Scale Investigation procedure as an additional section to the main west Midlands procedures.

4.3.2 **Shropshire**

A similar but localised approach was taken in Shropshire. An electronic recording system was developed using Care First and Care Assess and a workflow system complemented this. The Workflow traces the investigation from beginning to closure and aids consistency of approach. The procedure has been carefully monitored and will be reviewed and amended to reflect proposed staffing changes.

4.4 **Large Scale Investigations Procedures**

The Large Scale Investigation process once authorised by the SAB was implemented in both areas in October 2013. It is a measured approach of holding a strategy meeting to information share and agree approaches for investigation is proving successful in reducing risk quickly.

4.4.1 **Telford & Wrekin**

Feedback has been positive in relation to multi agency working and proportionality. Under old procedures there was 4 institutional investigations. These were all care homes and regarding a range of concerns in relation to neglect of care. There has been one large scale investigation using the new procedure involving a care home. It also worth noting that two strategy meetings were held regard two other care homes but activity and actions to reduce risk were undertaken elsewhere. This is a good example of the new procedures being proportionate to presented risk and concerns.

4.4.2 **Shropshire**

There were 2 institutional investigations under the old procedure. There has been one large scale investigation under the new procedure. All involved Care Homes. In one instance the repercussions of the investigation were far reaching. Several residents were removed to live in different care homes following best interests' decisions resulting in improvements to their quality of life.

4.4.2.1 Case study

Mrs X was 99 years old and living in a care home where a large scale investigation was carried out. During the investigation numerous issues came to light in respect of her care and her general wellbeing. She was extremely unhappy living in a care home and vocally expressed this at every opportunity. Despite her protestations there had been no application for a Deprivation of Liberty Safeguards authorisation until this was picked up by the Investigating Worker. Additionally although she lacked capacity in relation to care decisions she was refusing necessary care and medication without correct procedures being followed. Several best interests meetings took place along with a DoLS application and a protection plan. Within a few months Mrs X was returned home where she remains having just celebrated her 100th birthday.

4.5 Serious Case and Domestic Homicide Reviews

4.5.1 Telford & Wrekin

A single request was made for a Serious Case Review during the year 2012/13, and this has been subject to a formal review in 2013-14. This is only the second such request for review since the adult safeguarding process was inaugurated in 2001.

4.5.2

Once the final review is completed there will be an expectation that the SAB in 2014/15 will respond by developing an appropriate and proportionate action plan. There has also been a Domestic Homicide Review in 2013/14.

The overview report was commissioned and presented to The Telford & Wrekin's Partnership Board in 2013. From this a multi agency action plan was developed. All recommendations and actions will be monitored by Telford and Wrekin Community Safety Partnership Board to ensure that any outstanding matters are fully addressed before this Domestic Homicide Review can be considered closed.

4.5.2 Shropshire

There were no Serious Case Reviews or Domestic Homicide Reviews in Shropshire.

5. Activity and Performance

5.1 Telford & Wrekin

Referrals in Telford & Wrekin continue to increase with the increase being from 503 in 2012/13 to 597 in 2013/14. This is an increase of 18.7%. Over 91% were white by ethnicity .With the introduction of the new procedures in June 2013 there was an opportunity to risk assess all potential alerts to ensure safeguarding referrals focused on “risk of significant harm”. Out of 531 alerts recorded 440 became referrals. It will take time to see whether this will have any impact on referral reduction in 2014/15.

The new procedures for adult safeguarding have supported outcome focused practice for individuals. This includes the application of The West Midlands Risk Threshold Tool to support risk of significant harm assessment and development of strategy and case conference meetings.

5.1.1 Total referrals received to date; (by year to previous 4 years)

Period	2009/10	2010/11	2011/12	2012/13	2013/14
Number of Referrals	509	489	439	503	597

5.1.2 **Referral data 2013/14**

Source Of Referral	Total
Police	5
Social Care Domiciliary Care	72
Social Care Residential care	157
Social Care Day Opportunities	5
Social Care Social Care/Care Management	91
Social Care Self Directed Care	2
SOCIAL CARE TOTAL	327
NHS (primary & Community Care ie CCGs, Shrop comm.)	58
NHS (Secondary Care ie SATH)	34
NHS (Mental health ie SSSFT)	8
NHS (Ambulance Service)	2
NHS TOTAL	102
Care Quality Commission	20

5.1.3 **Type of abuse (For all Referrals)**

	Total
Physical	170
Sexual	34
Psychological	155
Financial/Material	121
Neglect/Acts of Omission	300
Discriminatory	2
Institutional	37
of which no. of multiple abuse	197
Not stated	0

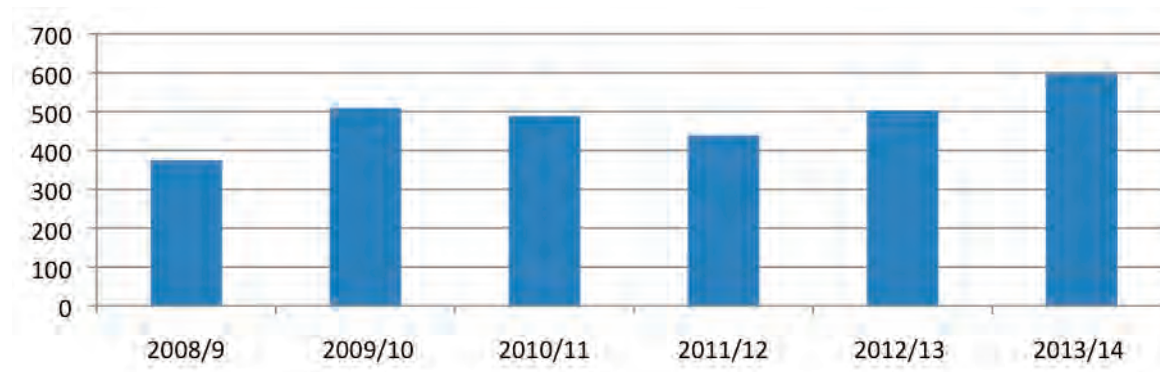
5.1.4 **Case conclusion**

	Total
Substantiated	133
Partly substantiated	48
Not substantiated	120
Not determined/inconclusive	111

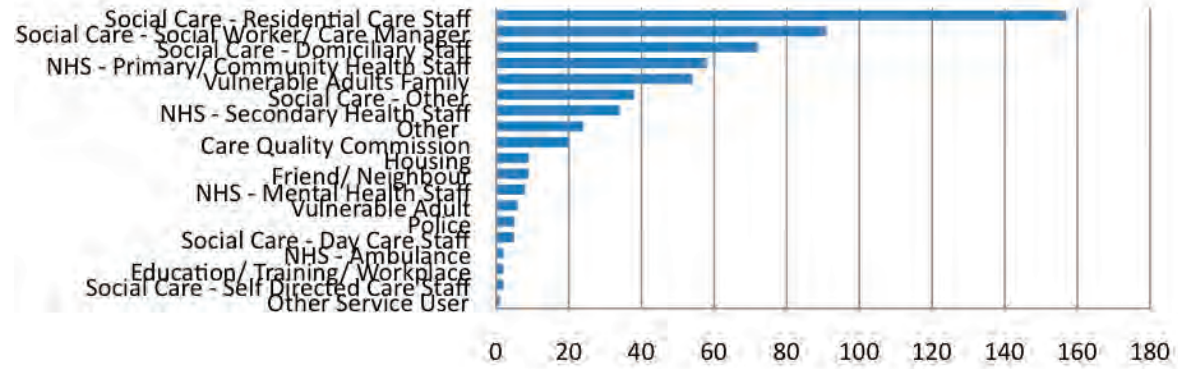
5.1.5

RISK REDUCTION	N/A	Q2	Q3	Q4
%age of cases in which the level of risk reduced from referral to closure		88.5% (123/139)	88.4% (199/225)	89.4% (253/283)

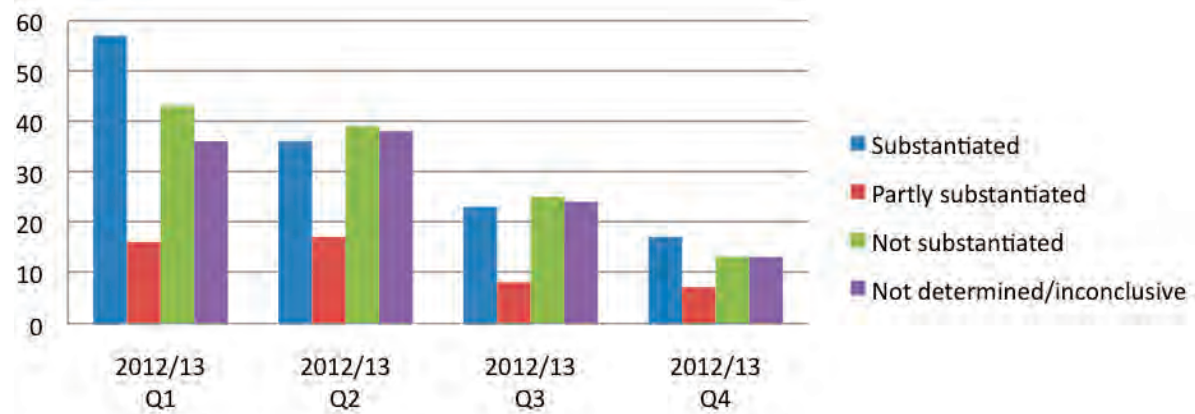
5.1.6 **Number of Referrals**



5.1.7 Source of Referrals



5.1.8 Case Conclusion



5.2 Shropshire

Referrals in Shropshire were lower in 2013/14 than the previous year. For 2013/14 there are a total of 497 individuals for whom a safeguarding referral has been made). This represents a reduction of just under 10%. Further analysis for 2014 will confirm whether this is related to the implementation of the new procedures and in particular the opportunity to risk assess all potential alerts.

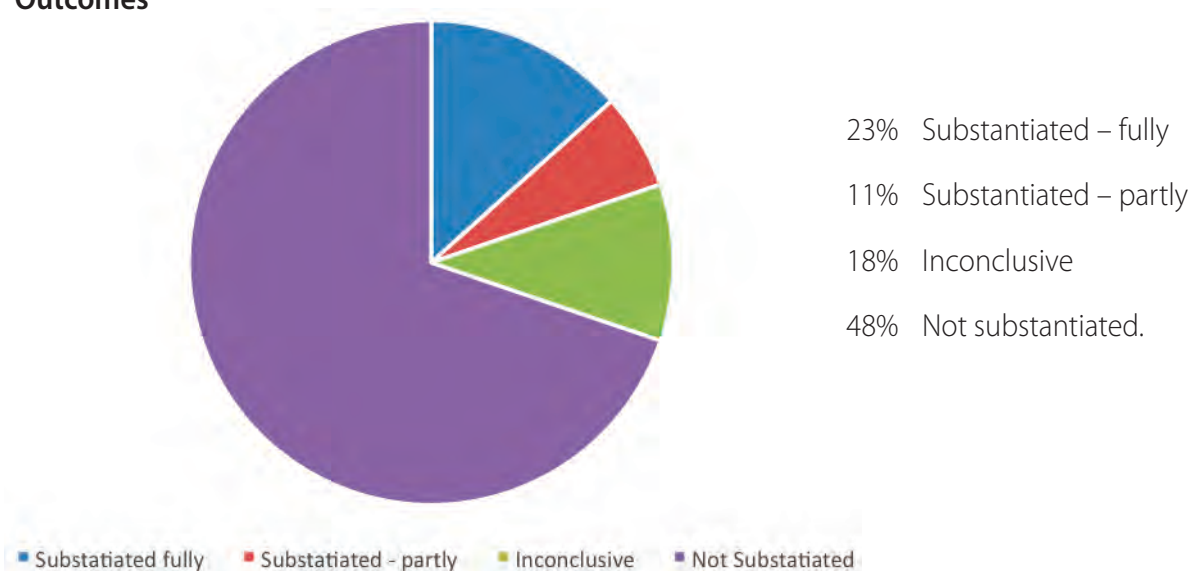
Of these 388 were already known to the Local Authority. Over 90% were white by ethnicity. The primary client group for referrals was physical disability/Frail and sensory impairment (collectively as one group) around 12% of referrals were for adults with a learning disability.

