



Date: Thursday, 18 January 2018

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

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## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **13 Annual Report of the Keeping Adults Safe in Shropshire Board (Pages 1 - 52)**

A report will follow.

Contact Ivan Powell, Chair, Keeping Adults Safe in Shropshire Board and the Safeguarding Children Board.

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## Health and Wellbeing Board 18<sup>th</sup> January 2018

### KEEPING ADULTS SAFE IN SHROPSHIRE ANNUAL REPORT 2016-17

#### Responsible Officer

Email: [Sarah.hollinshead-bland@shropshire.gov.uk](mailto:Sarah.hollinshead-bland@shropshire.gov.uk) Tel: 01743 255863

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#### 1. Summary

This report provides an overview of the latest Keeping Adults Safe in Shropshire Board (KASiSB) Annual Report and update on progress since the November 2015-16 report.

The Care Act 2014 requires the Board to produce an Annual Report on:

- a) What it has done to achieve its objective.
- b) What it has done to implement its strategy and what each member has done to implement the strategy.
- c) Findings of any Safeguarding Adult Reviews including what has been done or not done to implement the findings of the review.

The performance of each member is also reviewed and how effectively agencies are working together. The Annual Report also reinforces the Boards Strategic Plan 2015-18.

#### 2. Recommendations

The H&WB are recommended to note and comment on the contents of this covering report and the Keeping Adults Safe in Shropshire Board (KASiSB) Annual Report attached as Appendix A.

### REPORT

#### 3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

The Annual Report highlights the impact of abuse on people with care and support needs in Shropshire and how partners are working together to prevent abuse taking place. There were 2,382 safeguarding contacts made to the First Point of Contact (FPoC) team between April 2016 and March 2017. These contacts resulted in 872 Safeguarding Concerns about alleged abuse or neglect which is a reduction of 38% from the previous financial year. This reduction is due to how the Safeguarding Team work more effectively with FPoC. Only 37% of those calls related specifically to allegations of abuse or neglect. In total only 8 people went to an additional safeguarding plan. We know this tells us that the majority of people are made safe as a result of the work we do with them through the enquiry process.

Raising awareness for safeguarding adults is having a positive impact. Conversely, it also highlights that many calls could have been dealt with differently had people known the most appropriate service or person to direct their query to. It is hoped that this initial contact figure will decrease over the forthcoming year with collaboration of all agencies and the implementation of a robust performance framework being developed by the Board. This will not only hold partners to account for work they do or don't do but will highlight areas of good practice and show how partners in Shropshire are preventing abuse, reducing demand, and Making Safeguarding Personal.

There are no known Human Rights implications in the decision to accept this report is not at variance with this Act.

The Care Act 2014 provides legislation in relation to how the local authority carries out carers assessments and needs assessments, how local authorities determine who is eligible for support and how local authorities charge for residential and community care. In addition to this, there are some identified obligations in relation to the transition of children in need with support needs (including their parents) and young carers. This is a national change to policy and procedure and aims to improve outcomes for adults with care and support needs and their carers. The KASiSB Annual Report highlights the work of the partners, and in particular the preventive work, via the developing KASiSB website which provides learning resources and news and information to citizens and professionals. In addition to this, 'easy to understand' publicity material is being developed to encourage everyone to act rather than defer to a service and to raise public awareness. By focussing on preventative work, the number of adults with care and support needs requiring formal safeguarding intervention should reduce. There are no changes to policy and procedure and by accepting the contents of the report, there is no requirement to complete an Equality Impact Needs Assessment (EINA).

It is important that adults who use care and support services are involved in any decisions made. This is integral to 'Making Safeguarding Personal' and without this approach, the right intervention may not be offered. This approach needs to be delivered by all partners and it is clear that over the last twelve months that this has been embraced by all. Some examples include West Mercia police using Makaton and symbols to communicate with a victim of abuse in order to establish their wishes and Shropshire Partners in Care have ensured training courses promote the principle that all agencies start with the views of the adult. More detailed examples are contained in the main Annual Report (attached background paper).

There are no Environmental consequences or consultations to consider.

#### **4. Financial Implications**

The Keeping Adults Safe in Shropshire Board and Shropshire Safeguarding Children Board will be working in a more aligned way by establishing a new 'Safeguarding Boards Business Unit'. This will combine back office functions and include one Business Manager overseeing two Development Officers and admin support as well as a training officer. This will provide valuable and consistent support to partners. It will also improve outcomes for vulnerable children, young people and adults with care and support needs as emerging problems often affect more than one age range or vulnerability. Financial contributions from partners for the Board are still to be finalised but as a minimum will be made by the three statutory partners who are; Shropshire Council, Shropshire Clinical Commissioning Group and West Mercia Police.

In addition to this, it is anticipated that the combined work of all partners around prevention will in turn reduce demand on all services thus providing a financial saving and improved outcomes for adults with care and support needs. This priority will be continued into the forthcoming year; there is no evidence to support this currently.

