



Telford & Wrekin  
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

## HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date **Monday, 13 February 2017**

Time **9.00am**

Venue **Meeting Room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT**

### Enquiries Regarding this Agenda:

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**Committee Membership:** Councillors M Boylan, **A J Burford (Chair)**, V A Fletcher,  
C A Furnival, L A Murray, T J Nelson, J A Pinter, R Mehta, R J Sloan  
Co-optees: Mrs J Gulliver, Mrs C Henniker, Mr D Saunders

## AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes** Appendix **A**  
To confirm the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 6 December 2016.
4. **Adult Care Performance, Budget & Savings including Early Help & Support Cost Improvement Plan 2016 -17; and Continuing Health Care Update** Appendix **B1**  
To receive the reports of the Assistant Director: Governance, Procurement and Commissioning; and the Interim Assistant Director: Early Help and Support Appendix **B2**
5. **Telford and Wrekin Mental Health Commissioning Update** Appendix **C**  
To receive the report of the Head of Commissioning Mental Health and Learning Disabilities, Telford and Wrekin CCG; and the Group Specialist – Commissioning, Commissioning (Vulnerable People), Telford & Wrekin Council.
6. **Engagement with service users and user organisations in Health and Adult Care Scrutiny**

... Continued

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| 7. | <b>Telford and Wrekin Safeguarding Adults Board: Annual Progress Report</b><br>To receive the report of the Independent Chair of the Telford and Wrekin Safeguarding Adults Board | Appendix D |
| 8. | <b>Work Programme</b><br>To agree items for the next meeting  | Appendix E |
| 9. | <b>Chair's Update</b>   |            |



## **HEALTH AND ADULT CARE SCRUTINY COMMITTEE**

### **Minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 6 December 2016 at 2.00pm at Meeting Point House, Town Centre, Telford**

**Present:** Cllrs A Burford (Chair), M Boylan, V Fletcher, T Nelson, J Pinter, R Sloan; and D Saunders (Co-optee)

**In Attendance:** Cllr A England – Cabinet Member for Adult Social Care & Older People, J Eatough - Assistant Director Governance, Procurement & Commissioning; Cllr L Murray, C Jones – Director of Adult and Children’s Services, J Tangye, Senior Democratic and Scrutiny Services Officer

#### **HACSC-15 Apologies for Absence**

R Mehta and Carolyn Henniker (Co-optees)

#### **HACSC-16 Declarations of Interest**

Cllr M Boylan declared a standing interest as Director of Telford & Wrekin Healthwatch, and a Governor on the South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

#### **HACSC-17 Minutes**

**Resolved** – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 11 October 2016 be confirmed and signed by the Chairman.

#### **HACSC-18 Update on Adult Social Care Budget**

The Assistant Director: Governance, Procurement & Commissioning presented a report on Early Help and Support savings. He informed the Committee that the pressure experienced during 2015/16 was continuing in 2016/17. Costs had risen since the previous report to the Committee due to an increase in the number of care clients being supported and some significant increases in individual packages of care.

That latest projections (August) of costs and income for the current financial year, were reported, which showed an improvement on the overspend of just over £4million, as reported to Cabinet. At this stage it remained unclear whether the reduction in projected expenditure had resulted from sustainable reduction in the costs of care being provided. The Assistant Director confirmed that there were less people in the system but the system was costing more, which posed challenges that were being addressed in the cost improvement plan. Savings had been identified in commissioning but these could not be reported until they had been to Finance.

The Committee asked about the impact of the winter pressures on care provision in terms of discharges from hospital and private care places, noting that the situation nationwide was fragile. In response, the Assistant Director reported that the approach of the Council was to buy block contracts for domiciliary care which was an attempt to address capacity. In managing long term patients/ housing costs; and personal care budgets the Committee was informed that deliverability was obviously dependent on service users; the plan was to ensure

as far as possible that there were no gaps in transferring service provision to the new model, which meant a slightly increased cost initially. In terms of social housing market, there was a prospective re-evaluation of social housing benefit and central government proposals were awaited.

The Committee noted the shift in approach that was needed in order to engineer effective change and provision of a service on a 'needs' rather than 'wants' basis. Social workers were engaged with this approach and the right leadership and management had been planned. The recruitment of an interim Assistant Director and Service Delivery Manager for Early Help and Support meant that there was still some short term turbulence but a permanent Assistant Director had been recruited in the restructure. A question was raised about the statutory responsibilities being met following the restructure. It was noted that alternative ways of working were being looked at to continue to meet statutory responsibilities but at the same time, to ensure efficiencies were being made.

The Committee noted that a public consultation was in the pipeline on how adult care services are changing and scrutiny would be kept updated and involved.

### **HACSC-19- STP Neighbourhood Working Update**

The Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG; and the Service Delivery Manager - Health Improvement, Telford & Wrekin Council delivered a presentation on Neighbourhood working.

The aligned priorities and models of care of Telford & Wrekin Council and the CCG were outlined. The Panel noted the approach to neighbourhood working which would include building prototypes around neighbourhoods, a community centred approach that would increase access to community resources to meet health needs and increase social participation and supporting people (from front line staff to senior teams) to make changes.

It was suggested that neighbourhood working would look different in different areas but the types of functions carried out would include:

- point of care
- delivery of care (social/health)
- diagnostics
- prevention, lifestyle advice and social prescribing
- support for people with complex needs
- surgery
- end of life support
- outpatient clinics

Current thinking was that the neighbourhoods would be based around groups of practice populations (usually between 30,000 and 50,000), that these should be 'natural neighbours' and make sense for those working in and with the community. Three initial areas had been identified to date: Newport (2 practices), TELDOC (merger of 4 practices) and South Telford (6 practices) with different profiles and priorities would be set for each area. Additional resource to support the changes had been identified as including:

- a significant increase in community healthcare provision; increases to workforce up to two-three times the size
- investment to adapt existing facilities in community settings
- support from experts and 'hands on' support to manage the change
- investment to support sustainable change in community capacity
- resourced communication and engagement programme

The progress to date was reported and the Panel noted that discussion and oversight continued via the Health and Wellbeing Board. It was reported that:

- a project group had been established with people who were interested and would make a meaningful contribution to neighbourhood working
- there had been a refocus of work in Telford and Wrekin Council and CCG so that neighbourhood working was the 'day job'
- a different model of care based on Buurtzorg principles continued to be explored in Newport
- asset mapping would begin in initial areas of Newport
- social prescribing would be starting in Newport
- the implementation of diabetes and respiratory pathways (from the clinical design group) had begun
- Nursing staff in Shrop Com had been identified who would align with some neighbourhoods
- Work on diabetes was ongoing around prevention and identifying which services were needed/ where services could be commissioned from the third sector and resourcing community services adequately when transitioning from acute services.

The Committee asked about the transfer from the medical environment/ setting into social/ wellbeing setting; social prescribing would encompass debt, welfare advice and alternative solutions. The Committee asked what buy-in there was from GPs in exploring/ developing non-medical solutions and whether there was cooperation between GP practices. It was reported that GPs had been enthusiastic about shifting activity, particularly due to great demand in primary care, squeezed resources and a shortage of GPs nationally and difficulty recruiting in Telford; individual support for patients was impossible.

The Committee expressed concerns about:

- the terminology and approach to identifying neighbourhoods and noted that the current method of dividing neighbourhoods was GP catchment areas which had nothing to do with people in a community;
- how changes and improvements would be measured and how responsibility would be shared
- pushing everything to the voluntary sector which was already under strain
- lack of clarity of the starting point – where would the support come from for third sector and voluntary organisations in transitioning from primary care

Cllr L Murray left the meeting at 3.14pm

Committee members expressed their ongoing concerns about the integration of services under the STP and the perceived lack of measures and support in place to cope with the transition of activity. It was felt that cooperation between GP practices was reassuring but there was a significant challenge in implementing this new way of working not only in practice

but in change of culture that was required in the public and the profession. Primary care was already using community assets and opportunities to use other local partners were becoming more viable, however concerns remained about the pace of change needed and managing pressures at pace.

The Committee discussed how it could keep an effective watching brief in this area. It was suggested that individual pathways such as diabetes could be looked at in more detail, through patient experience. It was agreed that this would be taken forwards in the work programming.

Cllr A England left the meeting at 3.23pm

### **HACSC- 20 Walk in Centres and Telford Town Centre GP practices**

Sharon Clennell – Senior Commissioning Manager for Primary Care and Tracey Jones - Deputy Executive of Quality and Engagement, T&W CCG attended the meeting in place of Nicky Wilde, Deputy Director, Commissioning and Planning Primary Care T&W CCG.

An update was provided on the closure of the IMH Malling Health Practice in July 2016 in Telford town centre, that the Committee had expressed concerns about in March 2016. On-going engagement with users of the health practice in the town centre, employees, businesses and the homeless had been undertaken. It was reported that there had not been any formal complaints about the closure as clients had been engaged with in a detailed way. The Committee's concerns about the impact of future closures of GP Walk-in services had been reconciled to the wider consultation and consultation feedback and engagement activity with registered patients and stakeholders would inform future commissioning of services.

Development of a future service specification for GP Walk-in services was scheduled for March 2017 and the CCG continued to deliver the GP Access improvement plan. It was reported that no decision had yet been taken by the CCG Board, the report of the consultation findings would be shared with the Commissioners to inform their process of commissioning of services to meet the statutory requirement to deliver access to urgent GP appointments. It was noted that whilst there was no mandatory requirement for CCGs to implement the preferred option from the survey, the CCGs would be required to demonstrate how they had considered the feedback gained through the consultation process and its use in their decision making process.

The most popular option had been the option to visit a GP on a walk-in basis, followed by out of hours access. The CCG was looking to develop this potentially for some practices but it would be quite a change to how they operate. The capacity of practices in surrounding areas was being explored and feedback sought. The Committee asked about the financial parameters for the consultation and it was reported that there had not been a financial appraisal; cost had not been a factor, it had been within the financial envelope for the year.

The Committee suggested that the growth in housing numbers was a consideration, particularly over the course of the next two years. It was reported that Nicky Wilde was involved in another piece of work on estates and premises, the population and new builds. A report would come back to scrutiny on this alongside the outcome of the consultation and analysis on whether the CCG would commission further services.

The Committee expressed a concern that had been previously raised about the walk-in centres being a provision for people with no fixed abode – it was social provision. It was reported that as a consequence of the consultation, there had been agreement from GPs and a re-establishment of the agreement to permit access to appointments for homeless people, which was part of a national contract. The Committee asked whether the review would take account of the impact on Accident and Emergency numbers. It was noted by the CCG that there were still unanswered questions but that solutions were bound up with the urgent care centre development under the STP and FFP. The concern remained that 5% of the population that was served by walk-in centres was not being served. The Committee pointed out that in theory all GP surgeries were under a general medical contract, if the need was urgent a person should be able to access a GP; in effect all GP surgeries were walk-in centres.

The Committee pointed out that a substantial variation in service, in terms of GP services and neighbourhood hubs should come to scrutiny and that the Committee would not lose sight of this.

### **HACSC – 21 Work Programme**

The Committee agreed that it would be valuable to undertake an in-depth review of an issue such as direct payments or issues where there was significant unnecessary expenditure such as diabetes. It was also agreed that the mental health component of the STP was currently unconvincing and that a proper update had not been brought to Scrutiny. It was on the work programme for the meeting on 13<sup>th</sup> February but it was suggested that this could be further scoped and planned for the remaining meetings in the municipal year.

### **HACSC – 22 Chair’s Update**

The Chair updated the Committee on the high profile work of the Joint HOSC on the STP and Future Fit Programme (FFP). The consultation plan for FFP was expected by 21<sup>st</sup> December meeting of the Joint HOSC. Other key dates for this work included the Joint Clinical Commissioning Group meeting in December and the NHS Stage II Assurance Panel meeting in January 2017

The meeting ended at 4.00pm

**Chairman:** .....

**Date:** .....

## TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 13 FEBRUARY 2017

EARLY HELP & SUPPORT COST IMPROVEMENT PLAN 2016-17

REPORT OF THE ASSISTANT DIRECTOR: GOVERNANCE, PROCUREMENT AND COMMISSIONING

### 1.0 PURPOSE

1.1 To enable the Health and Adult Care Scrutiny Committee to consider progress and activity for the Early Help & Support Cost Improvement Plan for 2016-17 and 2017 – 18.