The largest category of recorded type of abuse was Neglect or acts of omission at around 42% with the lowest category being sexual abuse at 4% of total recorded entries.

The majority of incidents happened within care homes at 43% and within the persons own home recorded incidents at 39%.

The breakdown of closed cases by outcome was as follows:

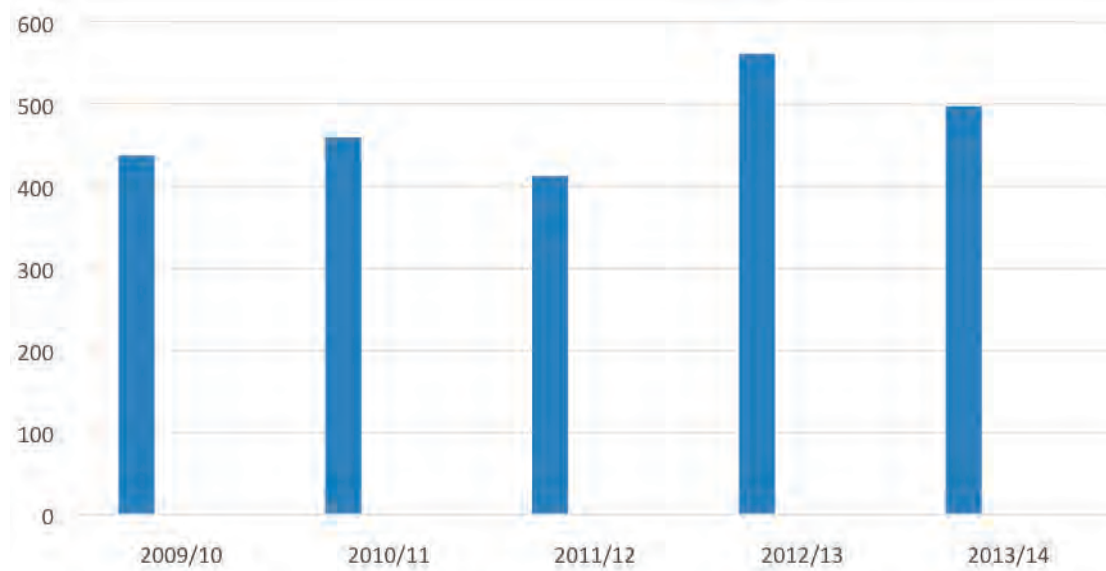
5.2.1 Outcomes



Additional outcomes were introduced through the year 2013/14 for collection but have not fully been incorporated or reported on. One of these relates to the numbers of people who lacked capacity to make informed decisions about their safety this will be a welcome addition for 2014/15.

5.2.2 **Total referrals received by Shropshire**

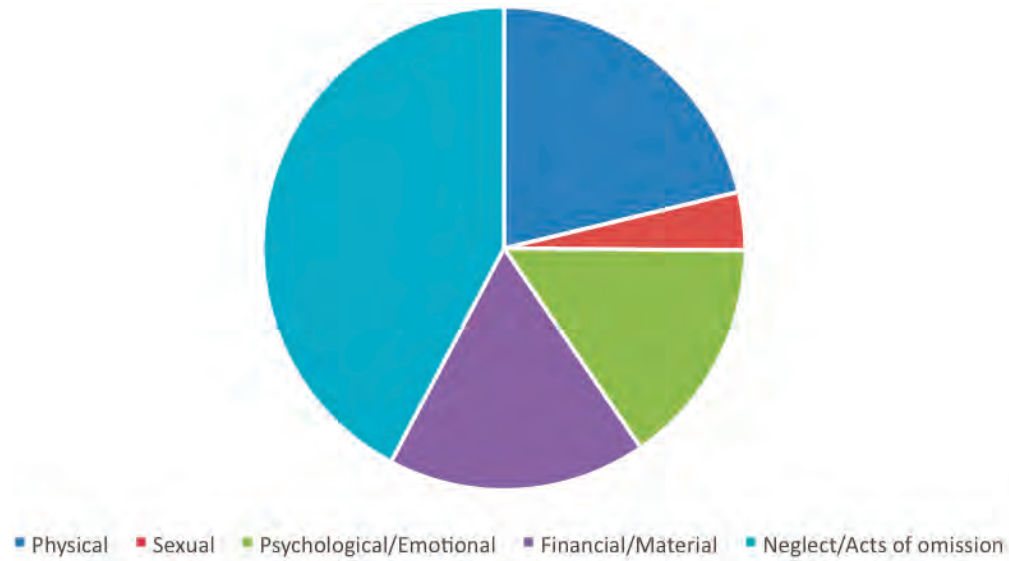
Period	2009/10	2010/11	2011/12	2012/13	2013/14
Number	437	459	412	561	497



5.2.3 **Type of abuse**

	Total
Physical	82
Sexual	15
Psychological/Emotional	59
Financial and Material	67
Neglect and Acts of Omission	163
Total	386

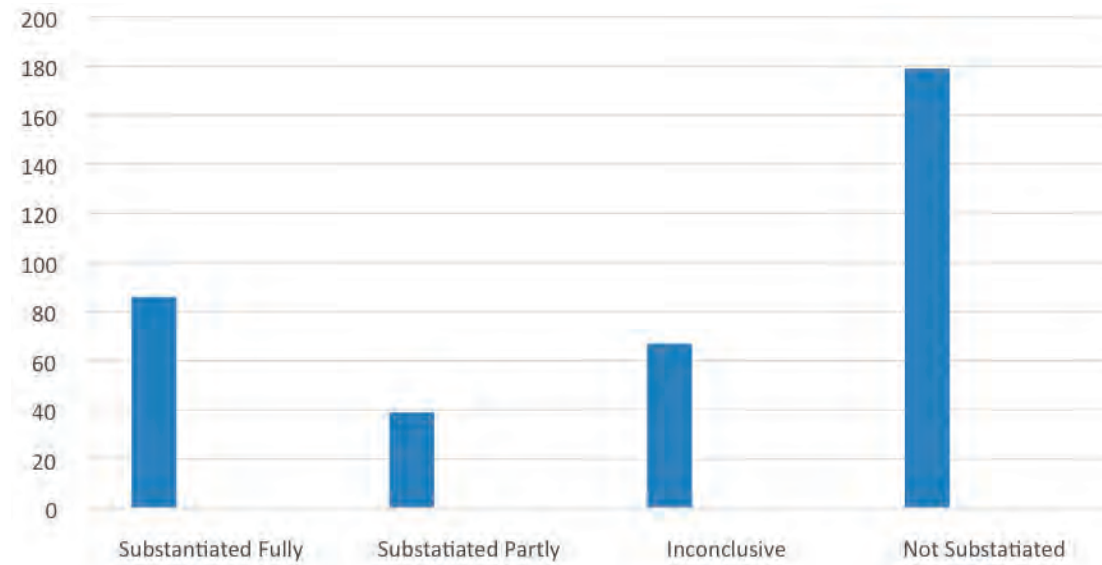
5.2.4 **Number of referrals by type**



5.2.5 Case Conclusion

	Total
Substantiated – fully	86
Substantiated – Partly	39
Inconclusive	67
Not Substantiated	179

Outcome of Investigation



6. Learning and Development

6.1 Telford & Wrekin

With regard to learning & development a different approach to just training days was undertaken for investigator workers. This included practice learning sessions on the new procedures as well as written guidance.

6.2 Shropshire

Training delivery continued throughout the year and included courses on Interviewing and Investigating as well as Safeguarding for Service Users. A total of 1585 people attended training.

6.3 Adult Safeguarding Training Figures across Shropshire, Telford & Wrekin 2013-2014

6.3.1 Total training figures from the returns received:

Adult Safeguarding Awareness	8381
Safeguarding Provider Manager	71
Safeguarding briefings	0
Professional Boundaries	418
"Keeping Safe" - Service Users training	20
MCA level 1 Awareness	1468
MCA level 2/3 Advanced workshop	53
MCA Chairing Best Interest Decisions	29
DoLS Awareness	1388
DoLS Advanced level 2/3	34
Domestic Abuse	95

6.3.1 Independent and Voluntary Sector 2013-2014

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Adult Safeguarding		2420		3.5 hours Undetermined – on line	T&W council SPIC Elearning – in house Joint Training SC	E-learning In-house dvd / workbook Face to face Workbook Clive Ireland	Annual 3 years -many follow this with annual e-learning
Safeguarding Provider Manager		63		One day	Joint Training SC	Face to face	One off course
Safeguarding briefings				1 hour	Joint Training SC In- house	Face to face	
Professional Boundaries		359		3.5 hours	Joint Training SC SPIC	Face to face	One off course
“Keeping Safe” Service Users training		20		2 days	Joint Training SPIC	Face to face	One off course
MCA level 1 Awareness		420		3.5 hours	T&W council SPIC Elearning Joint Training SC	In-house Face to face DVD In- house	One off course

6.3.1 Independent and Voluntary Sector 2013-2014 cont.

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
MCA level 2/3 Advanced workshop		24		3 hours	Joint Training SC	Face to face	One off course
MCA Chairing Best Interest Decisions		3		3.5 hours	Joint Training SC	Face to face	One off course
DoLS Awareness		525		3.5 hours	T&W council SPIC E-learning Joint Training SC In-house	E-learning In-house dvd/workbook Face to face Workbook Clive Ireland	One off course
DoLS Advanced level 2/3		20		3 hours	Joint Training SC	Face to face	One off course
Domestic Abuse		0		1 day	Joint Training SC SaTH	Face to face	

6.3.3 ACUTE Settings

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Adult Safeguarding	2924	1995	Yes Statutory	45 minutes	Safeguarding SATH	Face to face	Yearly
Safeguarding Provider Manager							
Safeguarding briefings	Safeguarding on induction of new staff		Yes		Safeguarding SATH	Face to face	
Professional Boundaries							
"Keeping Safe" Service Users training							
MCA level 1 Awareness	All patient handlers						
MCA level 2/3 Advanced workshop	All registered health professionals						
MCA Chairing Best Interest Decisions	Registered health care (senior)						

6.3.3 ACUTE Settings cont.

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
DoLS Awareness	All registered health professionals						
DoLS Advanced level 2/3							
Domestic Abuse	Not been mapped as per NICE guidance yet, but offered to all staff	As from 1.3.14 65 staff plus 7 have completed e- learning	Will be statutory	1 hour	Safeguarding SATH	Face to Face / e Learning	Yearly

Any other Comments:

Shropshire Council (Lorraine Currie) has provided MCA/DoLS training at SATH on site in 2012. Covering both sites, RSH and PRH. 14 sessions have been arranged throughout the year. This has continued for 2013/2014

6.3.4 Shropshire Fire and Rescue Service

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Adult Safeguarding		300	Yes		In - house		

6.3.5 Robert Jones & Agnes Hunt

	Name of Training			
	Safeguarding Vulnerable Adults	DOLS	MCA	Learning Disabilities
Number completed	746	315	286	587
Number due to complete	890	520	520	630
Percentage completed	83.82%	60.57%	55%	93.17%

The adult safeguarding figures are based on level two training which is an e learning module meeting the Shropshire and Telford & Wrekin Competency Framework.