### 2.0 RECOMMENDATIONS

2.1 **That the Committee consider the report and agree any recommendations or further actions.**

### 3.0 INTRODUCTION

To provide the context and to outline the strategy for Early Help and Support savings to be delivered by the Early Help and Support Services and Governance, Commissioning & Procurement Teams.

#### Priorities

In accordance with corporate priorities:

- “Protect and support our most vulnerable children and adults”
- “Improve the health and well-being of our communities and address health inequalities”

In addition, the Council’s co-operative values:

- Openness & Honesty
- Ownership
- Fairness & Respect
- Involvement

### 4.0 KEY INFORMATION

There are a number of key principles that have or will influence how we deliver the Cost Improvement Plan:

1	To provide the service in the context of challenging the cost of care, the number of people receiving different types of care and the length of time that care is provided
2	We will operate based on a long term cost improvement plan about how the service will operate in 2019/20 and have incremental targets in the intervening years to meet this service plan and we will manage both price and activity
3	We will manage a short term cost improvement plan (contextualised by the long term cost improvement plan) to deliver in year savings and savings in 2017/18

4	We will consult and work with our service users about these plans and the future – generally and more specifically, as it may affect them, in plenty of time;
5	The fulfilment of our statutory responsibility to meet assessed need is paramount and will not be compromised;
6	We will work with our long term service users to plan for their long term future;
7	We will work with the Care sector to have a high quality service and a sustainable and competitive market;
8	We recognise that moving away from current residential accommodation might be difficult and could take time and might not be possible in some cases;
9	For new entrants we will only use residential care where we have explored other options and have found that this is the only way to meet their care needs in a safe way
10	The contingency budget has been separately identified as this funding is not ongoing at the current level and is due to reduce by 50% from 18/19.

## 5.0 FINANCIAL/VALUE FOR MONEY IMPACT

### The Early Help and Support Budget

Table 1 below sets out the current forecast for the Early Help & Support budget for 2017/18 including approved changes to the budget. The developing Cost Improvement Plan includes detail of how the savings for 2016/17 are being delivered and the work streams, which are progressing to deliver those savings.

The 2017/18 savings are also detailed in the Cost Improvement Plan and set out below, but there is further work required to determine the care activity budgets which will be reduced to deliver the purchasing savings required.

It is important to note that as part of the 2016/17 and 2017/18 budget strategy a contingency budget has been included in the Council's budget strategy for the service area to drawdown. The contingency is provided as part of the strategy to change the way care is delivered and to cover the transition to a lower budget settlement for Early Help & Support.

The Quarterly Report (**Appendix 1**) highlights the financial position and priorities within the Cost Improvement Plan

**Table 1**

	Projected Starting Budget £000's	Savings in budget strategy £000's	Growth in budget strategy £000's	Projected Revised Budget £000's
Current net EHS budget- 2016/17 including approved adjustments	38,817	(3,845)	5,493	40,465
EHS Budget for 2017/18 including approved adjustments	40,465	(5,221)	1,820*	37,064

- Additional funding of £1,344m included in draft budget proposals but not yet agreed.

## **6.0 LEGAL ISSUES**

This is an information report so there are no legal issues for members' consideration

## **7.0 ACTIONS TO ADDRESS**

**Appendix 2** will be up-dated for each Member Briefing and Scrutiny meeting to show services that are identified in the Cost Improvement Plan to measure and record savings required and achieved within each finance monitoring period.

**Report prepared by Assistant Director, Jonathan Eatough, Governance, Procurement & Commissioning on 01952 380103**

## Appendix 1

### Early Help and Support – Cost Improvement Planning – Quarterly Report for Health & Adult Social Care Scrutiny Committee

#### Financial Position-Period 9: December 2016

	Budget £000's	Forecast Variation £000's	Forecast variation - £000's		
			December	October	August
<b>Total position-Purchasing</b>	42,188	6,890	6,419	5,337	6,211
<b>Total position-Other</b>	(1,960)	(178)	203	853	291
<b>Overall Total</b>	<b>40,228</b>	<b>6,712</b>	6,622	6,190	<b>6,502</b>
<b>Offset by contingency</b>	2,500	(2,500)	(2,500)	(2,500)	(2,500)
<b>Total budget provision</b>	<b>42,728</b>	<b>4,212</b>	4,122	3,690	<b>4,002</b>

#### Movements – numbers of new SPOT care packages - new to the Council not care type

The tables below report the number of people being accepted by the Council for support, it does not report movement between services. This is a measure of increase in new demand to the Council. It is a net number and therefore it is the sum of new packages of care less people who leave services.

#### OP numbers (net new clients joining (leaving) the service)

Period under review	Period 8-9	Period 6-8	Target 2017/18 budget strategy
<b>Movement of numbers in care spot placements</b>	In total (12) left net of starters; 18 more people left residential care than joined and 6 new homecare cases	In total+4 more people in care added net of leavers; 3 more people left residential and nursing Care than joined	
<b>December/November numbers in residential/nursing care</b>	368 residential and nursing spot placements	382 residential and nursing spot placements	283 residential and nursing spot placements
<b>Movement in Homecare numbers</b>	6 net new people joined with homecare packages	1 net new person joined with homecare package	
<b>December/November numbers in homecare</b>	493(no.)(339,000 hours)	497(no.)(339,000 hours)	341(no.)(230,000 hours)

**ALD numbers (net new clients joining (leaving) the service)**

<b>Period under review</b>	<b>Period 8-9</b>	<b>Period 6-8</b>	<b>Target 2017/18 budget strategy</b>
<b>Movement of numbers in residential and nursing spot placements</b>	A reduction of 3 people in ALD care group	An increase of 4 people in ALD care group	
<b>December/November numbers in care</b>	346(including 271,000 homecare hours)	349	295 (including reducing homecare hours from 277,000 to 185,000 hours BUT increasing by 25no. Direct Payment)

**Note:** *the targets for 2017/18 also include aspirational targets for the value of unit costs in the context of requests by providers to increase fee rates to cover the impact of rising costs such as the National Living Wage.*

*Older people and Adults with Learning disabilities are the main focus of targets in 2017/18, Mental health and Physical disability are included but in considering future strategy numbers and costs will be reduced to a lesser degree.*

Cost Improvement Plan 2016/17 Savings Targets						
Service	Service Description	Savings Target 2016/17	Savings Target Delivered 2016/17	Actions – these relate to current actions (Jan/Feb 2017)	LO	Status Red Amber Red
<b>WORKFORCE</b>						
<b>Workforce Re-modelling</b>	EHS Restructure	1,075k	1,075k	<ul style="list-style-type: none"> <li>Restructure implemented 01-12-2016</li> </ul>	CJ/DL	Green
<b>ACCOMMODATION</b>						
<b>Managing Long Term Placements</b>	More efficient working with Health Partners in reviewing Local Authority spend on Learning Disabilities placements	200k	200k	<ul style="list-style-type: none"> <li>Agreement with Clinical Commissioning Group (CCG)</li> </ul>	CJ/JE	Green
<b>Management Long Term Placements</b>	Implement Housing cost savings	116k	0	<ul style="list-style-type: none"> <li>Working with existing providers to agree on going services and costs for existing clients; High Mount, Maurice Lee Avenue, Doseley Road, Keepers Crescent and Station Mews</li> </ul>	SDM, Commissioning	Red
<b>NEIGHBOURHOOD WORKING</b>						
<b>Review of Service Level Agreements</b>	Review of Service Level Agreements within the Voluntary Sector	209k	291k	<ul style="list-style-type: none"> <li>All Service Level Agreements reviewed and appropriate action taken</li> </ul>	SDM, Commissioning	Green
<b>MARKET SUFFICIENCY</b>						
<b>Managing Long Term Placements</b>	Reduce spend for Adults with Learning Disabilities, Physical Sensory Disability and Mental Health client care through proactive dialogue with suppliers on costs and efficiencies including targeted negotiations and through innovative solutions	1M	171k	<ul style="list-style-type: none"> <li>Provider meetings scheduled</li> <li>Ellen Court closure, existing clients to move by 4<sup>th</sup> Feb</li> <li>Launch skills development team by 12<sup>th</sup> Feb</li> <li>Explore new build in Dawley for ALD</li> <li>Identify additional posts for AT/OTA through invest to save</li> </ul>	SDM Community Social Work	Red

THE INDIVIDUAL						
<b>Reducing Spend on Personal Care</b>	Managing spend through identifying creative solutions in the community, the use of Personal Assistants via Direct Payments and exploring creative solutions through Panel	364k	0	<ul style="list-style-type: none"> <li>Review content of POhWER contract for 16/17 &amp; 17/18 costs</li> <li>Explore Shared Lives model</li> <li>Data cleansing to up-date client records</li> </ul>	SDM Community Social Work	Red
<b>Reduce Admissions into Residential Care (Older People)</b>	Reduce Residential & Nursing client numbers to the level set in the 2015/16 'Measures of Success' targets	541k	0	<ul style="list-style-type: none"> <li>Procurement for block for Older People provision starts Feb</li> <li>Negotiations with Coverage Care</li> <li>Operational Back to Basics training</li> <li>New Panel process</li> </ul>	SDM Community Social Work	Red
<b>Savings on Preventative Services</b>	Reduction in Supporting People activity (Long Term Supported Accommodation)	595k	32k	<ul style="list-style-type: none"> <li>Provider risk assessments required</li> <li>Proposal for other options to be considered to reduce/remove funding of services</li> <li>Evaluate agreed option to take forward &amp; implement</li> </ul>	SDM, Commissioning	Red
GETTING THE BASICS RIGHT						
<b>Transport Review</b>	Change in Transport Policy, removal of non-statutory provision. Making the most efficient use of Council's Fleet Services and reducing use of Taxi's	270k	15k	<ul style="list-style-type: none"> <li>Review &amp; implement Policy across CYP, Education &amp; EHS</li> <li>Explore Fleet transport and costs</li> <li>Consultation &amp; implementation following SMT decision on 23/3/17</li> <li>Review of Charging Policy</li> </ul>	SDM, Procurement & Brokerage	Red
<b>Obtaining the Best Value for Money, Quality and Safe Care and ensure effective Financial Management of Income</b>	Ensuring Value for Money during Procurement and Brokerage function and through successfully recouping all potential income	171	0	<ul style="list-style-type: none"> <li>Work with the Market to negotiate price, capacity and current pressures</li> <li>Reported each week via financial controls up-date on market availability and cost of provision</li> <li>Further work on developing a robust framework model</li> <li>Considerations underway with regards to fees up-lift of 2.5%</li> <li>Reduce admissions into home care placements</li> </ul>	SDM, Procurement & Brokerage	Red

<b>Transformation of Social Care Provision (Impact on Purchasing costs)</b>	Target set for 2017/18 of 2,380k			•	TBC	2017/18 Red
<b>The Right Funding for the Right Care</b>	Increased level of support for Continuing Health Care directly from Clinical Commissioning Group to clients & Joint Funded Care Packages. Additional Better Care Funding where appropriate and agreed			•	TBC	2017/18 Red

Area	Risk	Mitigating Actions
<b>Staff Capacity</b>	<ul style="list-style-type: none"> <li>There is on-going work to improve the quantity and effectiveness of reviews and assessments – no significant changes to adult social care can be made without a review or assessment being undertaken and there is pressure on this resource that means that this can delay other savings initiatives.</li> <li>Also reviews and assessments can lead to increase in care costs and well as decreases.</li> </ul>	<ul style="list-style-type: none"> <li>A major re-structure of early help and support and a change in working practices will improve this – we expect to see improvements in this from the beginning of the new financial year.</li> </ul>
<b>Market Sufficiency</b>	<ul style="list-style-type: none"> <li>We have to balance the duty to secure competitive prices against the Council's statutory duty to maintain sufficiency in the market. The threat to the on-going viability of many providers is a national issue – and we face the same issues in our local market. For example there are well documented cost increases for the sector, wage inflation caused by National Living Wage and lack of supply is driving prices up, there are increasing costs of regulation that the providers are having to bear.</li> <li>As we reduce referrals to the residential sector we could see providers failing or withdrawing from the market.</li> <li>A key element of the Council's strategy is for the provision of alternative services, for example by way of direct payments and through Personal Assistants but take up is slow.</li> </ul>	<ul style="list-style-type: none"> <li>We are working with the sector wide body, SPIC, to understand the challenges that the market faces and with individual providers where appropriate - we want to identify a fair cost of care to inform price negotiations but take we have received insufficient information from the market to complete this piece of work. It is important to note that the cost of care locally is very competitive against regional and national comparators. It is a key element of the Council's strategy to reduce demand across the sector.</li> <li>In respect of direct payments and Personal Assistants work is being undertaken to increase the take up of this option.</li> </ul>