Level 1 all staff have Adult safeguarding awareness through an information leaflet which was attached to pay slips.

All new staff have level 1 awareness training at induction which is face to face training with the safeguarding leads + the information leaflet.

6.3.6 Community Trust

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Adult Safeguarding	776 – (see note 1)	334	Yes (see note 2)	Various, see attached sheet	Various see, attached sheet	Various, see attached sheet	Normally 3 years
Safeguarding Provider Manager							
Safeguarding briefings	Not known (see note 1)	47	Yes	(see note 2)	2hrs	Face to face	3 years
Professional Boundaries							
"Keeping Safe" Service Users training							
MCA level 1 Awareness	861	220	Yes (see note 2)	Various, see attached sheet	Various see, attached sheet	Various, see attached sheet	Normally 3 years
MCA level 2/3 Advanced workshop	Not known (see note 1)	12	Yes		Joint Training	Face to face	3 years

6.3.6 Community Trust cont.

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
MCA Chairing Best Interest Decisions							
DoLS Awareness	Not known (see note 1)	40	Yes (see note 2&3)	Various, see attached sheet	Various see, attached sheet	Various, see attached sheet	Normally 3 years
DoLS Advanced level 2/3	Not known (see note 1)	3		Yes	Shropshire Council	Face to face	Not known
Domestic Abuse	Not known (see note 1)	15	Yes (see note 2)	Various, see attached sheet	Various see, attached sheet	Various, see attached sheet	Normally 3 years

Any other Comments:

Note 1 - The total number of staff required to attend training is based upon the number of active, permanent members of staff who have taken this type of training before and currently have a training competence in this area, or according to their training record need to renew their competence.

Under development is Role Specific Training. Identification of individualised requirements for each staff group/post holder.

Note 2 – All training and education is Protected Learning Time.

Note 3 – DoLS training in the process of being organized in light of recent judgement.

The date range for all the above training is 1st April 2013 to 31st March 2014

6.3.7 South Staffordshire & Shropshire Healthcare NHS Foundation Trust

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Adult Safeguarding	289	201	Yes	3hrs	In-house and via joint training	Face to face	3yearly
Safeguarding Provider Manager	0	0					
Safeguarding briefings	0	0					
Professional Boundaries	0	0					
"Keeping Safe" Service Users training	0	0					
MCA level 1 Awareness	128	311	Y	3hrs	In-house training	Face to face	3 yearly
MCA level 2/3 Advanced workshop	0	0					
MCA Chairing Best Interest Decisions	0	0					

6.3.7 South Staffordshire & Shropshire Healthcare NHS Foundation Trust cont.

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
DoLS Awareness	128*	311*	Y	3hrs	In-house training	Face to face	3 yearly
DoLS Advanced level 2/3	0	0					
Domestic Abuse	0	0					

Any other Comments:

*MCA and DOLS delivered together in one session

6.3.8 Telford & Wrekin Council

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Adult Safeguarding	230	165		3 ½ hours	SPIC	Face to Face	3 years
Safeguarding Provider Manager	Not ran since 2012	Not ran since 2012	Not ran since 2012	Not ran since 2012	SPIC	Face to Face	Not ran since 2012
Safeguarding briefings	N/A	N/A	N/A	N/A	N/A	N/A	
Professional Boundaries	49	33		4 hours	SPIC	Face to Face	
"Keeping Safe" Service Users training	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCA level 1 Awareness	164	137		4 hours	SPIC	Face to Face	
MCA level 2/3 Advanced workshop	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MCA Charing Best Interest Decisions	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DoLS Awareness	164	137		4 hours	SPIC	Face to Face	
DoLS Advanced level 2/3	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Domestic Abuse	Not ran in 13-14	Not ran in 13-14	Not ran in 13-14	Not ran in 13-14	T&WSCBT	Face to Face	Not ran in 13-14

6.3.9 Shropshire Council

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Adult Safeguarding		109		3.5 hrs	SPIC / Joint Training	Face to face	3 yrs
Safeguarding Provider Manager		8		6.5 hrs	SPIC / Joint Training	Face to face	3 yrs
Safeguarding briefings		0		1.5 hrs	Joint Training	Face to face	3 yrs
Professional Boundaries		26		3.5 hrs	SPIC / Joint Training	Face to face	3 yrs
"Keeping Safe" Service Users		0		4 hrs	SPIC / Joint Training	Face to face	3 yrs
MCA level 1		94		2.5 hrs	Joint Training	Face to face	3 yrs
MCA level 2/3		17		3 hrs	Joint Training	Face to face	3 yrs
MCA Charing Best Interest Decisions		26		3 hrs	Joint Training	Face to face	3 yrs
DoLS Awareness		60		2.5 hrs	Joint Training	Face to face	3 yrs
DoLS Advanced level 2/3		11		3 hrs	Joint Training	Face to face	3 yrs
Domestic Abuse		8		6.5 hrs	Joint Training	Face to face	3 yrs

6.3.9 Shropshire Council cont.

Any other Comments:

Further Safeguarding training also provided for Local Authority workers included:-

Adult Protection Interviewing & Investigating (2 days)	11 (local authority attendance)
Adult Protection and the Law	11
Adult Safeguarding Policy for Investigating Workers	32
CareFirst and the new Adult Protection Policy	25
PACE – Police & Criminal Evidence Act (Appropriate Adult)	30

Shropshire CCG 43

Telford and Wrekin CCG 74 (This is carried out within the Mandatory Training and is done via

6.3.10 WM Ambulance Service

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Adult Safeguarding	2111	99.72 %	Yes	1 hour	WMAS instructors received train the trainer training from DH	Face to face	Annually

6.3.10 WM Ambulance Service cont.

Course Title	Total number of workforce required to attend the training	Number of staff actually attended	Is this Protected Learning Time?	Duration of the course	Training Provider	How is the training delivered? • Face to face • On- line • Workbook • other	How frequently do you refresh the training?
Safeguarding Provider Manager							
Safeguarding briefings							
Professional Boundaries							
Keeping Safe” Service Users training							
MCA level 1 Awareness							
MCA level 2/3 Advanced workshop							
MCA Chairing Best Interest Decisions							
DoLS Awareness							
DoLS Advanced level 2/3							
Domestic Abuse							

Any other Comments:

Each year all WMAS front line staff receive 30 minutes Safeguarding Training. In 2013-2104 this training was an hour long and it was the on the PREVENT health wrap.

In 2014-2015 mandatory training 30 minutes session is on Domestic Abuse/Violence

7. Deprivation of Liberty Safeguards

7.1 Shropshire

The deprivation of liberty safeguards referrals were increased in the year 2013/14 against previous years. The total number of requests for authorisation was 165. Of these 117 were from care homes and 48 from hospitals. Shropshire had the second highest number of referrals after Staffordshire which is a much larger geographical area. At the end of the year there were 7 applications outstanding where the outcome was not yet known. 109 were granted and 49 were not. This represents an authorisation rate of 69%. There were 5 referrals from Community Hospitals and 1 from RJAH.

7.1.1 The Shropshire Team has one substantive Best Interests Assessor and 1 dedicated freelance worker. Additionally there are 6 freelance BIA's who work as demand determines. Further BIA's are located in social work teams (currently 4). One social worker is due to complete BIA training which started September 2013.

7.2 Telford & Wrekin

The deprivation of liberty safeguards referrals were also increased in the year 2013/14 against previous years. Telford had 56 requests for authorisation. Of these 49 were from care homes and 7 from hospitals. At the year-end 1 outcome was not known, 40 were granted and 15 were not granted which is a 73% approval rate.

7.2.1 In Telford DoLs work has been coordinated by a Senior Business support Officer with four social workers acting as Best interest assessors alongside their substantive job roles. Although supported by freelance assessors and colleagues in health the substantial increase in referrals is becoming extremely challenging in 2014. The group specialist post for DoLs has now been deleted and service Delivery Manager will be undertaking the management of DoLs in 2014/15 with practice support.

7.3 National DoLS

This has been a very significant year for DoLS with two events of great importance. The first was the House of Lords Post Legislative scrutiny of the MCA and the second was that three DoLS cases went to the Supreme Court for a decision on deprivation.

The MCA/DoLS Manager from Shropshire supported ADASS in giving evidence to the House of Lords committee which was a great honour. The committee report when published made a number of recommendations which will be followed up through the year 2014/15.

The Supreme Court issued a decision in March 2014 on 3 cases (2 different people). This decision has changed the face of Deprivation of Liberty Safeguards (DoLS) and has significant implications for local authorities as supervisory bodies.

7.4 Case Summaries

7.4.1 An incapacitated adult living in a bungalow with two other residents, in which there are normally two members of staff on duty during the day and one 'waking' member of staff overnight. The adult requires prompting and help with all the activities of daily living, getting about, eating, personal hygiene and continence. He sometimes requires intervention when he exhibits challenging behaviour, but is not prescribed any tranquilising medication. The adult is unable to go anywhere or do anything without one to one support; such one to one support is provided at such a level (98 hours a week) as to enable him to leave the home frequently for activities and visits (Mr P).

7.4.2 A 17 year old with mild learning disabilities living with three others in an NHS residential home for learning disabled adolescents with complex needs. She has occasional outbursts of challenging behaviour towards the other three residents and sometimes requires physical restraint. She is prescribed (and administered) tranquilising medication. She has one to one and sometimes two to one support. Continuous supervision and control is exercised so as to meet her care needs. She is accompanied by staff whenever she leaves. She attends a further education unit daily during term time, and has a full social life. She shows no wish to go out on her own, and so there is no need to prevent her from doing so (MEG).

- 7.4.3 An 18 year old with a moderate to severe learning disability and problems with her sight and hearing, who require assistance crossing the road because she is unaware of danger, living with a foster mother whom she regards as 'mummy'. Her foster mother provides her with intensive support in most aspects of daily living. She is not on any medication. She has never attempted to leave the home by herself and showed no wish to do so, but if she did, her foster mother would restrain her. She attends a further education unit daily during term time and is taken on trips and holidays by her foster mother (MIG).

All were held to be deprived of liberty

7.5 Following this an acid test was established for deprivation of liberty which is that –

The person is under continuous supervision and control and is not free to leave. It is no longer relevant whether the person is compliant, whether there is a lack of objection, the purpose of the placement, whether it results in an enhanced level of care or not nor should the person be compared only with another person who has the same level of disability. The test is an objective one and as the Supreme Court put it "a gilded cage is still a cage".

7.6 Implications

Since the judgement in March the implications have been enormous for Local Authorities as supervisory bodies. In Shropshire there have been 145 requests for authorisation in the weeks following this judgement. This picture is mirrored nationally with an ADASS survey carried out following the judgement estimating as follows

7.6 Number of cases

The results show more than a ten-fold increase in cases in Schedule A1 and Non-Scheduled A1 is forecasted for the next year, with levels anticipated to increase beyond next year.

7.6.1

Table 1: Actual and projected referrals for assessments under the MCA Deprivation of Liberty Safeguards for individuals in Hospitals & Residential Settings

	Responding authorities Total number	Grossed estimate for 152 authorities ¹ Total number
2013/14	10,151	13,719
2014/15	94,561	138,165
2015/16	108,830	175,916

An estimated £48m deficit was projected from the responses which when grossed for non responding councils also would be around £88m.

The effect of the judgement is also to widen out the application of DoL in supported living, Shared Lives schemes, educational settings and foster care. These types of cases currently need to be authorised by the Court of Protection and guidance is awaited on how to proceed

¹Grossed figure calculated by taking the mean figure for each type of responding authority and applying it to non-responding authorities of the same type.

8. Priorities for 2014/15

The Safeguarding Adults Board priorities for 2014/15 will be ensuring that it meets its legislative duties in relation to the implementation of The Care Act.

8.1 In relation to safeguarding, the Care Act will do the following:

- Make safeguarding adults boards statutory; and ensure there is a clear strategy and business plan
- Make safeguarding enquiries a corporate duty for councils;
- Make serious case reviews mandatory when certain triggering situations have occurred and the parties believe that safeguarding failures have had a part to play;
- Place duties to co-operate over the supply of information on relevant agencies;
- Place a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them;

The SAB will therefore have to respond to the above to be ready for implementation in April 2015

9. Agency statements

9.1 Telford & Wrekin Council

Protecting and supporting vulnerable people continues to be a council priority in Telford & Wrekin. Throughout 2013/14 our adult safeguarding team and case management teams have continued to respond to protecting the needs of vulnerable people. The Implementation of Safeguarding Adults: Multi-Agency Policy and Procedures for the West Midlands is now fully implemented in Telford & Wrekin with electronic recording and local guidance to support this.

High numbers of referrals continue to be a challenge and there appears to be a continuing focus on responding to allegations of neglect in care homes. It is worth noting that within the large scale investigation processes some really positive work has been undertaken with our partners in health, police and independent sector to significantly reduce risk of harm to adults at risk within care home settings.

9.2 Shropshire Council

Shropshire Safeguarding team underwent a major re-organisation at the end of the year and preparation and planning for this a whole new method of working was carried out throughout the year. A totally new structure is now in place. The Team consist of an Operational Co-ordinator, two Managing Officers and three Investigating Workers. The Team is managed overall by a strategic lead post.

There were a number of large scale/Institutional abuse investigations over the year. One of these resulted in a criminal investigation with a charging decision regarding the registered manager pending.

9.3 Telford and Wrekin Clinical Commissioning Group

In April 2013 the NHS reforms led to the establishment of Clinical Commissioning Groups (CCG) across England to commission NHS care and monitor the quality of commissioned services.

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. The Chief Officer holds the overarching accountability for this area.

The CCG maintained the safeguarding structure of 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.

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 with effective and established links into the Quality Surveillance Group which spans Shropshire and Staffordshire chaired by NHS England.

It is clear the remit for adult safeguarding is growing in light of high profile cases of neglect and abuse and the CCG continues to work with all agencies to proactively promote safe and effective care.

Christine Morris

Executive Nurse, Lead for Quality & Safety
Telford & Wrekin Clinical Commissioning Group

9.4 Shropshire Clinical Commissioning Group

During the 2013/2014 period, the NHS has continued to go through significant change, with the introduction of Clinical Commissioning Groups (CCGs) who have responsibility for commissioning services from a wide range of provider organisations. Moving forward, adult safeguarding has remained a priority, for local healthcare commissioners.

Shropshire CCG is one of the largest geographical CCGs nationally; it serves 302,000 patients across 44 GP practices and is currently placed second nationally for rural sparsity. At executive level the Director of Nursing, Quality, Patient Safety and Experience is accountable for safeguarding and sits on the Safeguarding Adults Board, with all CCG Board members having a shared responsibility for the adult safeguarding agenda.

The CCG is fully engaged with the Pan West Midlands Multi Agency Adult Safeguarding Policy and Procedures and continues to work closely with local authorities and provider organisations to promote the health, wellbeing and safety of adults at risk. The CCG Mandate has the following vision statements and principles set out;

To have the courage to develop a health system that empowers the delivery of excellent outcomes founded on individual relationships which nurture compassion, respect and dignity.

Principle 1 – Striving to constantly improve the quality and safety of care for patients

Treating and caring for people in a safe environment and protecting them from harm

Some priority areas identified:

- Facilitate shared learning for the further reduction of pressure ulcers
- Falls prevention across providers including nursing homes
- Embedding “Harm Free Care” supported by the NHS Safety Thermometer
- Safeguarding adults, children and young people – embedding policies and the training framework
- Extending the single point of entry for quality concerns, complaints or compliments, serious incidents, patient feedback and whistle blowing to include NHS2NHS concerns

- Triangulation of the quality and safety of the services we commission to identify and evidence necessary improvements
- Strengthening our links with Patient and Community Groups, Care Quality Commission, Healthwatch, Local Authority and other external agencies – to share information and support continuous quality improvement
- Deliver the NHS 6Cs initiative “Developing our culture of compassionate care” – Care, Communication, Competence, Courage, Compassion and Commitment – across the local health care system to ensure the national vision for nursing, midwifery and caregivers implemented and monitored
- Quality and safety visits to all providers
- Take immediate appropriate action if any aspect of patient safety is threatened

Developing a quality led commissioning organisation and local health economy – next steps following the Francis Inquiry

Strengthening clinical leadership and patient engagement across the organisation and Local Health Economy

- Setting standards of care
- Challenging poor outcomes in patient care, safety, quality and experience
- Scrutinise information from placement and quality and safety assurance visits and if indicated take necessary action



Linda Izquierdo

Director of Nursing, Quality, Patient Safety and Experience

9.5 Shrewsbury and Telford Hospital NHS Trust

The Trust has a statutory responsibility to make arrangements to safeguard and promote the welfare of children and young people, (as set out under section 11 of the Children Act, 2004) and work within national guidance for Adult Safeguarding. The Trust is committed to work in and promote partnership in order to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels. It is committed to delivering its responsibilities for safeguarding through information sharing, education and training, ensure professional leadership and expertise within the Trust and support all our staff in recognising that safeguarding is everybody's business.

Jo Banks

Associate Director Patient Safety

9.6 Shropshire Community Health NHS Trust

Safeguarding Adults remains one of the key priorities for Shropshire Community Health Trust (SCHT). It is given a high level of importance by having a Trust Lead for both elements, reporting at Local Authority Board level and representation at many associated Safeguarding Committees, Project and Steering Groups.

The Trust has an active Safeguarding Group chaired by the Safeguarding Lead (DDoN&Q), which reports to the Quality & Safety Operational Group. Executive responsibility remains with the DoN.

The Trust is supported by both the Clinical Commissioning Groups by having a Designated Nurse for Adults attend the Safeguarding Group and available for advice and support at all times.

The Trust has a robust reporting system through Datix and the Safeguarding Policy. Frequent information regarding Safeguarding issues is published across the Trust via Inform.

Safeguarding Adults

Formal publication of the Care Bill from central government has been published and reflects that of Safeguarding Children, although the change will not attract funding for Named Nurses. Any changes are expected to be absorbed by the NHS Health Economy.

Table 5 below shows the number of Datex Alerts by team/area for last 6 month period:

Team/Month	Jan 14	Feb 14	Mar 14	Apr 14	May 14	June 14	Total
North East IDT	1	4	0	0	2	4	11
North West IDT	1	0	1	1	0	0	3
Respiratory Services	1	0	0	0	0	0	1
Shrewsbury North	1	2	4	0	0	0	7
Shrewsbury South	3	4	2	2	1	1	13
Shropshire Dental Services	1	0	0	0	0	0	1
Tissue Viability	0	0	7	0	0	0	7
Team 2 (Newport/ Oakengates/RRT)	0	0	1	0	0	0	1
Whitchurch Hospital	1	0	0	0	0	0	1
Total	10	10	15	3	3	5	45

Table 5. Adult Safeguarding Alerts by Team

The 7 alerts raised in March by the Tissue Viability Team related to a group of patients within a single Residential Home. The Team are working with the home to address identified issues of wound care, record keeping and training.

Bridgnorth Hospital received a visit from the Safeguarding Team, led by Social Worker Hannah Williams after disclosure by 2 student nurses that there were potential safeguarding issues. Of the three patients identified, two were upheld after investigation. An Action Plan has been developed which includes reinforcement of Safeguarding awareness and advice. Action Plan will be shared with Commissioners and Adult Protection Co-ordinator. A case review will be undertaken at the end of July 2014.

Training & Education

Safeguarding Adults training by e-learning continues to be undertaken by the appropriate staff groups. Attendance at all levels of training is via the Shropshire Council Joint Training and is above target.

An updated Adult Safeguarding Awareness information leaflet for staff has been produced and will be distributed to all SCHAT staff by attachment to payslips.

Regular information and signposting is published in the Trust's monthly Inform Newsletter and in the single Safeguarding publication by the same name.

Mental Capacity Act (MCA) / Deprivation of Liberty (DoL)

There was one reported event relating to Deprivation of Liberty Safeguard at Whitchurch Hospital in January 2014. No harm to patient or others.

Change from the recent Court Judgement has caused some confusion amongst staff with either no referrals or a sudden large increase in referrals. Information has been circulated and reinforced regarding a DoLs referral. The DoLs Team are in the process of rolling out training across the Community Trust.

Learning Disability

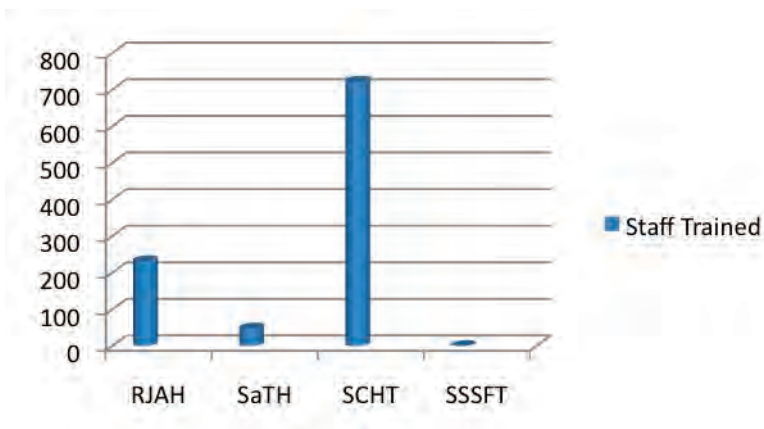
Monthly Performance Reporting (MPR) continues and demonstrates high levels of satisfaction with provided services (survey returns are Adults – 31.9% and Children - 24.7%). The MPR is used to monitor Reasonable Adjustments. There were no events reported. Each event undergoes a Root Cause Analysis (RCA) to determine if the event is valid or an alternative cause. There have been no missed Reasonable Adjustments.