<b>High cost placements</b>	<ul style="list-style-type: none"> <li>• If providers not willing to discuss price changes (aligned to changes in care plan or not) then change can only be effected through procurement processes which can have an adverse impact on service users. Providers can also withdraw from provision if they are of the view that services are no longer viable.</li> <li>• In respect of CHC's there is a risk that the local authority fund health care costs.</li> </ul>	<ul style="list-style-type: none"> <li>• Work closely with service users and their families to ensure that they are fully involved in proposed changes but this does take time.</li> <li>• In respect of CHC there are processes being put in place to ensure that we continue to monitor care packages to make sure that funding responsibilities are properly allocated.</li> </ul>
<b>Preventative Services</b>	<ul style="list-style-type: none"> <li>• Preventative services help to keep people out of more expensive services and avoid homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• The implementation of changes needs to be carefully planned, in consultation with service users and providers and we plan to provide a lot of similar services using a different model that is less reliant on Council funding. Again we are working with vulnerable people and it takes time to effect changes.</li> </ul>
<b>Transport</b>	<ul style="list-style-type: none"> <li>• A lot of transport I provided through in-house provision – a reduction in demand may impact on viability of that service</li> </ul>	<ul style="list-style-type: none"> <li>• Transport Assistance Policy is being developed, for consultation before adoption.</li> </ul>

## TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE - 13 FEBRUARY 2017

CONTINUING HEALTH CARE (CHC) REPORT

REPORT OF INTERIM ASSISTANT DIRECTOR: EARLY HELP AND SUPPORT

### 1.0 PURPOSE

- 1.1 To enable the Health and Adult Social Care Scrutiny to receive the up to date operational position in respect of Continuing Health Care across Telford and Wrekin and Shropshire Council.

### 2.0 RECOMMENDATIONS

- 2.1 That the Committee consider the report and agree any recommendations or further actions.

### 3.0 INTRODUCTION

3.1 NHS Continuing Healthcare refers to a package of on-going care for adults that is arranged and funded solely by the NHS where the person has a 'primary health need'. This care is provided to meet needs that have arisen as a result of disability, accident or illness. NHS Continuing Healthcare provision might take the form of a care home placement, or a package of care in the individual's own home or elsewhere.

#### **Assessment of eligibility**

3.2 In order for someone to receive NHS Continuing Healthcare funding, they have to be assessed according to a legally prescribed decision-making process to determine whether they have a 'primary health need'. The Health and Social Care Act 2012 sets out the powers for this process which is underpinned by The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 and by The NHS Continuing Healthcare (Responsibilities of Social Services Authorities) Directions 2013. The process has to be followed by every CCG, meaning that there should be no variation in access, and the assessment process should be consistent across the NHS. The detail of the process is set out in the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2012 (Revised) (the National Framework)

#### **Assessment Eligibility Process**

3.3 The assessment process takes place at the interface between health and social care; setting out funding responsibilities. Currently, health and social care systems are underpinned by a number of different legal frameworks and funding systems. Social care is subject to means tested charges. If an individual's health needs change, responsibility for

funding their care and support may also change. This is unique within the NHS and it must be ensured that frontline staff has the skills, knowledge and experience to ensure that individuals are treated fairly within the assessment process.

3.4 Following a holistic assessment of the individual's needs, deciding whether someone has a 'primary health need' practitioners are required to use a national Decision Support Tool which records an individual's needs across 12 areas, known as domains:

- Behaviour.
- Cognition.
- Psychological and emotional needs.
- Communication.
- Mobility.
- Nutrition.
- Continence.
- Skin integrity.
- Breathing.
- Drug therapies and medication.
- Altered states of consciousness.
- Any other significant care needs.

3.5 Consideration is given to the nature, intensity, complexity and unpredictability of their needs and therefore whether any of these factors are beyond local authority powers. Eligibility for NHS Continuing Healthcare is based on needs, and therefore eligibility is not based on a specific condition or diagnosis. The NHS' responsibility to commission, procure or provide care, including NHS Continuing Healthcare, is not indefinite, as needs could change. This should be made clear to the individual and their family. Regular reviews are built into the process to ensure that the care package continues to meet the person's needs. If the NHS is commissioning, funding or providing any part of the care, a case review should be undertaken three months after the initial eligibility decision, in order to reassess care needs and eligibility for NHS Continuing Healthcare, and to ensure that those needs are being met. Reviews should then take place annually, as a minimum.

## **4.0 KEY INFORMATION**

4.1 The CHC process is currently managed across two Clinical Commissioning Groups (CCG) these being Shropshire and Telford and Wrekin, this was previously not the case and the benefits of one manager overseeing the process was a consistent and robust approach. A meeting has taken place with the CHC lead for Telford and Wrekin in order to understand how the CCG administer determining eligibility which includes having a panel to discuss the finding of the CHC decision making tool. In Telford and Wrekin the CCG hold a panel which includes only the nurse and social worker who together make the decision based on the information gathered and this decision is sent to the CHC lead for ratification. The Department of Health Guidance does not dictate to CCG's how they implement their panels but in other areas they hold multi disciplinary panels who discuss and debate the case and come to a decision. A potential flaw with the existing model is one of the skill and the expertise of the social worker in being confident to challenge when necessary but it has been confirmed that the CHC lead would intervene if it was felt an unfair decision has been made.

A meeting is being arranged with the CHC lead for Shropshire to discuss their approach but

informal information gathered would suggest they have the same approach.

4.2 Currently work is being undertaken with the CHC lead in updating the internal pathway process for social work staff, there is a degree of confusion regarding the interpretation of this which needs to be clarified. There was a draft document in place but it is not fit for purpose and had not been circulated for comment and sign off.

4.3 Reference is made in the guidance to ensuring that staff are trained and competent to identify when a person may be eligible for CHC and confident in understanding what information should be contained within the decision making tool. Further training has been arranged for the 21<sup>st</sup> February 2017 and future training dates identified to accommodate changes in staffing. A document has also been circulated to staff to help them with this process – it is a national tool and has been found to be very successful in supporting practitioners.

4.4 Information is now received from the CHC lead for Telford and Wrekin each month on numbers of those in receipt of CHC and this will be cross referenced with our data base to ensure that Adult Social Care no longer fund the placement. There will also be reference to a person being subject to CHC funding within the Adult Social Care First IT system to alert staff to this information..

## **5.0 FINANCIAL/VALUE FOR MONEY IMPACT**

Not applicable for this report

## **6.0 LEGAL ISSUES**

Not applicable for this report

## **7.0 ACTIONS TO ADDRESS**

To note the content of this report and actions taken to date.

**Report prepared by** Jo Taylor Palmer Interim Service Delivery Manager -01952 381212



Telford and Wrekin CCG

# Mental Health Strategy Action Plan Update- February 2017

Steph Wain, Group Specialist Commissioner, Telford & Wrekin  
Council

Frances Sutherland, Head of Commissioning, Telford & Wrekin CCG

Cathy Riley, Head of mental health, South Staffordshire and  
Shropshire Foundation Trust

# Key Developments – Community Resilience

- Mental Health Hub to open April 2017
- Supporting people to Live independently
- Early intervention psychosis team going into schools
- Dementia service supporting care homes
- Peer recovery courses to support discharge from mental health services



# Integration into neighbourhoods

## Integrated Primacy Care Emotional Wellbeing service-

- working in neighbourhoods on common mental health conditions- depression and anxiety and chronic depression, and emotional trauma

## Specialist mental health services –

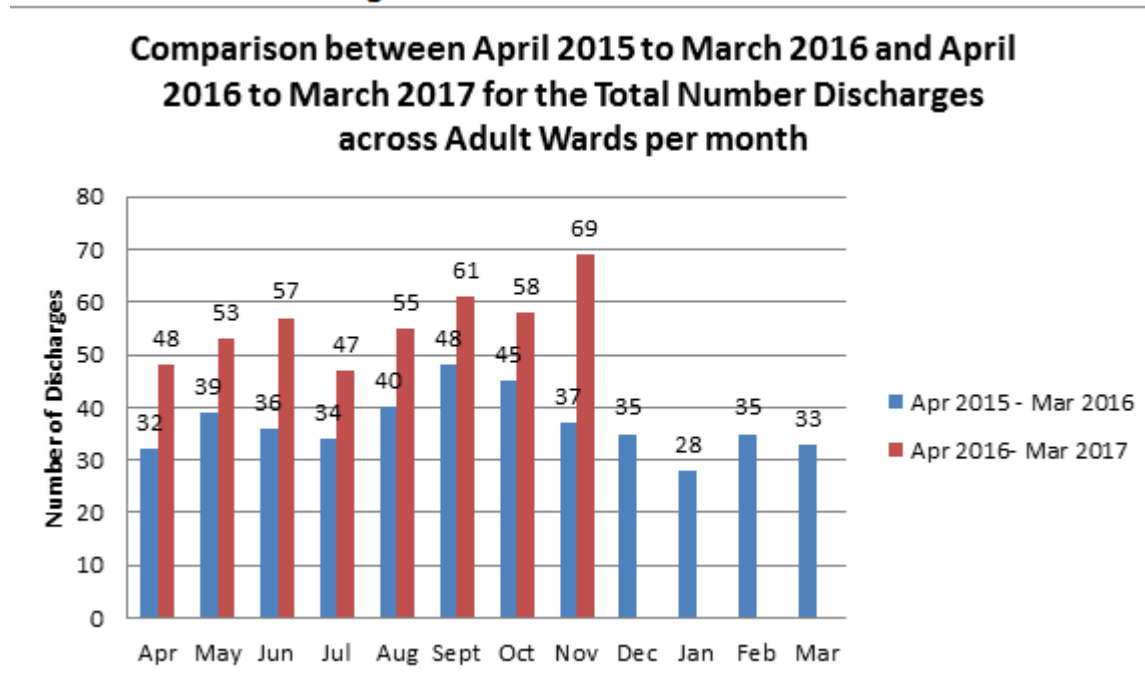
- psychosis and non psychosis (where specialist medication is required and/or CPA or high risk to either patient or community) teams will have link workers who will be first point of contact for neighbourhoods for advice and feedback on complex cases.