Service User Experience has been audited since June 2013. Results are positive with good experiences overall.

Prevent

Prevent training continues to be delivered at Trust Induction and as an e-learning package. Fifty eight percent (782 staff), of Trust staff has undertaken this training to date. Benchmarking against other local organisations as shown below.

Table 6: Prevent programme



9.7 The Robert Jones & Agnes Hunt NHS Foundation Trust

9.7.1 Introduction

The Robert Jones & Agnes Hunt (RJAH) NHS Foundation Trust is an organisation whose culture prioritises quality of care through strong leadership and focus, and good partnership working to promote the well-being, security and safety of vulnerable adults (“adults at risk”) under our care.

The Trust is committed to working alongside Shropshire and Telford and Wrekin Safeguarding Adults Board, and other partner agencies, to ensure effective and robust systems are in place to safeguard “adults at risk”. The hospital is involved in close networking with the local health economy safeguarding leads, and has in place a programme of meetings to support effective communication and inter-agency teamwork.

9.7.2 Actions undertaken during 2013-14

9.7.2.1 Adult Safeguarding Link Nurses

During 2013/14 the Adult Safeguarding Lead has appointed adult safeguarding link staff, in wards and other specified clinical areas, to raise staff awareness about the importance of adult safeguarding. These staff form the Trust’s Link Group which meets regularly (every 2 months) to discuss specific issues, and to update the Links on new information. To support this, there is an adult safeguarding link file for information which can be accessed by staff working on wards. Information is also accessible on the trust intranet site.

9.7.2.2 Information dissemination

A staff information leaflet about adult safeguarding (Level 1) was distributed to all staff working within the organisation during 2013-14. This leaflet is given to all new staff at induction, and the Adult Safeguarding Lead attends each induction session on a monthly basis.

9.7.2.3 Training Developments

The Trust has continued and developed its training programmes as follows:-

- Safeguarding vulnerable adults training for all staff
- Mental Capacity training for specific staff
- Deprivation of Liberty Safeguards (DoLS) training
- Review and revision of e-learning training module, which is now updated for all staff from April 2014.
- Face-to-face training, designed for senior staff, to ensure continued emphasis and focus on the importance of safeguarding adults
- Dementia training – the percentage of staff receiving this training has increased, with a bespoke programme delivered by Staffordshire University, equipping staff to provide best practice across wards and clinical areas, and to recognise vulnerable adults living with dementia who could be at risk.

For details of training provision and uptake refer to Section 3 below.

9.7.2.4 CQC Standards Outcome 7

The Trust continues to develop its evidence-based portfolio, located on the wards, which demonstrates how each ward complies with all CQC Essential Standard Outcomes. This reference document is used by all ward staff and is populated and maintained by Ward and Department Managers, and includes ward-specific information, guidance and evidence for Outcome 7.

9.8 Policy Review

The Adult Safeguarding Lead has reviewed and updated Trust policy guidelines for people with learning difficulties/disabilities, linking in with the Local Health Economy group. The review was conducted to ensure that the Trust reasonably adjusts its services in the provision of person-centred care for this patient group.

9.9 Safeguarding Committee

The Trust has a Safeguarding Committee which meets quarterly and which continues to provide RJAH with a formal forum to discuss children and adult safeguarding issues. The Committee has the appropriate accountability for safeguarding across the trust and reports to the Trust's Quality and Safety Committee.

9.10 Adult Safeguarding Training

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

	Name of Training			
	Safeguarding Vulnerable Adults	DOLS	MCA	Learning Disabilities
Number completed	746	315	286	587
Number due to complete	890	520	520	630
Percentage completed	83.82%	60.57%	55%	93.17%

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. .

9.11 Actions Planned for 2014-15

The Trust has identified a range of actions to take forward, including ongoing actions to take forward from 2013-14.

Listed below are the Trust's priorities for adult safeguarding in 2014-15:-

- Continue staff training on adult safeguarding and increase the percentage of staff attendance for Mental Capacity Training, and Deprivation of Liberty Safeguards (DoLS).
- Continually review legislation and disseminate information and implement changes in practice as necessary
- Continue to assess staff knowledge and competence in the process of adult safeguarding through the STAR (Sustaining Quality through Assessment and Review) assessment process standard
- Deliver dementia objectives as set out in the Trust's Dementia Strategy. Increase staff awareness of dementia care through training and education. Increase overall percentage of staff trained to 80%.
- To deliver on CQUIN targets for dementia care, focusing on dementia screening and on signposting to relevant agencies and professionals. Provide support to relatives and carers, through effective communication and education.

- Engage and participate in the local health economy Dignity Working Group.
- Embed the 6-C's Principles, linking these to adult safeguarding through the staff appraisal system.

Anne Worrall - Matron Quality & Safety - Adult Safeguarding & Dementia Lead
Robert Jones & Agnes Hunt Orthopaedic NHS Foundation Trust

9.12 West Mercia Police

A strategic alliance has been formed between West Mercia Police and Warwickshire Police.

Whilst each Force has its own identity, leadership and governance they share the same vision of 'protecting people from harm'.

This is about doing the right thing and focusing on those issues that really matter to local communities within budgetary constraints.

The Vulnerable Adults Unit is part of the Protecting Vulnerable People (PVP) Department which has the responsibility for 13 strands of public protection. The Vulnerable Adults Unit covers the areas of Shropshire and Telford and Wrekin; and has seen an increase in dedicated specialist resources. The team is lead by a Detective Sergeant and consists of 3 Detective Constables; supported by the newly formed Harm Assessment Unit (HAU).

The HAU is responsible for all vulnerable notifications coming to the attention of the police, involving adults, children, mental health, disability, domestic abuse and missing or absent persons; making appropriate referrals internal to the organisation and externally to statutory and voluntary agencies.

There is an increasing trend of crime committed against vulnerable persons both young and old by offenders who 'pretend' to be their friends. After a short time the friendship develops into the many forms of abuse such as financial, sexual or physically (or all of them).

Vulnerable adult cases concerning Dementia are steadily increasing placing additional pressure on carers and care establishments due to the wider safeguarding implications for the sufferer and others.

9.13 Shropshire Partners in Care

Shropshire Partners in Care (SPIC) is committed to safeguarding adults at risk and improving the quality of care across the sector. SPIC works to safeguard the human rights of all those who may need or use care services.

A crucial element of SPIC's work involves keeping the sector up to date with information, developments, legislation, guidance and good practice examples. This includes delivering training to SPIC member's, community groups, individual WI groups and the British Legion Women's Section. SPIC continues to employ two Adult Safeguarding Trainers and work with partners to deliver training, during the year; there has been an increased demand from practitioner groups including Dentists and GP out of hour's services to access adult safeguarding related courses.

Training, Signposting and Raising Awareness

One of the key methods SPIC employs to support the development of proactive safeguarding practice is through the delivery of good quality training.

SPIC delivers or facilitates access to a range of training courses including:

- Safeguarding Adults Awareness
- Safeguarding Adults for Provider Managers
- Keeping Safe, Understanding and Reporting Abuse (Shropshire)
- PEACE Interview Training
- ACAS Conducting Investigations
- ACAS Effective Disciplinary Hearings
- ACAS Managing Discipline and Grievance
- Common Induction Standards Training (Standards 5 & 6) (Shropshire)
- Mental Capacity Act (2005) Awareness
- Deprivation of Liberty Safeguards (2007) Awareness
- Professional Boundaries in Social Care and Health
- A range of Moving and Handling and First Aid courses

- Medication in Care for Support Workers and Nurses
- Dignity in Practice (Shropshire)
- Dementia Awareness
- Dementia Leadership (New course specification under development for 2015, Telford & Wrekin)
- Management/Leadership programmes and workshops

The number of learners accessing training delivered by the Adult Safeguarding Trainers and other colleagues at SPIC again increased in 2013/14. New courses commissioned by the Adult Safeguarding Trainer for Shropshire in 2013/14 include specialist disciplinary training. It is intended this training programme will support providers to carry out robust disciplinary investigations, increasing knowledge and confidence around employment law; adult safeguarding and vetting and barring responsibilities.



Deansfield Care Home receives their award for Care Business of the Year (under 50 employees) at the SPIC Care Awards 2014.

During 2013/14 SPIC has supported its members and partners to access information at a variety of events. The annual seminar (2013) saw Karen Kalinowski, the then Chair of the Safeguarding Adults Board, present an update on adult safeguarding locally. In addition SPIC held a number of information days during the year in addition to the regular Domiciliary Care and Learning Disability Forums.

The SPIC Care Awards 2014 celebrated the provision of good care in Shropshire and Telford & Wrekin, attended by SPIC members, partner organisations and Baroness Tanni Grey-Thompson DBE. This year several nominations were received for the 'Dignity and Respect' Award. In addition to promoting Dignity at the Care Awards SPIC supported members to access QCF accredited Dignity training delivered by Skills for Care.

Debbie Price

Chief Officer, Shropshire Partners in Care (S.P.I.C.)

9.14 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 programme continues to be an extremely positive experience for Shropshire Fire and Rescue Service. It gives 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

9.15 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.
- Safeguarding Adults Awareness training remains mandatory and compliance is rigorously monitored. Staff are trained in Safeguarding Adults at induction and must update every three years. We have increased our compliance to 84% in April 2014.

- We have revised our Safeguarding Adults procedure to take account of the Pan West Midlands Safeguarding Adults Policy and Procedure as adopted by Shropshire and Telford and Wrekin Safeguarding Adults Board.
- We have reviewed our arrangements to implement Deprivation of Liberties Safeguards and have taken steps to improve staff awareness and our Mental Capacity Act assessments.

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.

Alison Bussey, Director of Nursing

South Staffordshire and Shropshire Healthcare NHS Foundation Trust



No more secrets

'Keeping people safe from harm'

For more information about this annual report or the Shropshire and Telford & Wrekin Safeguarding Adults Board, please visit or call:



www.shropshire.gov.uk

0845 678 9044



www.telford.gov.uk

01952 381280

Shropshire and Telford & Wrekin
Safeguarding Adults Board

Annual Report
2013 - 14

TELFORD & WREKIN COUNCIL

CABINET – 16 OCTOBER 2014

CARE ACT 2014

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 updates on progress towards implementation of Part 1 of the Care Act, which comes into force from 1 April 2015 and Part 2 from 1 April 2016. Consultation on Part 1 statutory guidance and regulations closed on 15 August.

1.2 As part of the implementation planning, modelling work is underway locally to estimate the costs associated with the additional responsibilities which are placed on us by the Act and compare against the provisional budget allocations set out by Government.

1.3 Analysis of readiness for what are the biggest changes in Adult Social Care since the National Assistance Act, 1948 created the welfare system, suggest that we are making “ moderate progress” in preparing for Care Act implementation and we are “fairly confident” that we will be in a position to deliver the Care Act reforms from April 2015. This is against a background of uncertainty that the reforms will be fully funded nationally at a time when all Councils are under significant financial pressure and the tight timescales for implementation.

1.4 The report also highlights areas that will require policy decisions to be made ahead of implementation in April 2015.

2. RECOMMENDATIONS

2.1 Members agree to delegate responsibility for agreeing new Adult Social Care Policies, resulting from the Care Act, to the Director of Health, Wellbeing & Care in consultation with the Cabinet Member for Adult Social Care.