# Key Developments – Acute Care

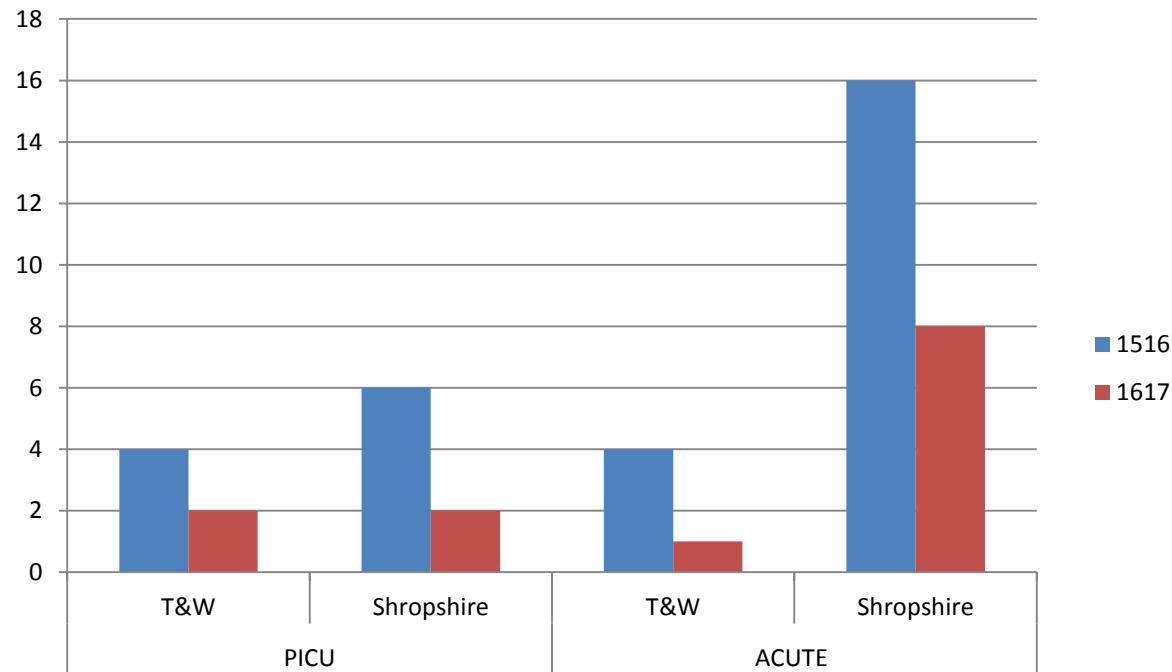
- Discharge Process- social worker at Redwoods
- More discharges and less delays!

**Total Number of discharges**



# Acute care-out of area placements

- improved- Out of area placements 50% reduction in PICU & acute



# Physical health needs of people in mental health services

- MECC-all staff trained and using MHCC. Referring to smoking cessation advice, exercise
- Hub and spoke model- HUB-admin base and some physical health clinics where it is appropriate for patient need to ensure choice of venue
- Clear understanding of local services in neighbourhoods to refer service users to- lifestyle advisor, leisure facilities, weight management clinics to refer and/or signpost to.
- Support to services which manage physical health issues if there are complex mental health problems- eg intermediate care, community nursing physiotherapy on individual patient basis and by raising awareness of mental health issues on a day to day basis.



# What service users have said, and how they have informed changes in practice.

Confusing getting hold of teams-

Want early help and supported to help themselves-  
**The Hub**

Waiting between teams for different support-

- one number from April

team structure changed.





Telford and Wrekin CCG

# What service users have said, and how they have informed changes in practice.

- Single Point of Access
- Accommodation in Telford
- Quality Improvement Work



# Next Steps

- Further development of plan
- Explore the West Midlands Mental Health Commission Plan and how its fits strategically



**TELFORD & WREKIN COUNCIL****HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 13 FEBRUARY 2017****TELFORD & WREKIN MENTAL HEALTH COMMISSIONING UPDATE****REPORT OF ASSISTANT DIRECTOR: GOVERNANCE, PROCUREMENT & COMMISSIONING,  
TELFORD & WREKIN COUNCIL, AND THE DEPUTY EXECUTIVE, TELFORD & WREKIN CCG****1.0 PURPOSE**

This paper intends to provide an update on the progress of the Telford and Wrekin mental health action plan.

**2.0 RECOMMENDATION**

To note the update

**3.0 BACKGROUND INFORMATION**

The local authority and CCG developed a mental health strategy and action plan which was presented to HOSC in March 2016. This paper provides an update on progress.

The action plan has now been developed into 5 work streams to ensure the vision is delivered

- i. Reducing stigma of mental health
- ii. Promoting good mental health
- iii. Improving access to secondary mental health services
- iv. Development of an Effective Crisis pathway
- v. Improving the life chances for those with mental illness issues

The following describes some of the key pieces of work that are currently being addressed by Commissioners for mental health.

**3.1 Mental Health Hub**

During engagement for the strategy, people who access mental health support very clearly told commissioners that support outside normal working hours is lacking Telford and Wrekin. In response commissioners have developed a specification for a jointly funded Hub to include:

- Listening services including 24/7 telephone support
- Support and recovery support – to include: one off interventions, peer support, support for those experiencing mental anguish, and skill building (courses to be delivered to increase skills either as part of meaningful activity or to enable them to better manage their mental health)
- A Safe Place (between at least 8pm and 2am)

Additional funds were secured by the Clinical Commissioning Group to pump prime the services, on the expectation that the service is self sufficient at the end of the 2 year term.

The contract has been tendered, with the final recommendation being progressed as the time of writing. As part of the tendering exercise bidders were asked to submit their plans for raising funds

to enable self sufficiency. This was considered as part of the evaluation. Further updates may be available by the time of the meeting.

It is anticipated that the Safe Place will reduce inappropriate use of the Mental Health Act (Section 136, Safe Place) and whilst improving the outcome and experience for the person it will also reduce demands on the Police, Ambulance, Approved Mental Health Practitioner and Doctors.

The service will commence on the 1st April 2017.

### **3.2 Support to live independently**

Increasing independence is a key priority of the strategy. People told us they want to be supported in their own homes. As a result the Council is seeking to reduce the number of people being supported in residential care settings. As part of the process Ellen Court (residential care home providing rehab) is being de-commissioned. It will close in February 2017.

People leaving Ellen Court have sourced accommodation in a variety of settings. Whilst some are moving on with a level of independence that they no longer have ongoing support needs others will be supported via the skills development team.

The team is a jointly commissioned pilot redeploying the staff who had previously worked in Ellen Court to work in the community. They will work creatively to support people to support themselves, to build skills and better manage their mental health and identify key triggers for relapse and to promote recovery. The team will promote meaningful activities and will develop opportunities for volunteering to ensure the service is delivered by people with lived experience of mental health.

As part of longer term planning, commissioners have been working with a Housing Association. As a result a unit comprising 14 self contained flats are being built (completion expected May 2017). The 14 flats will be occupied by people who are currently in residential care. This will provide an opportunity for them to regain some of their lost independence in a supportive environment.

### **3.3 Inpatient Beds & Discharge Processes**

There have been concerns about patients being admitted to acute mental health beds out of area. In 2015/16 there were 5 people admitted to acute beds out of area and 8 to Psychiatric Intensive Care Unit (PICU) beds out of area. In the first 9 months of 2016/ only 1 patient has been admitted to an acute mental health bed ( the patient was taken ill when out of area) and 2 into PICU beds out of area. This has been achieved by robust bed management by the trust and by the appointment of the dedicated social worker at Redwoods. This has improved the numbers of discharge so ensuring more beds are available. In addition it has had a notable impact on reducing delayed discharges from the unit. (From 1.4% in December 15 to zero in June 16)It has also improved relationships between nursing staff and local authority.

### **3.4 Other developments**

**Stakeholder Group** is in place and includes broad representation. This group oversees the implementation of the strategy.

**Mental Health First Aid Lite (MHFAL)** Training: 10 members of Council Staff attended training in March 2016, and a further 15 staff and volunteers from partners attended the training as part of Making Every Contact Count Network on 11<sup>th</sup> Nov 2016.

There are an additional 25 people booked to attend two further sessions scheduled for 27<sup>th</sup> Feb 2017.

**Support for Employees:** Both the CCG and Council are developing programmes of support relating to the emotional health and wellbeing of employees. This is part of the Mental Health Challenge set to Local Authorities. The CCG has signed the Time to Change pledge and has an action plan to support employees and raise awareness of mental health in the workplace.

**Neighbourhood working;** The local mental health trust is working with the CCG and Local authority on this programme. The trust supports the development and sustainability of community resilience by providing awareness raising in schools; the Recovery college; development of volunteers and peer support; support to third sector organisations and the employment and retention of the local workforce. As part of the health and social care integration element of the programme the trust are working towards the Improving access to psychological services being embedded into neighbourhood workforce. This will ensure psychological support is available for those with long term conditions as well as offering support to the primary care team. The development of care pathways for mental health illness, rather than a team approach will ensure support and treatment is seamless rather than internal referrals and people falling through the gaps in service. Clinicians will have named neighbourhoods to link with, and this will ensure robust communication with primary care staff. The trust is working to ensure people have a variety of options for where they receive their care in the own home, in the community or in a central town location. To support this work the trust is undergoing a management of change and has developed a single point of access so there is a clear access to services. The development of an admin hub will support this. The admin Hub and some clinical services will be delivered from the new premises at Hall Court in the centre of Telford. This premises has good transport links and has had positive feedback from service users. It is anticipated that the move will be completed early in April.

**Autism services:** The Autism Hub run by listen not label is now the 'front door' for the diagnosis pathway. From October to December the HUB had seen 31 new referrals and pre-screened 22 people before referring on to a medical service in Dudley for diagnosis. Work has begun to develop a more local approach to the diagnosis element

**ADHD diagnosis service:** There is now a local diagnosis service which also supports prescribing for people with ADHD. This commenced in October and there is no data for this at present.

**Listening service-** a short term service for those in mental health anguish. This service is run by MIND and has been in place for 6 months. During that time 228 people have accessed the service and satisfaction has been high with 100% of people saying they found the service helpful.

"Great help, suggestions. Do not feel alone and feel that the people respect me at Mind".

"Excellent service, helpful 100%, changed a lot in my life very, very grateful".

#### **4.0 EQUAL OPPORTUNITIES IMPLICATIONS**

4.1 The action plan is Borough wide, and will impact on those who experience poor mental health, or those at risk of it. It will contribute to the Health and Wellbeing Board priority around Emotional Health and Wellbeing, as well as the majority of the Co-operative Council Objectives.

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 The scope of the following comment is restricted to the implications for the Council's budget only. The actions within this report are being delivered from within identified and approved resources. There is currently no requirement for additional funding streams to deliver the strategy. Should the requirement for additional resources arise this will be considered and brought back to the LA in line with Governance processes.

- 5.2 The pressure on Local Government funding and the consequent delivery of savings within the Council is being addressed within Social Care through a process of transformation. This will impact the Commissioning and delivery of Care going forward. It is important to consider this context as this may impact the scope of the actions going forward.
- 5.3 It is anticipated that by aligning the commissioning portfolios of the Council and the CCG improved value for money can be achieved from a combined expenditure. The CCG have committed that the funding in mental health will not be reduced, although need to ensure better 'value for money' is achieved

## **6.0 LEGAL IMPLICATIONS**

The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983).

On 15 January 2015, the Department of Health (DH) published a revised version of its statutory code of practice on the MHA 1983, under Section 118 of the MHA 1983. The revised code must be followed by local authorities, managers and health professionals. An easy read version was added on 26 March 2015 and the revised code came into force on 1 April 2015.

The Council and NHS bodies also need to meet the current requirements of the Public Health, NHS and Adult Social Care Outcomes Frameworks in respect of the mental health and wellbeing of adults and children.

The Council must have due regard to the Public Sector Equality Duty as imposed by s149 (1) of the Equality Act 2010, which states:-

- (1) A public authority must, in the exercise of its functions, have due regard to the need to:
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Consideration needs to be given to an Equality Impact Assessment in respect of the potential impact on people with mental health issues, which may result from the review of the mental health commissioning strategy, in order to assist the Council in meeting its Public Sector Equality Duty.

## **7.0 ENVIRONMENTAL IMPLICATIONS**

- 7.1 None

## **8.0 WARD IMPLICATIONS**

- 8.1 The plan will have a Borough wide impact.

### **Report prepared by:**

**Frances Sutherland** - Head of Commissioning -Mental Health and Learning Disabilities, Telford & Wrekin Clinical Commissioning Group

**Steph Wain** – Group Specialist Commissioner, Telford & Wrekin Council

**TELFORD & WREKIN COUNCIL****HEALTH & ADULT CARE SCRUTINY COMMITTEE – 13 FEBRUARY 2017****TELFORD & WREKIN SAFEGUARDING ADULTS BOARD: ANNUAL PROGRESS REPORT****REPORT OF THE INDEPENDENT CHAIR OF THE TELFORD & WREKIN SAFEGUARDING ADULTS BOARD****1. PURPOSE**

To outline the progress made by the Telford & Wrekin Safeguarding Adults Board (TWSAB) since it was set up in April 2015. The report will also highlight changes since the first annual report was completed and outlines the next steps for the TWSAB in 2017.