2.2 Members note that further reports will be brought to Cabinet in the run up to Part 1 implementation of the Act in April 2015 and through 2015/16 in preparation for Part 2 implementation from April 2016.

2.3 Members support a wider briefing of all Councillors through a dedicated seminar.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>Vulnerable Children and Adults</i>
	Will the proposals impact on specific groups of people?	
	Yes	Yes Will impact on people who have needs as a result illness, frailty or disability and their family carers.
TARGET COMPLETION/DELIVERY DATE	<i>April 2015</i>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	There are significant financial implications for the Council associated with the Care Act. These are detailed within section 4
LEGAL ISSUES	Yes	<p>The Care Act 2014 received Royal Assent on 14 May 2014.</p> <p>The Care Bill was introduced in the House of Lords on 9th May 2013.</p> <p>Most of the clauses in Parts 1 (Care and Support) and 3 (Health) of the Bill had been published in draft form in July 2012 (as the Draft Care and Support Bill) for consultation until October 2012 and pre-legislative scrutiny.</p> <p>The Act is intended to give effect to the policies requiring primary legislation that were set out in the White Paper Caring for our future: reforming care and support (July 2012), to implement the changes put forward by the Commission on the Funding of Care and Support, chaired by Andrew Dilnot, and to meet the recommendations of the Law Commission in its report on Adult Social Care (May 2011) to consolidate and modernise existing care and support law from over a dozen Acts into a single framework. The Act also gives effect to elements of the Government's initial response to the Mid Staffordshire NHS Foundation Trust Public Inquiry that require primary legislation.</p> <p>The main issues for the Local Authority</p>

		<p>arising from the Act are set out within the body of this report.</p> <p>The Care Act comprises 129 Sections in five Parts and 8 Schedules.</p> <p>11 Factsheets were published by the Department of Health on 6 June 2014 to accompany Part 1 of the Act to provide an overview of the duties and powers that local authorities will have.</p> <p>The Act will be accompanied by relevant Statutory Instruments and Guidance.</p> <p>For Part 1 of the Act (Care and Support), these were issued for consultation on 6 June 2014 until 15 August 2014 , with a view to the final versions being published in October 2014 for implementation in 2015 - 2016</p> <p>Consultation on the funding formulae for the 2015 - 2016 implementation was launched on 31 July 2014, with a closing date of 9 October 2014</p>
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	<i>Borough-wide impact</i>

4. INFORMATION

4.1 Background

4.1.1 The Care Act replaces various pieces of adult social care legislation dating back to the National Assistance Act, 1948 (repeals in whole or part 26 pieces of primary or secondary legislation and 14 pieces of statutory guidance). The Act fundamentally changes the law and practice relating to the provision of community care services for adults and their carers and will require major changes in the way community care services are delivered, with significant impact for service users & their carers, the workforce, workforce development, care providers, informatics, policy & procedures, public information, budget, etc.

4.1.2 Nationally and locally in respect of consultation over the Bill, there was general support for the content, recognising that it set out to implement the recommendations of the Law Commission Review of Adult Social Care Law (updating the law in line with current good practice) & the Dilnot Review of Adult Social Care funding and embed current best practice in law.

4.1.3 However there were concerns that the Bill, whilst addressing the concerns of the public about costs of care provision falling on the individual's life time savings, it did not address concerns about the growing demands on the service at a time of Government reductions in Local Government funding. In addition there were concerns expressed by Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) that the Government's estimates of the cost of implementing the Act, underestimated the potential increased costs to LAs as a result of changes in respect of eligibility criteria for individuals and their carers (from April 2015) and funding reform (from April 2016).

4.1.4 The Government subsequently announced that new Guidance & Regulations would be released in 2 phases, Part 1 covering the clauses implemented from April 2015 and Part 2 those implemented from April 2016.

4.1.5 Part 1 covers: (for more detail see)
http://www.local.gov.uk/documents/10180/11309/L14-284+Getting+in+on+the+Act_web.pdf/edfb186d-166f-4058-a20d-5ba5e2646e6e

General Duties & Universal Services	Wellbeing; Preventing, reducing and delaying needs; Information & advice; Market shaping and commissioning; Managing provider failure and other service interruptions
First contact and identifying needs	Needs assessments and carer's assessments; Eligibility; Independent Advocacy
Charging and financial assessment	Charging for care & support; 12 week property disregard; other disregards; Choice of accommodation & additional payments; Pension reform; Deferred payments agreement;
Person centred care and support planning	Care and support plans; Personal budgets; Direct payments;
Integration and partnership working	Integration, co-operation and partnerships; The boundary with the NHS; Delayed transfers of care; Working with housing authorities and providers; Working with employment and welfare services; Transition to adult care and support; Prisons, approved premises and bail accommodation; Delegation of local authority functions
Adult Safeguarding	Adult safeguarding

Moving between areas: inter-local authority and cross border issues	Ordinary residence; Continuity of care; Cross-border placements
Other areas	Registers; The transition to the new legal framework

4.1.6 Part 2 will cover Funding Reform, including:

- Separation of accommodation (payable by all either from income or benefits) and care costs
- Cap on care costs - £72k across a person's lifetime
- Increased capital thresholds from £23,250 to £123k

4.2 Consultation process on Part 1 Regulations & Guidance

4.2.1 Draft Regulations and Guidance on Part 1 were released at the beginning of June for consultation, with a closing date of 15 August 2014, with a view to final Regulations and Guidance being issued by October 2014; thus allowing local authorities 6 months to finalise preparations for the new Act.

4.2.2 Current indications are that Draft Regulations and Guidance on Part 2 will be released in the autumn 2014.

4.2.3 In consultation with the Cabinet Member for Adult Social Care we submitted a general response to the Consultation. The main areas covered were:

- General support for the principles underpinning the legislation and guidance
- Concerns about the funding to fully support the reforms, against a background of significant existing pressures
- Tight timescales for implementation given the scale of change, workforce & training implications need to introduce new IT systems, etc.

4.3 Financial information

4.3.1 Government have made £125,000 available to every local authority during 2014/15, to use to help plan and prepare for the implementation of the Act. In addition £282,895 has been made available to the West Midlands LAs, for collective partnership working to aid implementation, administered through ADASS West Midlands.

4.3.2 Government have provisionally allocated specific monies to individual authorities for 2015/16 on the basis of additional responsibilities resulting from the implementation of the Act, in effect the "Part 1" responsibilities coming into force from April 2015. It had been estimated that T&W Council would receive

an additional £1.479m of which £559k (revenue & capital funding) is within the Better Care Fund (BCF). The current BCF plan identifies this amount as a commitment against the pooled BCF budget. The remainder of the funding £919k is subject to another consultation exercise on the formulae for distribution and the current proposals indicate that this amount is likely to reduce by between £160k and £220k. This reduction is likely to cause increased pressure on Council resources. This funding consultation closes on 9th October.

4.3.3 The funding includes indicative allocations for Assessment & Eligibility, IT, Capacity, Deferred payments, Information, Personalisation, Carers, Advice & Support, Quality, Safeguarding, Veterans and Law Reform (See Appendix 1 for detail).

4.3.4 There are additional concerns that these allocations underestimate the costs of implementing Part 1 of the Act in 2015/16. In particular that:

- The Act raises expectations at a time when existing financial pressures mean there are insufficient resources to invest in prevention and early intervention principles that underpin the Act's aim to reduce demand on more expensive, on going care
- the new national eligibility framework will be worded in such a way that more people could be eligible for support compared with the current "substantial" threshold of the existing criteria – this is not recognised in any additional funding
- placing carers on the same legal footing as the service user significantly extends the number of carers with a right to an assessment in their own right and extends the number of carers who will be eligible for services – whilst this is recognised in additional funding there are concerns that this does not equate to the numbers of carers who could come forward and expect assessment and additional support

4.3.5 We have completed some modelling work to predict the impact of Part 1 of the Care Act and compare the outcomes with the indicative maximum amount of new monies available as set out in Appendix 3. All Local Authorities have been asked to use the same modelling tools to calculate the assessments and carers' costs although we are continuing to identify errors within these national models which impact on the veracity of any results. We are currently estimating the costs being contained within the allocation of funding but we will only know the true position once we have worked under the Act for some time. Current modelling is based on unit costs but further work will need to be carried out internally to determine the actual costs that will need to be funded including the impact on staffing etc. It has been difficult to model the impact of a greater number of deferred payments being made available although we would plan to negate the impact of increased administration by recovering this cost through an administration fee and any cash flow implications through the application of an interest charge. It is clear, however, from early work that any increase is likely to leave the Council holding a significant amount of debt on it's balance sheet.

4.3.6 As yet there have been no specific announcements about funding for the Part 2 funding reform changes that are implemented from April 2016. Government indicated that they estimated the cost of these changes to be in the region of an additional £1 billion nationally. ADASS and the LGA have both indicated that they believe this figure is an underestimation, whilst no decisions have been made about the formula on which this sum of money will be distributed between local authorities.

4.3.7 In respect of Part 2 Funding Reforms we have commenced modelling work to understand how many existing self-funders will enter the system from April 2016 and qualify for local authority support given the raised capital thresholds and cap on care costs payable across an individual's life. Shropshire Partners in Care have sent out, collated and shared the findings with us of a detailed questionnaire sent to T&W providers. This has provided us with valuable information about the number of self-funders, but the actual cost post April 2016 will depend on a detailed financial assessment of each self-funder as well as the rate of entry of "unknown" new self-funders post April 2016. Plus we will need to factor in the impact of the "care cap", though payments made by self-funders only count from April 2016, so it will take some time for individuals to reach the cap, depending on the annual agreed cost of their care. A deadline of 30th September has been set for LAs to provide the results of their modelling on this element of the Act to the national Funding Reform team (LGA, ADASS, DoH). There are several different models (Surrey, Birmingham, Lincolnshire) being used currently which may lead to a wide range of costs being identified across Councils. We are awaiting the final version of the preferred Funding Reform Team Surrey model so that we can complete comparator modelling against that which we have completed using the Birmingham model.

4.3.8 There is a significant risk that any shortfall in funding for Part 2 reform will just compound the existing budget position and any shortfall in funding Part 1 reforms.

4.3.9 This will be made more complicated by the introduction for the first time of a differentiation between care costs and accommodation costs. Accommodation costs will remain the responsibility of the individual across their lifetime. We will need to agree a new procurement process that takes account of this differentiation between accommodation and care costs, whilst ensuring that individuals are aware of their responsibility for paying accommodation costs.

4.3.10 We need to flag that we expect self-funders already in the system to start approaching the local authority during 2015/16 in preparedness for April 2016. Each individual will require a full community care assessment to determine eligibility for community care services and agree their care account detail (the amount of money the Council agrees will be taken into account annually towards their life time care cap of £72k) with the Council.

4.3.11 This therefore means there will be a significant spike in assessment and financial assessment activity, probably toward the second half of 2015/16,

as well as the increased assessment, service provision, deferred payments, etc workload associated with Part 1 implementation.

4.3.12 As a Council we will need to strive to improve our efficiency in terms of assessment activity, ensuring all processes are fit for purpose and as lean as possible, with staff processing more assessments at reduced cost.