**2. BACKGROUND**

- 2.1. Safeguarding adults and reducing the risk of harm to individuals in our communities requires effective co-ordination. The [Care Act 2014](#) requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear statutory footing for the first time.
- 2.2. The objective of SABs is to help and protect adults with care and support needs who are experiencing or are at risk of abuse or neglect, and as a result of their needs, are unable to protect themselves from abuse or neglect. This is whether or not the adult is having their needs met or whether they meet the local authority's eligibility criteria for care and support services.
- 2.3. The Care Act provides the statutory footing for the SAB including SAB's 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 a 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."*
- 2.4. The TWSAB was established in April 2015 and the current membership can be found at Appendix A.
- 2.5. The TWSAB has developed a Business Plan to drive forward it's objectives for 2016-17 and a copy can be found on the [TWSAB website](#).

### **3. PROGRESS TO DATE**

- 3.1. The TWSAB have a statutory duty to provide an annual report outlining the progress made by the SAB and partners. Please find attached the report for 2015/16 which outlines progress made in during the first year that the TWSAB existed in its current state (Appendix B).
- 3.2. Since April 2016, the TWSAB has continued to develop in accordance with its Business Plan for 2016-17 including:
  - 3.2.1. **Engaging with members of the public** during World Elder Abuse Awareness Day in June 2016 to heighten the awareness of adult safeguarding issues within the community and to understand the safeguarding issues that affect them. The conversations with residents in a 'conversation cafe' style were insightful and the residents felt comfortable sharing their concerns. This has led to the TWSAB adopting this approach to engagement and since then the Board and its members have engaged with adults with learning difficulties and those within a residential home about financial abuse and what it means to them. The feedback from this will be utilised as part of the TWSAB thematic area development in 2017.
  - 3.2.2. Piloting a customer feedback scheme to **establish if the Making Safeguarding Personal (MSP) approach was being used within the statutory safeguarding process**. From the small sample group within the pilot the outcome would suggest that MSP is embedded as a part of the safeguarding process. However, the TWSAB has agreed to rollout it out to a larger sample group to test this statement and to triangulate its findings.
  - 3.2.3. Completed a **Safeguarding Adult Review** and the learning from the review led to a one minute briefing on domestic abuse in adults being shared across all agencies who work with children and adults. The review also recommended that the TWSAB look in more detail at domestic abuse in adults to ensure that the processes were fit for purpose and the appropriate support for the victim and their family are available. In December 2016, the TWSAB agreed to do a combined piece of work with the Safeguarding Children Board to review domestic abuse in a holistic way ensuring the whole family was taken into consideration. This work has just begun and will inform the TWSAB thematic area development in 2017.
  - 3.2.4. The TWSAB has created a **performance framework** that enables it to monitor how agencies are keeping adults safeguarded from abuse in the Borough. The review of the information within the framework has provided evidence that will be utilised within the thematic area development and has enabled the TWSAB begin to develop an appropriate training programme based on need.

### **4. NEXT STEPS**

- 4.1. In the next six months the TWSAB will continue to progress the remaining actions in the business plan. The business plan will be refreshed in September 2017.

4.2. In addition to the already agreed actions within the business plan, the TWSAB will also:

- Develop its thematic areas based on evidence from professionals and the community;
- Host a World Elder Abuse Awareness Day event in June 2017 to raise awareness of prevention of adult abuse jointly with Shropshire Safeguarding Adults Board;
- Develop an appropriate multi-agency audit process to enable the TWSAB to test whether changes in practice are embedded;
- Develop an appropriate inter-agency training programme based on identified needs to support the work of the TWSAB in 2017; and
- Continually review areas where joint working with other partnerships would be possible to achieve the desired outcomes for adults with safeguarding issues within the Borough.

4.3. The TWSAB has a statutory duty to provide an annual report. This will be provided to the Health & Wellbeing Board in June 2017 and will highlight the TWSAB's progress in 2016-17 and outline its plans for 2017-18.

***Report prepared by Sarah Constable, Partnership Manager, 01952 380599.***

## Appendix A – Membership of the SAB as at January 2017

	Job Role and Organisation/Representing	Board Member
Chair	Independent Chair	Andrew Mason
Telford & Wrekin Council	Director of Children's and Adults Services	Clive Jones
	Assistant Director: Early Help & Support	Sarah Dillon
	Service Delivery Manager for Safeguarding and Case Assessment	Jo Taylor-Palmer
	Local Authority Legal representative	Kirsty Fisher
	Lead Member for Adult Social Care ( <i>Observer</i> )	Cllr Arnold England
	Principal Social Worker and Sub-group Chair	Rachel Cosh
Health	Medical Director: Shropshire Community Health NHS Trust (SCHT) representative	Dr Ganesh
	Director of Nursing and Quality: Shrewsbury and Telford NHS Hospital Trust (SaTH) representative	Sarah Bloomfield
	Safeguarding Lead: Staffordshire and Shropshire NHS Trust (SSSFT) representative	Sharon Conlon
	Executive Nurse, Lead for Quality & Safety: T&W Clinical Commissioning Group (CCG) representative	Chris Morris
	Designated Nurse Safeguarding Lead	Cathy George
	GP Safeguarding Lead (CCG)	Jo Leahy
Police	Head of Protecting Vulnerable People Unit: West Mercia Police	Alison Davies
	Chair of Community Safety Partnership (CSP)	Tom Harding
Key Partners & Stakeholder	Head of Safeguarding: West Midlands Ambulance Service	Jason Wiles
	Chief Officer: Shropshire Partners In Care (SPIC)	Nicky Jacques
	Head of Service: West Mercia National Probation Service representative	Tom Currie
	Head of Service: Herefordshire, Shropshire & Telford Community Rehabilitation Company representative	George Branch
	Further Education Representative: Telford College of Arts & Technology (TCAT)	Pam Kaminski
	Healthwatch representative and Chair of Service User Communication & Community engagement Sub-group	Barry Parnaby
	General Manager: Wrekin Housing Trust (WHT)	Andy Johnson
	Inspection Manager: Care Quality Commission (CQC)	Payal Patel
	Sector Support Lead: Telford & Wrekin CVS (Council for Voluntary Services)	Debbie Gibbon
Board Support	Partnership Manager	Sarah Constable

Telford & Wrekin



# **Safeguarding Adults Board**

## **Annual Report**

**1<sup>st</sup> April 2015- 31<sup>st</sup> March 2016**

**Authors: Jo Winborn, Partnership and Planning Officer  
Sarah Constable, Partnership Manager  
Andrew Mason, Independent Chair**

**Date agreed: January 2017**

# Contents

1. Foreword .....	3
2. Background .....	4
3. Safeguarding Adults Headline Performance during 2015-16 .....	4
4. Leadership, Governance and Structure of the TWSAB .....	6
5. TWSAB Core Business: Priorities and Achievements .....	9
6. Managing Resources .....	11
7. Partnership Working .....	12
8. TWSAB plans for 2016/2017 .....	16
Appendix A – Members of the TWSAB as at April 2016 .....	17

# 1. Foreword

I am pleased to present the Telford & Wrekin Safeguarding Adult Board (TWSAB) annual report for 2015/2016. This report covers the period from 01 April 2015 when the Board was established to 31 March 2016.

The purpose of this report is to provide an update on progress made by the TWSAB over the last 12 months and an assessment of its effectiveness, as well as outlining the development plans for the next 12 months.

This has been the first year of the Board's existence following the introduction of the Care Act 2014 in April 2015. This has been a very busy time for the Board with the introduction of new structures and governance arrangements across a range of our key partner organisations in order to ensure the effective safeguarding of adults across the Borough. This has been a significant achievement for the Board and would not have happened without the strong partnership arrangements which already exist across the Borough.

I am pleased to report that despite the current financial climate in which we all work, the Board has made significant progress in its first 12 months, has embedded the new arrangements introduced by the Care Act and has been successful in raising awareness of adult safeguarding, improving communications with our communities and partners and in developing our approach to making safeguarding more personal.

I would like to record my appreciation for the TWSAB's hard work during this time which reflects the dedication and commitment of all agencies to safeguard the most vulnerable adults in our community. The work undertaken this year will provide a good foundation on which the Board can build and develop over the coming 12 months. The TWSAB and its partners will continue to work together to ensure that our limited resources are used in the most effective way to lead and drive forward excellence in safeguarding to ensure that the most vulnerable adults in our communities are as safe as they want to be.

On behalf of the Board, I would like to assure you that the Telford & Wrekin Safeguarding Adult Board has, during the year, demonstrated effective safeguarding arrangements and we will continue to improve our protection of adults at risk of abuse/neglect in Telford and Wrekin in the future.



A handwritten signature in black ink that reads "Andrew Mason". The signature is written in a cursive, slightly stylized font.

Andrew Mason: Independent Chair

## 2. Background

Safeguarding adults and reducing the risk of harm to individuals in our communities requires effective co-ordination. The [Care Act 2014](#) requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear statutory footing for the first time.

The objective of SABs is to help and protect adults who have needs for care and support, who are experiencing or are at risk of abuse or neglect, and as a result of their needs, are unable to protect themselves from abuse or neglect. This is whether or not the adult is having their needs met or whether they meet the local authority's eligibility criteria for care and support services.

The Care 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 a 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.”*

The TWSAB was established in April 2015 and the membership can be found at Appendix A. In the first month of existence the TWSAB compiled a business plan for 2015/16 which focussed on the following key areas to ensure a sound foundation on which the Board could build and develop:

- Establishing an effective Board governance structure (as set out in the diagram at Section 4 below);
- Establishing and raising the profile of the TWSAB and its work amongst frontline practitioners and communities within the Borough; and
- Establishing links with other strategic partnerships within Telford and Wrekin, including: the Health and Wellbeing Board (HWBB), Community Safety Partnership (CSP) and the Telford & Wrekin Safeguarding Children Board (TWSCB)

The Board has met on four occasions during the year and has made significant progress against each of the priority areas. In developing its business plan for 2016/17 to further build on this progress, the Board will also set out more ambitious aims for these priorities.

This annual report provides an update on progress against the Board's Business Plan for 2015/16 as well as identifying key actions for 2016/17.

## 3. Local Safeguarding Adult Context during 2015/16

The Care Act 2014, which came into force in April 2015, places a duty on local authorities to make enquiries, or cause other agencies, such as NHS Trusts, to do so. The purpose of which is to establish whether action is needed to prevent abuse or neglect to an adult at risk of harm. Although the local authority is the lead agency for making enquiries, it may require others agencies to undertake them.

Within the Care Act 2014, safeguarding adults is an integral aspect but the primary section including the duty to make enquiries is covered by Section 42. This has led to changes in referral

and investigation processes and caution should be exercised when comparing data from 2014/15 and 2015/16.

### ***Threshold for adult safeguarding concerns***

*An “adult safeguarding concern” describes the process where someone is first alerted to a concern or incident that indicates an adult with care and support needs*

*(i) is experiencing or is at risk of abuse or neglect, and*

*(ii) as a result of their care and support needs, is unable to protect themselves against abuse or neglect, or the risk of it,*

*and takes action to respond, and to report the concern.*

(West Midlands Adult Safeguarding Policy & Procedures, January 2016)

### ***Enquiries and referrals: who’s involved***

In 2015/16, the majority of individuals involved in Section 42 enquires were aged 18-64 (35%) and 85-94 (25%). The remaining enquires were composed of 12% from 65-74 age group, 21% from 75-84 and 6% from 95+ age group; there was 1% where the age of the individual was not known.

There has been no significant change in the gender split of individuals involved in the safeguarding process, with females accounting for 63% of individuals in 2015/16, compared with 64% in 2014/15.

### ***Type of safeguarding activity during 2015/16***

During 2015/16 there were a total of 891 safeguarding concerns raised. Of which 439 (49%) progressed to Section 42 enquiries, the remainder (452) did not meet the appropriate threshold (as outlined above).

Of those Section 42 enquiries ‘social care support<sup>1</sup>’ was a source of risk in 31% of cases, a person ‘known to the individual’ in 74% and 13% involved a source of risk who was not known to the victim. (Multiple sources of risk may be recorded for each case).

### ***Source of Risk***

In Section 42 enquiries where the source of risk was ‘social care support’, the most significant type of abuse was neglect and acts of omission, represented in 73% of cases. This was followed by physical abuse (32%) and psychological abuse (20%).

Where the source of risk was ‘known to the individual’, neglect and acts of omission was again the most prevalent type of abuse occurring in 25% of cases. This was followed by physical abuse (14%), psychological abuse (14%) and financial or material abuse (14%).

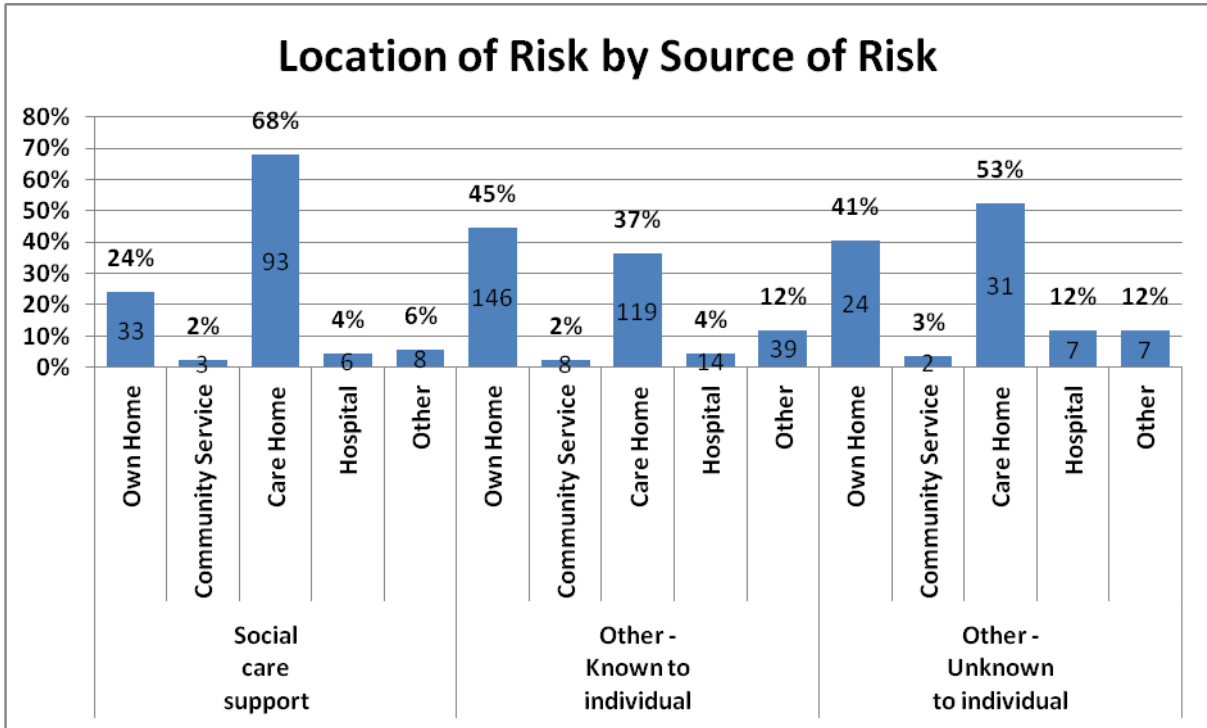
Where the source of risk was ‘unknown to individual’ the most prevalent types of abuse were financial or material abuse (31%), neglect and acts of omission (27%) and psychological abuse (18%).

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<sup>1</sup> This refers to any individual(s) or organisation paid, contracted or commissioned to provide social care support, regardless of the funding source. This category excludes health and social care staff or organisations responsible for assessment and care management, these would fall in the the ‘other’ category.

**Location of risk**

In 2015/16, the majority of cases identified the location of risk as either a Care Home or the individual’s own home. This was regardless of whether the person who is the alleged source of risk was social care support, known to the individual or not known to the individual. The following diagram illustrates the location of the alleged risk associated with enquiries during 2015/16.



In cases where the person who is the alleged source of risk is not known to the victim, there is a higher proportion of cases where the location of risk is in hospital (12%) compared to where the individual does know the alleged source of risk (4%).

**Capacity of victims**

Of all Section 42 enquiries dealt with, 0.7% lacked capacity to make decisions relating to the safeguarding enquiry and of those, all received support from an advocate, family or friend.

**Section 42 Enquiry Outcomes**

The Local Authority has reported that one of the difficulties following the introduction of the Care Act 2014 was in relation to the client case recording system and being able to accurately report outcomes from it. The Local Authority has assured the Board that a substantial amount of work is underway to ensure that they can provide a more accurate and detailed picture in relation to outcomes in the future. This is being treated by the organisation as a key priority and will be progressed during 2017.

**4. Leadership, Governance and Structure of the TWSAB**

Following the announcement of the introduction of the Care Act 2014, the Local Authority took steps to commission an Independent Chair for the Safeguarding Adult Board and in January 2014 Andrew Mason was appointed as Independent Chair. Subsequently, a meeting of the Board's key statutory partners (Local Authority, Police and Clinical Commissioning Group) and the Independent Chair was held. The group agreed the proposed terms of reference, membership and governance structure for the Board. In March 2015 a stakeholder event was held to share the proposals and provide further information on the new Board and its purpose. Following discussions at this event, the documents were updated and approved at the first Board meeting in April 2015.

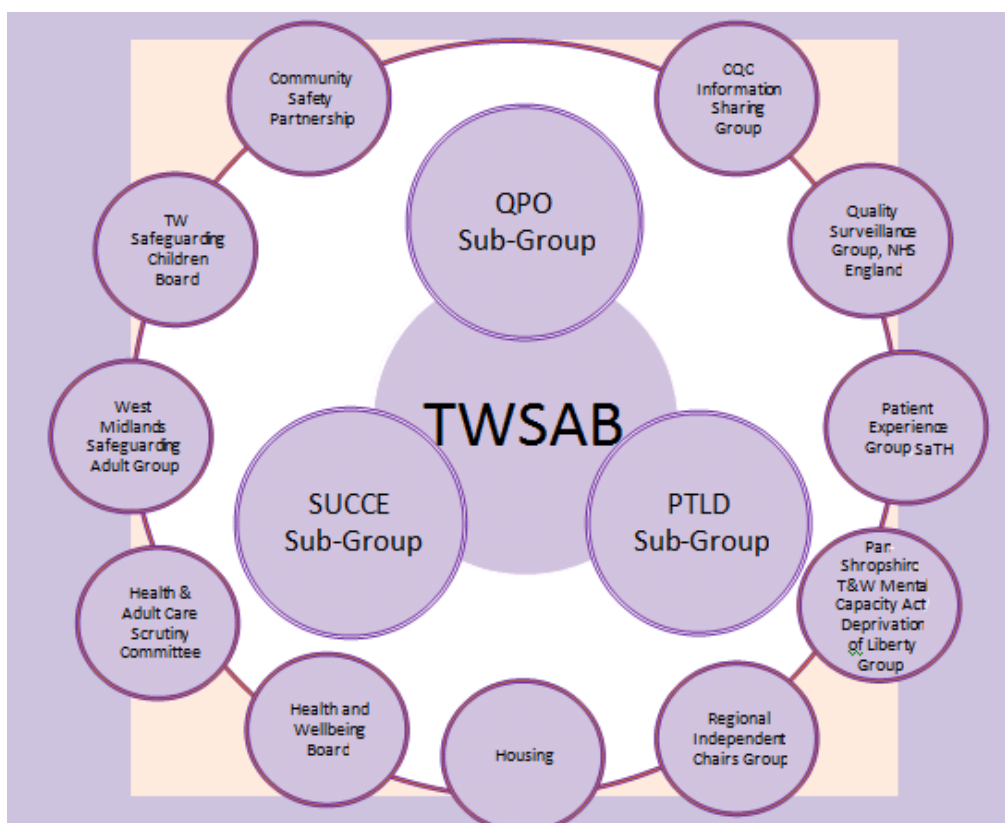
The TWSAB has membership of strategic leaders across organisations in Telford and Wrekin who work with adults who may be at risk. Please refer to Appendix A for the full list of Board members.

The Board set up three sub-groups who had delegated responsibility for progressing the priorities of the Board (as set out at Section 5):

- Quality, Performance and Operations (QPO) Sub-group;
- Partnership, Training, Learning and Development (PTLD) Sub-group; and
- Service User Consultation and Community Engagement (SUCCE) Sub-group

The sub-groups are accountable to the Board and provide regular progress updates to the Board, seek approval of recommendation and obtain guidance from them as necessary.

The following diagram illustrates the governance relationships within the TWSAB and the other partnerships, groups that it links with to drive forward the work against its priorities.



Each sub-group has developed a work programme to progress the Board's priorities. These work programmes are reviewed at every meeting with emerging priorities/objectives being added

throughout the year. Details of the work programmes and progress against them are detailed in Section 5 below.

The following section outlines the key functions of the three sub-groups and areas of delegated authority from the TWSAB.

### **Quality, Performance and Operations (QPO) Sub-group**

**Key functions:** to ensure that the Board's Business Plan is delivered by evidencing successful outcomes for adults, ensuring development priorities and objectives are achieved and that targets and performance data, including audit findings, are available to the Board within agreed timescales.

This group will also identify areas for further development, with an emphasis upon continuous improvement. It will have delegated authority for delivering the following objectives of the TWSAB:

- *ensuring that the collation and interrogation of data on safeguarding occurrences is being undertaken in order to ensure that the prevention of abuse is being applied across all partner agencies within Telford and Wrekin.*
- *developing and embedding assurance processes, including reviews and self assessments.*
- *assessing whether TWSAB partners are fulfilling their statutory obligations;*
- *conducting Safeguarding Adults Reviews (SARs) in accordance with Section 44 of The Care Act 2014;*
- *considering safeguarding adult enquires which may indicate the necessity for undertaking a Safeguarding Adult Review (SAR) and to make recommendations about how to proceed;*
- *commissioning and conducting learning reviews (in liaison with the PTLD Sub-group), not only in respect of cases which meet the SAR criteria, but also on other discretionary cases which can provide useful insights into the way organisations are working together to safeguard adults;*
- *ensuring, where possible, that families are invited to contribute to case reviews and are supported through the process and that the final review is shared with them by the appropriate professional;*
- *ensuring coordination with any learning outcome meetings/processes which take place across partner agencies;*

### **Partnership Training, Learning & Development (PTLD) Sub-group**

**Key functions:** responsible for learning, training and policy and procedures development as well as overseeing multiagency development initiatives. This will include developing and disseminating good practice and local guidance which protects and safeguards adults; influencing and guiding practice, setting standards to ensure that staff are trained to agreed core competencies/standards in order to improve the skills and knowledge of professionals who have responsibilities relating to safeguarding adults. This will always be undertaken in partnership with all TWSAB partners.

It will have delegated authority for delivering the following objectives of the TWSAB:

- *supporting the West Midlands regional safeguarding group who develop policy & procedures at a regional level to ensure consistency across the region;*
- *ensuring the adoption and compliance of the adult safeguarding policies and procedures in accordance with The Care Act 2014 by monitoring and developing the interagency safeguarding systems and processes;*
- *where necessary, developing local guidance which supports and is in line with regional policy & procedure*
- *implementing best practice developments following evidence based reviews and research; and*
- *developing a framework for multi agency learning, development and training.*
- *monitoring any funding made available to the TWSAB for Training and review any opportunities for external funding.*

### **Service User Consultation and Community Engagement (SUCCE) Sub Group**

**Key functions:** raise the profile of adult safeguarding across Telford and Wrekin with individual communities and to improve the engagement of individuals and communities with promoting and informing the adult's safeguarding agenda.

It will have delegated authority for delivering the following objectives of the TWSAB:

- *improving the identification of adults at risk of abuse; and*
- *working with and on behalf of adult citizens to promote community awareness and engagement with adult safeguarding within Telford and Wrekin and ensuring their views are taken into account when developing policies and strategies for protecting adults.*

## **5. TWSAB Core Business: Priorities and Achievements**

The following section gives an update against each of the sub-group's key functions and highlights their main achievements in 2015/16.