4.4 Implementation Progress

4.4.1 At a national level there is a Joint Programme Management Office tasked with co-ordinating the implementation of the Care Act, including representatives of ADASS, LGA, and Department of Health. Care Quality Commission, National Skills Council, Skills for Care, etc. Plus a Care & Support Advisory Group with a wider group of stakeholders.

4.4.2 Undoubtedly implementation is a major challenge on top of all the other pressures faced by Adult Social Care, as the service looks to manage down demand and spend to meet significant savings targets in 2014/15 and 15/16.

4.4.3 We have established a Care Act Programme Board to oversee implementation plans, meeting monthly, with a number of work streams, each led by a Service Delivery Manager as follows:

- Funding reform & Deferred Payments
- Commissioning
- Information & Advice
- Assessment & Safeguarding
- Workforce Development
- Infrastructure
- Communication & Engagement

4.4.4 The Department of Health in partnership with the LGA and ADASS have set up a series of stocktakes to inform progress on implementation and highlight concerns. The first stocktake was submitted at the end of May 2014 and reflected a relatively low level of preparedness within the Council, though this was prior to the first meeting of the Programme Board.

4.4.5 A second stocktake was submitted on the 23 of September. It asked 49 questions about:

- **Programme management and governance** – including overall state of preparedness, oversight through Council's corporate risk management system and awareness of Councillors, Senior Management Team, Adult Social Care staff and Health & Wellbeing Board
- **People** – mapping self-funders, meeting new duties for carers, preventing needs for care & support, provision of information, advice & advocacy, prisoners,
- **Money** – cost modelling, deferred payments
- **Systems** – IT & financial systems, workforce

- **Communications & Planning** – communication with key external partners, service users, carers
- **Market shaping & Commissioning** – commissioning plan, market shaping including market position statements, sustainable provision, improved wellbeing and outcomes, integration
- **Support** – general progress, risks, additional support and concerns

4.4.6 In summary our submission said we are making “ moderate progress” in preparing for Care Act implementation and we are “fairly confident” that we will be in a position to deliver the Care Act reforms from April 2015. This is against a background of uncertainty that the reforms will be fully funded nationally, at a time when all Councils are under significant financial pressure and the tight timescales for implementation.

4.4.7 We specifically highlighted the following risks:

- Uncertainty about additional demand from self-funders,
- Uncertainty about additional demand from carers,
- Managing additional assessments,
- Impact on local provider market,
- New national eligibility threshold,
- Total implementation costs for 2015/16,
- Total implementation costs for 2016/17,
- Uncertainty over key national policy decisions,
- Public expectation (including legal challenges),
- Deferred payments agreements,
- Lack of funding to commission or maintain preventative services

4.5 Policy Decisions relating to Care Act:

4.5.1 The Care Act introduces such sweeping changes in law and practice that it will require a number of policy decisions to be agreed, with little time to formulate policy and procedure for Part 1 of the Act, given the final regulations and guidance will not be released until October. In these circumstances it would be helpful for members to agree to delegate responsibility for agreeing new Adult Social Care Policies to the Director of Health, Wellbeing and Care in consultation with the Cabinet Member for Adult Social Care.

4.5.2 Whilst we are still working through the draft Guidance & Regulations it would appear that policy decisions will be required in the following areas (more work is required to develop this list over the next few months):

- **Duty for Wellbeing and Prevention** - need to agree our wellbeing and prevention offer and consider approach to charging for prevention services
- **Eligibility** – will need to adopt new eligibility framework to replace existing framework for people with needs. The minimum threshold of eligibility is

no longer in the Council's gift to set, though the Council could approve a lower threshold (suggest not).

A new eligibility framework for carers will need to be agreed in line with a new national framework for carers

- **Delegation of LA function** – allows LAs to delegate through commissioning nearly all adult social care functions, including assessment externally. The exceptions are safeguarding, charging and duties to co-operate and integrate. Whilst we already purchase most care provision externally T&W Council's strategic approach has been to retain responsibility for assessment functions. Officers would continue to recommend this approach but can see advantages of looking to externalise some functions and/or working in partnership with external bodies, for example in respect of support planning.
- **Deferred Payments** – Currently we have a Deferred Payments scheme. The Act states that we must have one, though enables LAs to charge for scheme and charge interest on loan. We will need to make policy decisions on this
- **Safeguarding Adults** – Puts on statutory footing and whilst we already have a Safeguarding Adults Board, sets out requirements. Given the importance of this we should as a Council set out our high level approach to this, particularly with respect to a T&W specific Safeguarding Adults Board (see separate paper)
- **Charging (Client & Carer contributions) related decisions** – Need to approve new Charging Policies and consider approach to charging for Prevention and Carer services
- **Fines for delayed discharge** – whilst the Care Act abolishes the Delayed Discharge Act it does enable NHS Trusts to impose fines for delayed discharges from hospital that are the responsibility of the LA and the time period now extends to include weekends. Historically there was an agreement in place with the local health system to not fine. This will need to be reviewed with the local health economy
- **Registers** – Legal duty only to keep register of people who are “sight impaired or severely sight impaired”, whilst repealing requirement under Chronically Sick & Disabled Persons Act, 1973 to hold registers on all other client groups. Officers would recommend only holding a register as per our legal requirements only.
- **Adult Social Care Policies** – review of almost all existing Policies & Procedures relating to adult social care will be required and approval of revised and new P&Ps.
- **Public Information** – review of almost all existing public information relating to adult social care and approval of revised and new public information will be required

- **Budget planning for the Care Act** – Approach to budget planning for the Care act will need to be built into the budget planning rounds for 2015/16 and 16/17
- **Others** – to be identified.

4.6 Conclusion

4.6.1 This reports set out the implications of the Care Act and the implementation progress so far, state of preparedness, challenges and risks. It is envisaged that further reports will need to be brought to Cabinet in the run up to Phase 1 implementation over the next 6 months and subsequently through 2015/16 in the run up to Part 2 implementation.

4.6.2 A further report should be scheduled to come to Cabinet on 11 December, to update on implementation progress, challenges and risks, report on any significant changes once the Part 1 Regulations & Guidance are finalised and published in mid - October 2014 and identify key policy decisions required.

5. PREVIOUS MINUTES

5.1 Cabinet Report, 12 December 2013

6. BACKGROUND PAPERS

6.1 Draft Care Act Guidance & Regulations – Published June 2014

<https://www.gov.uk/government/consultations/updating-our-care-and-support-system-draft-regulations-and-guidance>

6.2 Get in on the Act – Care Act Summary produced by LGA -

http://www.local.gov.uk/documents/10180/11309/L14-284+Getting+in+on+the+Act_web.pdf/edfb186d-166f-4058-a20d-5ba5e2646e6e

Report prepared by: Paul Taylor, Director

Telephone: 381200

Email: paul.taylor@telford.gov.uk

Appendix 1

Adult social care new burdens funding (£335m nationally)		Your allocation, £000s
Assessment & eligibility	<i>Funding for early assessments and reviews</i>	468
IT	<i>Capital investment funding including IT systems</i>	150
Capacity	<i>Funding for capacity building, including recruitment and training of staff</i>	65
Deferred payments	<i>Year 1 funding for the implementation of the universal deferred payment scheme</i>	355
Information	<i>Funding for a national information campaign</i>	32
Total		1,070

Care Bill implementation funding in the Better Care Fund (£135.9m nationally)		Your allocation, £000s
Personalisation	<i>Create greater incentives for employment for disabled adults in residential care</i>	0
Carers	<i>Put carers on a par with users for assessment.</i>	66
	<i>Introduce a new duty to provide support for carers</i>	143
Information advice and support	<i>Link LA information portals to national portal</i>	0
	<i>Advice and support to access and plan care, including rights to advocacy</i>	44
Quality	<i>Provider quality profiles</i>	0
Safe-guarding	<i>Implement statutory Safeguarding Adults Boards</i>	16
	<i>Set a national minimum eligibility threshold at substantial</i>	85
Assessment & eligibility	<i>Ensure councils provide continuity of care for people moving into their areas until reassessment</i>	13
	<i>Clarify responsibility for assessment and provision of social care in prisons</i>	0
Veterans	<i>Disregard of armed forces GIPs from financial assessment</i>	5
Law reform	<i>Training social care staff in the new legal framework</i>	14
	<i>Savings from staff time and reduced complaints and litigation</i>	-41
Advocacy		
Impact of DWP policies on councils/providers	<i>Independent Mental Health Advocacy</i>	
	<i>Pressures relating to pensions auto-enrolment (provider cost) and the announced 1% increase of working age benefits in 15/16 (reduced client contribution)</i>	28 36

Total	409
Grand Total	1,479

TELFORD & WREKIN COUNCIL

SCRUTINY MANAGEMENT BOARD – 14 NOVEMBER 2014

SAFEGUARDING ADULTS BOARD

REPORT OF DIRECTOR OF HEALTH, WELLBEING & CARE

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report summarises current local arrangements for the Safeguarding Adults Board (SAB) and the requirements and expectations set out in the Care Act for SABs

1.2 T&W's Cabinet on the 16 October have approved in principle the establishment of a T&W Safeguarding Adults Board.

2. RECOMMENDATIONS

2.1 Scrutiny Management Board receive this report for information

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<i>Neighbourhoods are safe and clean; Vulnerable adults and children; Health and Wellbeing</i>
	Will the proposals impact on specific groups of people?	
	Yes	<i>All adults who may be vulnerable as a result of safeguarding issues</i>
TARGET COMPLETION/DELIVERY DATE	1 April 2015	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes	Further work will be required to identify the full cost of a SAB and how this could be resourced . As some of our partner agencies already support

		<p>resourcing of other SABs, it would be appropriate to negotiate resourcing of the operation of the Safeguarding Board between agencies consistent with the lead role of the local authority; this could include Police, CCG and Health Trusts</p> <p>There is a illustrative figure of £16k identified for the implementation of a SAB within the Care Act monies in 2015/16 which fall within the Better Care Fund. Any funding beyond 2015/16 is not known.</p> <p>TAS 19.9.14</p>
LEGAL ISSUES	Yes	
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Death of a vulnerable Adult is a significant risk to the Council's reputation, however robust Safeguarding Procedures, overseen by a Safeguarding Board, will significantly mitigate against these risks
IMPACT ON SPECIFIC WARDS	No	<i>Borough-wide impact</i>

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 Background

4.2 Since 2001 Telford & Wrekin Council has had a joint Safeguarding Adults Board in one form or another originating from the Vulnerable Adult Protection Committee in 2001 in response to government guidance "No Secrets". This board has always been a joint board with Shropshire Council and chairing and administrative support has always been shared across the two authorities. Partner agencies such as Police, respective CCGs, Community Health and Hospital Trusts, etc have attended the Board. The Board has had a single, joint strategy and plan and has produced an Annual Report.

4.2 Legal Context

4.3 From April 2015 the Care Act 2014 requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these Boards a clear basis in law for the first time.