### **Quality, Performance and Operations (QPO) Sub-group**

Function	Achievements
<p><b>Evidence successful outcomes for adults</b></p>	<ul style="list-style-type: none"> <li>• A collection of more qualitative performance measures were developed against the key themes of Making Safeguarding Personal. It focuses initially on 'Feeling Safe and Secure' and 'Peoples experiences of safeguarding' from the Association of Directors of Adult Social Services (ADASS) audit tool.</li> <li>• A continuous process for seeking assurance on Deprivation of Liberties and Mental Capacity Act arrangements was developed and is now regularly reported to the Board.</li> </ul>

<b>Ensure targets and performance data are available for the Board</b>	<ul style="list-style-type: none"> <li>• The group reviewed the national reporting requirements for adult safeguarding and developed a local multi-agency performance framework to assist the Board to monitor the local need.</li> <li>• This will continue to be monitored, updated and developed in 16/17</li> </ul>
<b>Identify areas for further development with focus on continuous improvement</b>	<ul style="list-style-type: none"> <li>• The TWSAB Risk Register was developed and is reviewed and updated at every Board meeting.</li> <li>• The group reviewed and agreed the framework for Section 42s and other enquiries</li> <li>• The group recognised the need to ensure that local contributions to regional policy development group were needed and appropriate links have been made.</li> <li>• Quality assurance practices were reviewed on a multi-agency basis and a new quality assurance framework agreed.</li> <li>• Annual reports of all agencies are reviewed to identify areas of commonality and areas of learning; this is now an annual process.</li> </ul>
<b>Overseeing the Safeguarding Adult Review (SAR) process</b>	<ul style="list-style-type: none"> <li>• One SAR commenced during the year; this is ongoing and the process will identify any learning for agencies which will be rollout out in 2016/17.</li> </ul>

### **Partnership Training, Learning & Development (PTLD) Sub-group**

<b>Function</b>	<b>Achievements</b>
<b>Development of learning, training and policy and procedures</b>	<ul style="list-style-type: none"> <li>• The group identified the learning need around Section 42 enquiry process.</li> <li>• The group became involved in the regional policy and procedure work, including commenting on those being updated and receiving updates about the work.</li> </ul>
<b>Overseeing multiagency development initiatives and disseminating good practice</b>	<ul style="list-style-type: none"> <li>• The group reviewed and updated the Safeguarding Competency Framework for Care Act 2014 compliance.</li> <li>• The group co-ordinated a multi-agency audit against the agreed competency framework which will feed into identification of areas of joint work and training in 2016/17.</li> </ul>

### **Service User Consultation and Community Engagement (SUCCE) Sub Group**

<b>Function</b>	<b>Achievements</b>
<b>Raising the Profile of adult safeguarding</b>	<ul style="list-style-type: none"> <li>• The group developed and approved the new TWSAB logo following consultation with members of the public.</li> <li>• TWSAB website was developed and launched.</li> <li>• Public information was reviewed and updated to reflect the new Board arrangements.</li> <li>• A promotional event in Telford Town Centre was held to promote World Elder Abuse Awareness Day.</li> </ul>

**Improve engagement of individuals and communities**

- The TWSAB Communication Strategy was developed and approved.
- The communication plan to support the strategy was developed in order to share information on safeguarding services promoting the key principle that safeguarding is everyone’s business.
- A scoping exercise was undertaken to identify existing groups/events where TWSAB could promote their work and raise awareness of Safeguarding.
- Scoping work was undertaken in relation to the engagement of the Borough’s most vulnerable adults in the work of the Board. This will be further developed in 2016/17.

Sub group work programmes will be developed in line with the 16/17 business plan priority areas which are outlined at Section 7 of this document.

## 6. Managing Resources

The TWSAB’s work is funded by the following statutory partner agencies:

- Local Authority,
- West Mercia Police, and
- Telford & Wrekin Clinical Commissioning Group (CCG).

The contributions are reviewed on an annual basis and presented to the Board for approval.

The TWSAB relies not only on financial contributions from the above agencies but also resources from all agencies involved. Their contribution and participation on the Board and sub-groups is vital to the effective implementation of TWSAB’s priorities.

The following table details the contributions received by the Board from its partner agencies in 15/16:

<b>Organisation</b>	<b>Contribution 15/16</b>
Local Authority	£38,852
Clinical Commissioning Group	£12k
Police	£12k
Shropshire Partners In Care	Room hire for Board meetings
Police & Crime Commissioner	£400 for awareness raising and logo development for World Elder Abuse Awareness day
<b>TOTAL Contributions</b>	<b>£63,252</b>

The following table gives a breakdown of the budget and spend in 2015/16 and proposed budget for 2016/17.

	Indicative Budget 15/16 £	Actual Spend 15/16 £	Budget 2016/17 £
Independent Chair	15,000	11,705	15,000
Board Manager	15,000	7,500	15,000
Board Support Officers (PPO & Admin support)	30,652	20,652	20,652
Room Hire	500	184	200
SARS/Learning review	0	0	4,400
Inter Agency Training	0	0	6,500 + Board member organisation's contributions to safeguarding training (competency related)
Board Development Days	0	0	0
Publicity & Awareness	1,500	604	1,500
Refreshments	200	5	0
<b>TOTAL</b>	<b>62,852</b>	<b>40,650</b>	<b>63,252</b>

there has been an under spend in 2015/16 which is primarily in relation to staffing costs due to organisational restructures which have delayed recruitment to the post of Board Manager. However, this will be reviewed following confirmation of organisational structures when Board Management arrangements will be confirmed.

The Board has agreed to carry forward the underspend as they recognised that during 2016/17 the Board would continue to develop, including inter-agency training and community engagement. The Board also recognised that following the introduction of the Safeguarding Adult Review process in the Care Act 2014, this would potentially result in an increase in reviews being undertaken by the Board which may require the commissioning of an independent investigating officer; therefore potentially requiring a significant financial contribution.

The TWSAB budget is monitored by the Director of Adult Social Services and the Board Manager. They provide an annual update to the Board against the agreed budget and should any areas of further resource arise these are presented to the Board for agreement at the earliest convenience. The Board will review and revise its budget for 16/17 in light of its work priorities.

The TWSAB is supported by the following officers

- Board Manager (Currently vacant though function being covered by other roles on a temporary basis)
- Partnership & Planning Officer
- Admin Officer

## 7. Partnership Working

The achievements of the Board in its first year demonstrate the strong partnership arrangements which already exist between agencies working with the most vulnerable members of our communities. Without these strong relationships, the achievements and effectiveness of the Board would be limited.

The extent to which all partners who have contributed to safeguarding adults in the Borough is illustrated by the individual reports from the three statutory partner agencies below.

## **Telford & Wrekin Council**

*Written by Judith McGillivray: Service Delivery Manager: Safeguarding and Mental Capacity*

Keeping the most vulnerable members of our community safe from abuse and neglect continues to be a key priority for the Council. Despite significant savings which have had to be made by Adult Social Services and Early Help Services, we have made a financial commitment to safeguarding services in order to ensure continuity and quality of the services being delivered locally.

In line with the Care Act requirement for each Local Authority to establish its own Safeguarding Board, Telford & Wrekin Council took the decision to establish a Telford & Wrekin Safeguarding Adults Board in order to better focus on the specific needs of the local population. The Board was established in April 2015 when it met for the first time with representation from across all of our main partners and stakeholders. This is a significant step for Telford & Wrekin and it is anticipated that this will enable a renewed focus and momentum for safeguarding locally to ensure safeguarding adults continues to be a key priority across the partnership.

The Board now has its own website where key information and documents for both members of the public and professionals alike will be published – this will improve our ability to raise awareness of safeguarding locally and share key messages from the Board with our communities and partners.

The Local Authority has allocated funding to support the Board as well as receiving funding from its other two statutory agencies (West Mercia Police and Telford & Wrekin Clinical Commissioning Group) which demonstrates the Council's commitment to maintaining and developing its safeguarding service. The Board is supported by an Interim Board Manager and a Partnership and Planning Officer employed by the Local Authority and is chaired by an independent Chair.

Our Safeguarding lead continues to contribute to the regional policy and procedure developments and editorial group to ensure the policies and procedures are fit for purpose and remain relevant for Telford & Wrekin. We continue to attend and contribute to local information sharing meetings with the Care Quality Commission to ensure a more preventative approach to safeguarding the most vulnerable members of our communities.

In 2015 the Local authority has developed and implemented a new Target Operating Model. This has included the development of a dedicated Team Leader and team for Adult Safeguarding and Mental Capacity to respond to Section 42 Enquiries, Deprivation of Liberty Safeguards and other safeguarding concerns. It is the intention to support the development of an adult Multi Agency Safeguarding Hub in 2016.

As a Council we value our local safeguarding Board and the contributions our partner agencies make to delivering the priorities of the Board – we believe that as a Board we can deliver our key priorities in a more effective and efficient way by working collectively.

## **Telford & Wrekin Clinical Commissioning Group**

*Written By Christine Morris Executive Nurse, Lead for Quality & Safety: T&W Clinical Commissioning Group (CCG) representative*

The Clinical Commissioning Group (CCG) is mandated to ensure that the safeguarding of adults, children and young people is one of its main priorities, with the CCG Board and all officers providing the necessary focus on these responsibilities. The CCG Board receives an annual report on safeguarding activity along with quarterly reports.

The CCG Safeguarding Team works very closely with local partners to fulfil the requirements of the Care Act 2014 and regular information sharing meetings take place with health care providers from both the NHS and independent sector.

The Named GP for safeguarding within the CCG has been beneficial in providing support and expertise to Telford GPs, however with this person now moving to another position, this position is currently vacant.

Training and raising awareness of adult safeguarding, remains a priority for the CCG. There have been two successful conferences hosted by the CCG in the past year, one around Mental Capacity Act and Deprivation of Liberty in May 2015 and in March this year, to discuss the legal and ethical implications of resuscitation guidelines. These were well attended by GPs and partner organisations and evaluated very positively.

The CCG Safeguarding Team are members of the Nutrition and Hydration Group, a sub group of the Safe Care Shropshire Committee and along with members from partner organisations, were nominated and reached the shortlist for a National Award in the Nursing Times Journal in the Care of the Elderly Category in November 2015.

The CCG team continues to support the functions of the Board and its sub-groups. It commits to continue to work with partners, to do everything possible to promote the safeguarding of adults in Telford and Wrekin.

## **West Mercia Police**

*Written by DS Samantha Hammond: Protection of Vulnerable People Unit: West Mercia Police*

### **Overview of 2015-2016**

Within the Strategic Alliance between West Mercia Police and Warwickshire Police, (The Alliance) there is a shared vision of 'protecting people from harm', which focuses our activity on areas of business which will include the delivery of the Adult Safeguarding Board priorities as set out in the strategic plan.

From a Telford and Wrekin perspective, we have ensured for example, that the priority of effective undertaking of safeguarding enquires is delivered very robustly. The specialist Adults at Risk team have obtained evidence which helped to secure substantial custodial sentences for offenders in a case of financial and physical abuse with true positive outcomes for the vulnerable victim. Through our multi agency working processes in adult safeguarding, the individual now has an excellent quality of life, is happy and safe and epitomises the Warwickshire Police and West Mercia Police commitment to 'protecting people from harm'. We are actively working to meet all strategic priorities and thus, make a difference with adult safeguarding in our communities.

## **Governance Arrangements**

Warwickshire and West Mercia Police were inspected by the HMIC who produced the PEEL: Police Effectiveness 2015 (Vulnerability) reports dated December 2015. The summary of findings highlighted that both Warwickshire Police and West Mercia Police generally provided a good service in identifying vulnerable victims and responded appropriately with its partners, and the public could be confident that many victims felt supported. There were however, areas identified for improvement.

The Alliance has sought to address the PEEL recommendations across both police areas and is therefore promoting a more consistent approach by staff in relation to the understanding and the management of the adult safeguarding process. There is a commitment to review and develop working practices across the organisation to ensure we achieve that consistency and that the principles and objectives of the Care Act 2014 are met. Since July 2015, the Alliance has used the '*13 Strands of Public Protection*' training as provided by the National College of Policing. We recognise that this training is generic in relation to 'vulnerability' per se, and not specific to adults with care and support needs however, The Alliance is actively developing courses for all established front line officers and staff to look at 'professional curiosity', 'vulnerability' and adult safeguarding more specifically.

## **Achievements**

The Alliance directly engages with both service providers and our adults with care and support needs in the community. Training has helped to improve general understanding around the concept of safeguarding being every ones responsibility. By adopting a victim focused approach and working in unison with partner agencies, there have been many positive outcomes for our adults with care and support needs and this will go from strength to strength with increased and specific 'adults with care and support needs' training.

In line with the alliance values to 'work in partnership to provide the best service we can', we now have a combination of Multi Agency Safeguarding Hub (MASH) or Harm Assessment Units (HAU) serving Herefordshire, Shropshire, Telford, Warwickshire and Worcestershire. In Telford, the MASH provides a single point of contact for statutory safeguarding activity however, we are moving forward to the MASH being far more engaged with the adult safeguarding process, this is a matter of capacity and adequate training. We hope to achieve the same involvement and engagement within the MASH with our partner agencies, that we currently have in relation to Child and Domestic Abuse safeguarding processes.

## **Future Plans for 2016-2017**

The Alliance document, 'Looking to 2020' sets out the vision for the future of policing, and highlights that 'Protecting people from harm' is at the core of everything we do. The overriding ambition over the next five years is to become 'great' at protecting the most vulnerable from harm. With that in mind, a pilot for generic 'Vulnerability' training has taken place in the Telford policing area, consisting of both e-learning and work with an external drama group. This pilot has been evaluated by Worcester University, and as a result a larger pilot is due to take place with the long term aim of rolling the training out across the entire Alliance. This will mean that for all areas, including Telford, non specialist departments and officers will be provided with training on a variety of aspects of vulnerability. This will include adults with care and support needs specifically and thus, target the adult safeguarding process.

To facilitate continued joint working, the Alliance have developed a new shared vision and set of values. These provide a unified purpose for the two organisations and a clear direction to our workforce and our stakeholders as to how the forces will operate.

**Vision** - Protecting people from harm

**Values** - We will:

- Take pride in our professionalism and standards of behaviour
- Listen and engage
- Use professional judgement and be courageous in making decisions
- Seek out better ways of working
- Lead with confidence and do the right thing
- Work in partnership to provide the best service we can

Our vision and values form the basis of the Alliance's organisational culture - a set of shared attitudes, goals, practices and aspirations. In Telford and Wrekin we will continue to protect our adults with care and support needs from abuse or the risk of abuse through improved and increased training to all officers and staff, and through our very strong ethos and commitment to multiagency working.

## 8. TWSAB plans for 2016/2017

In developing its 2016/17 business plan, the Board will consider feedback from the recent 'Are you happy, safe and independent?' survey. This survey asked members of the public questions in relation to how safe and secure they feel, as well as what helps, what hinders, how family, friends and neighbours help them, and how the voluntary sector and community groups could help. The Board will undertake further analysis of the responses received in order to inform development of its key priorities and a refreshed work programme for the Board and its sub-groups.

The Business plan 2016/17 will be developed and approved by April 2016. Current emerging priorities for the Board include:

- A communication campaign with a focus on making safeguarding everyone's business. The theme and brand identity for the campaign will be informed by feedback from a recent public consultation exercise (See below);
- Engagement with local communities on the work of the TWSAB Priorities and ensuring that the most vulnerable individuals who are unable to protect themselves are engaged with the Board's work when appropriate and relevant;
- Care Act Compliance: Learning Review will be undertaken following conclusion of the current safeguarding adult review;
- Further consideration of the key themes identified in the 'Are you happy, safe and independent?' survey;
- Continue to monitor performance of the Board using both the performance framework and develop more qualitative measures of performance to demonstrate Making Safeguarding Personal (MSP) in practice;
- Ensure clear and shared understanding of all types of abuse identified by the Care Act and the impact of these locally; and
- Further develop links to other Partnership Boards particularly where there is commonality in priorities.

This is a summary of key themes which have emerged during the year. More detail on each of these areas of development will be included in the full Business Plan for 2016/17.

## Appendix A – Members of the TWSAB as at April 2016

	Job Role and Organisation/Representing	Board Member
<b>Chair</b>	Independent Chair	Andrew Mason
<b>Board Manager</b>	Interim Board Manager	Jo Winborn
<b>Telford &amp; Wrekin Council</b>	Director of Children's and Adults Services	Clive Jones
	Assistant Director: Early Help & Support	Richard Smith
	Service Delivery Manager for Safeguarding and Mental Capacity Act	Judith McGillivray
	Local Authority Legal representative	Kirsty Fisher
	Lead Member for Adult Social Care ( <i>Observer</i> )	Cllr Arnold England
<b>Health</b>	Medical Director: Shropshire Community Health NHS Trust (SCHT) representative	Dr Ganesh
	Director of Nursing and Quality: Shrewsbury and Telford NHS Hospital Trust (SaTH) representative	Sarah Bloomfield
	Safeguarding Lead: Staffordshire and Shropshire NHS Trust (SSSFT) representative	Sharon Conlon
	Executive Nurse, Lead for Quality & Safety: T&W Clinical Commissioning Group (CCG) representative	Chris Morris
	Designated Nurse Safeguarding Lead	Joy Henry
	GP Safeguarding Lead (CCG)	Jo Leahy
<b>Police</b>	Head of Protecting Vulnerable People Unit: West Mercia Police	Stephen Eccleston
	Chair of Community Safety Partnership (CSP)	James Tozer
<b>Key Partners &amp; Stakeholder</b>	Head of Safeguarding: West Midlands Ambulance Service <sup>2</sup>	Andrew Proctor
	Chief Officer: Shropshire Partners In Care (SPIC)	Nicky Jacques
	Head of Service: West Mercia National Probation Service representative	Tom Currie
	Head of Service: Herefordshire, Shropshire & Telford Community Rehabilitation Company representative	George Branch
	Further Education Representative: Telford College of Arts & Technology (TCAT)	Pam Kaminski
	Healthwatch representative and Chair of Service User Communication & Community engagement Sub-group	Barry Parnaby
	Deputy Executive Nurse, Lead for Quality & Safety: T&W Clinical Commissioning Group and Chair of Quality, Performance & operations Sub-group (CCG)	Tracey Jones
	Organisational Development Manager: Chair of Partnership, Training, Learning & Development Sub-group (TW)	Lois Stewart
	General Manager: Wrekin Housing Trust (WHT)	Andy Johnson
	Inspection Manager: Care Quality Commission (CQC)	Payal Patel
	Sector Support Lead: Telford & Wrekin CVS (Council for Voluntary Services)	Debbie Gibbon

<sup>2</sup> The West Midlands Ambulance Service will attend the TWSAB once a year but will receive the information about the Board to enable them to participate virtually.

## Health & Adult Care Scrutiny Committee – Work Programme 2016/17

Date of Meeting	Items	Type of Meeting	Attendees	Outcomes
26 July 2016	<ul style="list-style-type: none"> <li>• Adult Social Care Peer Challenge</li> <li>• Adult Social Care: Performance, Budget and Savings</li> <li>• NHS Continuing Healthcare</li> <li>• Mental Health Commissioning update</li> <li>• Work Programme</li> </ul>	Committee meeting	Jonathan Eatough, AD Governance , Procurement & Commissioning Clare Hall-Salter, Service Improvement & Efficiency SDM Anna Hammond, CCG Frances Sutherland, CCG	
11 October 2016	<ul style="list-style-type: none"> <li>• Adult Social Care: Performance, Budget and Savings</li> </ul>	Committee meeting	Clive Jones, Director of Children’s and Adult Services Jonathan Eatough, AD Governance, Procurement & Commissioning Tracey Smart, Finance Manager	Received an update on the Early Help and Support Budget and agreed format for future reports. Received demonstration of Adult Care financial modelling. Agreed to focus on the STP Neighbourhood Working and Adult Care consultation.
12 October 2016	Holding the Executive to Account Sessions with the Cabinet Members for Adult Social Care & Older People and Children, Young People & Communities	Scrutiny Management Board	Members of Health & Adult Care Scrutiny Committee are invited to attend.	Transparency of decision making through Cabinet Member being held to account.

## Health & Adult Care Scrutiny Committee – Work Programme 2016/17

6 December 2016	<ul style="list-style-type: none"> <li>• Adult Social Care: Performance, Budget and Savings including CHC update</li> <li>• STP Neighbourhood Working Update</li> <li>• Town Centre GP services and NHS walk-in centres</li> </ul>	Committee meeting	<ul style="list-style-type: none"> <li>• Clive Jones, Director of Children’s and Adult Services Jonathan Eatough, AD Governance, Procurement &amp; Commissioning Tracey Smart, Finance Manager</li> <li>• Louise Mills Anna Hammond</li> <li>• Nicky Wild (CCG)</li> </ul>	
13 February 2017	<ul style="list-style-type: none"> <li>• Adult Care Performance, Budget &amp; Savings including CHC update</li> <li>• Adult Safeguarding Board Report</li> <li>• Joint Mental Health Commissioning Update</li> </ul>	Committee meeting	<ul style="list-style-type: none"> <li>• Clive Jones, Director of Children’s and Adult Services Jonathan Eatough, AD Governance, Procurement &amp; Commissioning Tracey Smart, Finance Manager</li> <li>• Andrew Mason, Chair Adult Safeguarding Board Sarah Constable Organisational Delivery and Development</li> <li>• Frances Sutherland - Head of Commissioning Mental health and Learning Disabilities, T&amp;W CCG Steph Wain - Group Specialist Commissioning, Commissioning (Vulnerable People), TWC Cathy Riley - Head of Mental Health, South Staffordshire and Shropshire Healthcare NHS Foundation Trust.</li> </ul>	

## Health & Adult Care Scrutiny Committee – Work Programme 2016/17

11 April 2017	<ul style="list-style-type: none"> <li>• Adult Care Performance, Budget &amp; Savings including CHC update</li> <li>• STP Neighbourhood Working Update / Meeting Patient Forum</li> </ul>	Committee meeting	<ul style="list-style-type: none"> <li>• Clive Jones, Director of Children's and Adult Services Jonathan Eatough, AD Governance, Procurement &amp; Commissioning Tracey Smart, Finance Manager</li> <li>• Anna Hammond - Deputy Executive for Commissioning and Planning (Integrated Care), T&amp;W CCG Louise Mills - Service Delivery Manager - Health Improvement, Telford &amp; Wrekin Council.</li> </ul>
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<b>FORWARD PLAN</b>		
<b>Item</b>	<b>Issues</b>	<b>Timing</b>
Adult Care Performance, Budget & Savings	<ul style="list-style-type: none"> <li>• Updated ASCOF including 2015/16 benchmarking data</li> <li>• Measures of Success – for the committee to agree</li> <li>• Financial monitoring data</li> <li>• CIP – include issues identified by Peer Review?</li> </ul>	Ongoing
NHS Continuing Healthcare	Continued monitoring of level of CHC funded cases post independent review Update on scrutiny recommendations re training, awareness, advocacy	Ongoing as part of Adult Care Performance, Budget & Savings
Quality Accounts	SaTH South Staffs and Shropshire Healthcare NHS Foundation Trust (Mental Health) WMAS Community Trust	March-May
Growing isolation of older people	Suggestion from Senior Citizens' Forum - Reducing isolation (not just for older people) is a broad area and an important one. One of the Health & Wellbeing Board's priorities is about improving community resilience and community based support and this will include actions to address social isolation. Careful scoping would be needed in order to avoid duplication with the work of the HWB.	Scoping required

## Health & Adult Care Scrutiny Committee – Work Programme 2016/17

NHS Independent Complaints and Advocacy Service	How the service is commissioned by the LA and the level of funding, joint with Finance & Enterprise SC	
Support for carers in a social economy	Possibly revisit old scrutiny review	
West Midlands Ambulance Service	Performance issues	
Results of Carer's Survey		
Partnership working: Healthwatch	Strategy for Healthwatch work programme; quality control role in local GP/ dental services/ sustainability across T&W.	