4.4 The Act says that the SAB must:

- include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;
- develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;
- publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

4.5 The Act also requires local authorities to:

- **Make enquires**, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed. This applies whether or not the authority is actually providing any care and support services to that adult.
- **Safeguarding Adult Reviews**. When there is any failure in safeguarding, the results can be severe and tragic and therefore demand a strong response.
That is why the Act says that SABs must arrange a Safeguarding Adults Review in some circumstances – for instance, if an adult with care and support needs dies as a result of abuse or neglect and there is concern about how one of the members of the SAB acted.
The Reviews are about learning lessons for the future. They will make sure SABs get the full picture of what went wrong, so that all organisations involved can improve as a result.
- **Independent advocacy** The local authority will arrange for an independent advocate to represent and support a person who is the subject of a Safeguarding enquiry or a Safeguarding Adult Review, if they need help to understand and take part in the enquiry or review and to express their views, wishes,

4.6 Current situation

4.7 Members of the existing joint Board met in June 2014 to consider and review its function and purpose as a Board and what direction of change it needed in order to be fit for purpose in 2015. From this meeting/workshop and current information collated from annual report and key board members it can be noted:

- The current Board is currently chaired by Shropshire's Director of Adult Social Services (rotates on annual basis).
- There is no up to date Strategy and action plan

- There is no current joint resourcing of Board activity from partner members.
- Work in past two years has been driven and completed by adult safeguarding leads predominantly in Telford & Wrekin. This includes T&W's SDM for Safeguarding being co-author of West Midlands Safeguarding Adults Policy & Procedures, and co-ordinating and writing the local pan-Shropshire Annual Report and sub groups being chaired by T&W Council members
- Local guidance to support the Policy & Procedures has an individual local authority focus with T&W and Shropshire Councils practising differently to reflect the needs of its population and organisational style. This includes different points for referral, different recording systems and different approach to Large Scale Investigations
- Partner agencies have appointed individuals who have clear responsibility for adult safeguarding within their job activity
- Partner agencies preferred attending one board only as it is perceived as "less work", though there was an acknowledgement that it was important that the Board needed to be fit for purpose for each Council respectively
- Two out of three current subgroups (performance and communication and service user engagement) are chaired and coordinated by Telford & Wrekin.
- The pace of change or indeed different areas of priority often mean that the work of the Board and subgroups may not be in synchronisation with Telford & Wrekin's priorities.
- A Serious Case Review was completed in 13/14 at the request of Telford & Wrekin. The current process means the review was led by Shropshire Council. A review of the output of the review raises questions about the effectiveness of these arrangements and ownership of the recommendations, which should be addressed by having a T&W SAB

4.7 Proposed new Safeguarding Adults Board

4.8 The introduction of a statutory requirement for Safeguarding Adults Boards in April 2015 gives real opportunity for Telford & Wrekin to develop a Board that is better fit for purpose, with a strategic plan that is relevant for its community.

4.9 It is proposed that in 2015 a new safeguarding Adults Board (SAB) be set up for Telford & Wrekin Council.

4.10 The benefits of this are more likely to meet the needs of our local population by the SAB:

- directly linking strategy and planning to Council priorities
- being able to make direct links to our local Community Safety Partnership
- being able to explore options of joint working with our local Children's Safeguarding Board
- addressing and responding to local need and local services. For example focusing on incidents of financial abuse in areas of deprivation, large scale investigations of care providers, etc
- subgroups can focus on areas of practice relevant to the work being undertaken by our own safeguarding and other lead personnel. For example development of local practice guidance, development of local advocacy services, learning & development
- members from partner agencies will focus on safeguarding needs in the local area
- undertaking joint working with the regional adult safeguarding group when needed. As well as Shropshire this may well mean undertaking joint working with authorities with similar needs and demographics. This enables a smarter safeguarding approach of pooling resources, knowledge and skills.
- can use local experiences of adults and their carers and families to drive improvements to local safeguarding arrangement
- developing local robust arrangements to ensure good, dignified care and safeguarding standards in commissioned and regulated services
- developing a local SAB with independent leadership that can be effective in leading and holding individual agencies to account and ensuring effective multi-agency working. This can include the development of an effective Safeguarding Adults Review process.

4.11 Membership and Board structures

4.12 The membership and Board structure including sub groups needs to ensure that there are strategic arrangements in place to directly influence and improve frontline practice and ensure safeguarding arrangements are in place to protect the most vulnerable in Telford & Wrekin. In line with national best practice a Memorandum of Understanding will need to be developed and signed by partner agencies to agree purpose, roles, responsibilities, resources and structures.

4.13 Key membership proposals are:

An Independent Chair - the Independent Chair can impartially support and challenge all agencies involved in the Board (including the Council and its Director of Adult Social Services and Lead Member). The Chair and Board would then be accountable and subject to the Council's arrangements for proper scrutiny of their performance.

Director of Adult Social Services - The Director can ensure that there is a clear organisational focus on safeguarding adults and there are procedures in place to respond to safeguarding adults enquiries.

Elected Member - Lead Member has a focus on safeguarding vulnerable adults and promoting a high standard of services for adults with support needs across all agencies

Other membership of the Board - to include all statutory agencies who provide health and social care services to adults or who have significant roles within the Safeguarding Adults process, including private and voluntary sector agencies/organisations with responsibilities for representing adults at risk or providing services to vulnerable adults.

4.14 It would be expected that Board members would:

- share responsibility for ensuring Board effectiveness,
- lead and remain accountable for safeguarding activity within their agency and/or providing feedback from/to constituent agencies,
- possess sufficient seniority and authority to speak on behalf of their agencies, sustain strategic direction, and are able to commit resources or directly feed into agency decision making that can commit resources as appropriate

4.15 In addition to full Board membership, the SAB could have associate members who provide support to the Board either generally or on specific areas of practice. Associate members would not be voting or resourcing members of the SAB.

4.15 Resources

4.16 T&W Council has provisionally been allocated £16k towards "Implementing Safeguarding Adults Boards" as part of the total provisional funding allocation for Care Act implementation and related additional responsibilities in 2015/16 of £1.479m

4.17 Some of our partner agencies already support resourcing of other SABS. Therefore it would be appropriate to negotiate resourcing of the operation of the Safeguarding Board between agencies such as the Police and our Health partners, consistent with the lead role of the local authority.

4.18 Clearly subject to SMT and Member approval to move forward, more detailed proposals for a T&W SAB would need to be developed to demonstrate viability within available resources.

- **PREVIOUS MINUTES**

6.1 None

- **BACKGROUND PAPERS**

6.1 Safeguarding chapter of Draft Care Act Guidance, published June 2014 - https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/497/files/2014/05/14_Guidance_safeguarding.pdf

Report prepared by Judith McGillivray, Service Delivery Manager, Adult Safeguarding & Quality

Telephone: 01952 385667

Email: judith.mcgillivray@telford.gov.uk

TELFORD & WREKIN COUNCIL

SCRUTINY MANAGEMENT BOARD –14th NOVEMBER 2014

SCRUTINY WORK PROGRAMME MID YEAR REPORT

REPORT OF SCRUTINY GROUP SPECIALIST

1. PURPOSE

1.1 The purpose of the report is to update Scrutiny Management Board on the delivery of the Scrutiny Work Programme.

2. RECOMMENDATIONS

2.1 Scrutiny Management Board consider the Scrutiny Work Programme as set out in Appendix 1 and agrees any recommendations to the Scrutiny Committees regarding their work programmes.

3.0 BACKGROUND

3.1 It is the role of Scrutiny Management Board to:

- Co-ordinate, oversee and monitor the delivery of the Scrutiny work programme and will receive regular progress reports from the Scrutiny team and Scrutiny Chairmen.
- Oversee the allocation of scrutiny officer resources to the Scrutiny Committees, and will make decisions where there are competing demands for resources.

Members have been informed that the support to Scrutiny Committees will be reduced while the post of Scrutiny Officer is recruited to cover the Secondment that has been agreed.

4.0 MID YEAR UPDATE ON SCRUTINY WORK PROGRAMME

4.1 At the Scrutiny Management Board Meeting on the 19th September 2014 the Board reviewed the work programme agreed the following issues are the priorities for the work programme for the next few months:

Joint Health Overview and Scrutiny Committee

Supporting the work of the Joint HOSC Chairs

Joint HOSC meetings to consider Future Fit 1 proposals and progress of Future Fit 2

Health and Adult Care Scrutiny Committee

Scrutiny of Adult Care Budgets and Savings (Joint with Budget and Finance)

The Review of the Alcohol Strategy

Co-operative and Community Scrutiny Committee

Review of Benefit Sanctions

Children and Young People Scrutiny Committee

Review of Youth Unemployment

Committee Meeting on 4th November - School Improvement , Children in Care Dashboard , Parents taking children out of school

Scrutiny Management Board

Meeting 14th November - Telford Housing Options, Housing Allocations Policy

Budget and Finance Scrutiny Committee

Planning the process for scrutiny of the 2015/16 budget proposals

Supporting the Lead Scrutiny Members as Chair of the West Midlands Scrutiny Network

- 4.2 Appendix 1 sets out the progress in delivering the Scrutiny Work Programme. The majority of the work programme has been delivered however the areas of work that have not been completed as planned are:

Co-operative and Communities Scrutiny Committee

Review of Welfare Reform – The Committee met in October to agree the conclusions and recommendations. Report to be drafted by Scrutiny Group Specialist.

Health and Adult Care Scrutiny Committee

Alcohol Strategy – Committee to meet to receive financial information relating to the alcohol strategy and then to agree conclusions and recommendations.

Joint Health Overview and Scrutiny Committee

The time table for the Future Fit programme has changed so some of the planned work has not taken place. However the Joint HOSC Chairs have carried out an extensive piece of work meeting with NHS Chief Executives and senior officers to inform the work of the Joint HOSC.

- 4.3 The Scrutiny Officer will be in post at the beginning of December and this will enable support to be provided to the areas of work that have not been delivered.

5.0 EQUAL OPPORTUNITIES IMPLICATIONS

- 5.1 There are no environmental implications resulting from this report

6.0 FINANCIAL IMPLICATIONS

- 6.1 The Scrutiny work programme will be managed within existing resources and adjustments made accordingly to ensure that this is the case. Any variances will be reported through financial monitoring as appropriate. Any financial implications arising from recommendations should be highlighted and considered as part of the relevant reports. Scrutiny is an important part of the budget consultation process which is reflected in the work programme over the period Dec – Feb and is a key piece of work which feeds into the Council's overall budget strategy.

7.0 LEGAL IMPLICATIONS

- 7.1 Despite the temporary reduction in staff the report sets out the provisions put in place to maintain the statutory requirement to have a Scrutiny Committee to oversee and scrutinise the local authority's decisions. The Council will continue to have an appointed Scrutiny Officer to promote the scrutiny role and to continue to provide support and guidance to both members of the authority and Scrutiny itself in relation to the Council's scrutiny function (these responsibilities are statutory in accordance with the Local Government Act 2000 as amended).
- 7.2 If legal advice and assistance is required when the scrutiny committees undertake and/or continue the individual reviews set out at Appendix 1, specific legal advice can be provided at that time.

8.0 ENVIRONMENTAL IMPLICATIONS

8.1 There are no environmental implications resulting from this report

9.0 WARD IMPLICATIONS

9.1 There are no direct ward implications resulting from this report

**Report prepared by Fiona Bottrill, Scrutiny Group Specialist, 01952
383113**

Transport Review												
Marches Local Transport Body												
Shaping Places												
Section 106 / CIL												
Governance of LEP (working with Herefordshire if this work progresses as part of their work programme)												
Monitoring Recommendations												
Empty Properties												

Other notes – Audit has done a lot of work around commissioning and savings from procurement.