The KASiSB Annual Report details the Strategic Plan for 2015-18 and how the Board has worked in the last 12 months towards achieving the plan. The plan details how Shropshire will keep people safe. The Board is also responsible for ensuring all policies are reviewed and updated. It also monitors and holds other agencies to account for their contribution towards the strategic plan to ensure everyone works together protect citizens in Shropshire. There are specific examples of how each partner agency has contributed to the priorities in the full Annual Report (attached as a background paper).

**5. Additional Information**

A further responsibility of the Safeguarding Adult Board (KASiSB) is conduct Safeguarding Adults Reviews (SARs) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them. Shropshire has recently concluded one SAR which has been presented to the Executive Group of the Board with 23 recommendations. These recommendations involved 5 partner agencies and were accepted by the Board; more detail can be found in the Annual Report (attached as a background document).

**6. Conclusions**

Since the last H&WB report, the KASiSB has continued to embed the changes brought about by the Care Act as well as seeking opportunity to further strengthen the partnership arrangements in Shropshire and ensuring people are in control of their own lives. There has been more focus on performance reporting in order to provide accountability for what we are achieving and how well we are achieving this. The key theme of 'Making Safeguarding Personal' will remain for the next year as will the current priorities. It is recognised there is still more work to be done and work is ongoing but that positive results are already being produced by all agencies.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

Keeping Adults Safe in Shropshire Board Strategic Plan



plan.docx

**Cabinet Member (Portfolio Holder)**

Cllr Lee Chapman

**Local Member**

**Appendices**

Appendix A. - Keeping Adults Safe in Shropshire Board (KASiSB) Annual Report

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Keeping Adults Safe  
in Shropshire  
Board

# Annual Report

April 2016 – March 2017

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# Annual Report

August 2017

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## Foreword by Ivan Powell, the Independent Chair

Welcome to the Keeping Adults Safe in Shropshire Board Annual Report and thank you for taking time to read this very important document.

The Board has an important role in keeping adults free from abuse in Shropshire. The organisations that make up the Board share responsibility for ensuring that all efforts to keep adults safe and well are effective and well-co-ordinated. It is part of the Board's job to promote greater public awareness of every individual's right to feel safe at home and in the community.

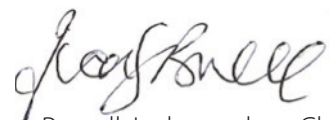
This year has been particularly busy for us and we have been concentrating on developing better ways of communicating with the community of Shropshire. We have also been working with people who use our services who are helping us to develop guidance for staff who carry out safeguarding enquiries. We will be able to tell you more about this exciting work in next year's annual report.

There are many things I have enjoyed about working in Shropshire over the last year but my top three highlights are:

- 1 The Board development day held in November 2016 which saw a significant number of people representing over 40 agencies. The level of engagement was excellent, resulting in commitments by agencies in support of Making Safeguarding Personal and substantial contributions from attendees to the development of our Prevention Strategy.
- 2 Seeing the significant level of engagement from the Citizen's Engagement sub group of the Board and the value it is adding to both the work of the Board and importantly raising the profile of adult safeguarding across the county of Shropshire.
- 3 The development of a process across Shropshire and Herefordshire to consider how agencies need to work together to support people involved in domestic violence.

I have asked that our report for this year focuses on telling you how everyone is working to MAKE SAFEGUARDING PERSONAL, which means keeping the person affected by the abuse at the centre of everything we do and helping them to stay in control.

I hope you enjoy reading our report.



Ivan Powell, Independent Chair



**Ivan Powell,  
Independent Chair**

## Who we are

We are a group of organisations who work together to make sure “Shropshire is a place where adults with care and support needs and children live a life free from abuse or neglect”. This is our vision for Shropshire. The organisations that make up the Board are:



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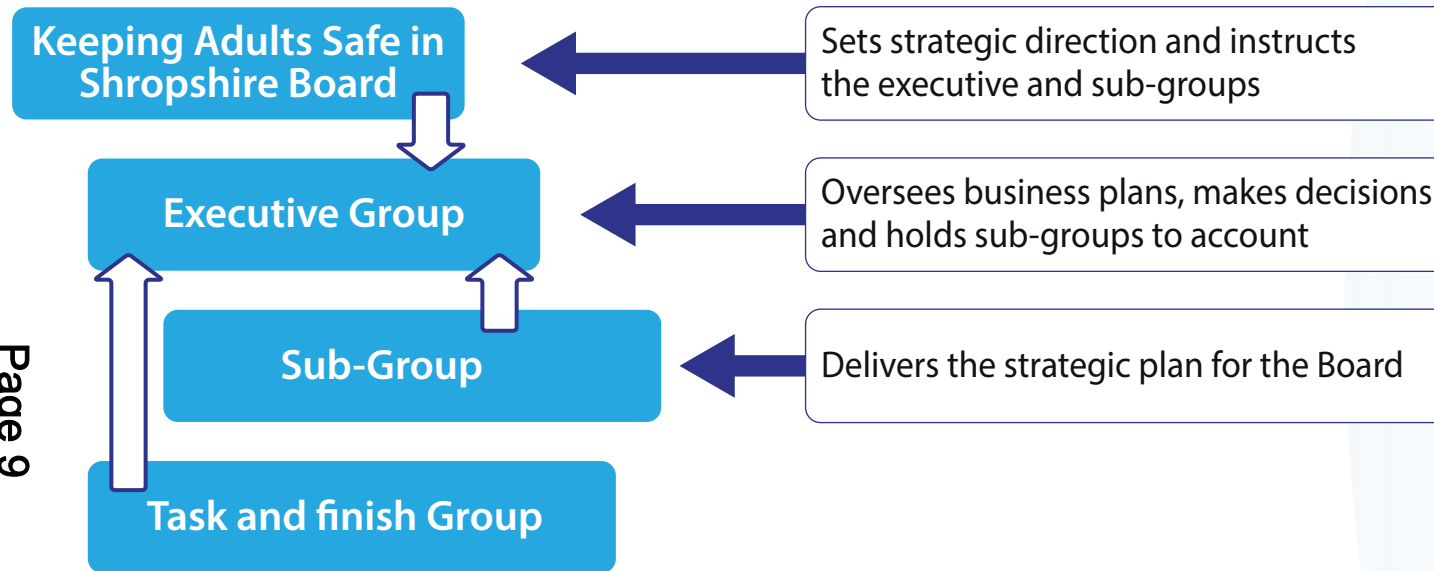
Shropshire and Wrekin  
Fire and Rescue Service



## How we work as a Board

We hold a series of meetings throughout the year to make sure that our strategic plan is being put into action.

This is our Board structure and what each group does.



## What we said we would do last year

Last year we told you that we wanted to:

- **ensure adults who use care and support services and carers are represented in every group within the Board.**

We have now set up a sub-group of the Board called the Citizen's Engagement sub-group. It is attended by different advocacy groups and providers that work directly with people who need extra help and support. Everyone involved in the sub-group has agreed this is the best way to work towards achieving having adults who use care and support services and carer representatives in every group within the Board.

- **finalise our performance framework and make sure the Board are holding partners to account for their work.**

Our audit and performance sub-group have been working hard trying to understand what information agencies collect that helps the Board to evidence if we are effectively keeping people safe in Shropshire. Our framework is collecting information under the following headings:

- Prevention
- Demand
- Making safeguarding personal and customer satisfaction

- **finish setting up our website to promote the work of the Board and link with the public.**

Work has started on developing the website for the Keeping Adults Safe in Shropshire Board. The following information will be available for the adults and carers, the public, professionals (including volunteers):

- What the Board does
- News and events
- Learning resources
- How to contact us

- **develop easy to understand publicity material so everyone knows how to seek help if they can't stop abuse themselves.**

We have been consulting with various groups locally and working with Birmingham's Adult Safeguarding Board on the development of our public awareness posters. The posters will:

- Encourage everyone to act to safeguard adults with care and support needs
- Highlight domestic abuse for older women
- Increase awareness of controlling behaviour as a form of abuse

- **write a prevention strategy for Shropshire that includes targeting women to help them safeguard themselves from abuse or neglect, neglect in particular.**

The Keeping Adults Safe in Shropshire Board asked a range of people, carers, workers and partners to name their top three priorities for our Prevention Strategy. We also reviewed our data about abuse in Shropshire.

The staff and volunteers who attended our adult safeguarding awareness training sessions during 2016/17 were asked to tell the Board what their priorities were for our Prevention Strategy.



Using our conversations with others and our data, we have identified the following themes for our strategy:

- o Helping people protect themselves
- o Recruitment and managing the workforce
- o Raising public and workforce awareness
- o Women as victims of abuse
- o Neglect
- o Financial abuse

## Board policies and their effectiveness

We produced a number of documents last year to help everybody keep people safer. Those documents are still in place.

Our most recently reviewed document is The Safeguarding Process in Shropshire. This document explains exactly how a safeguarding enquiry tries to find out what happened and what plans need to be put in place to keep someone safe when a concern is raised. The changes made explain more clearly that Shropshire Council can ask other organisations to undertake either:

- Section 42 safeguarding enquiries (this is when they have to take place in certain circumstances)
- Other safeguarding enquiries (these can happen if the local authority would like them to in certain circumstances)

All of our documents can be found on the Board website [www.keepingadultssafeinshropshire.org.uk](http://www.keepingadultssafeinshropshire.org.uk)

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### What our Strategic Plan says we have planned to do

The Government has told us we must explain how we will make the people of Shropshire safer. This is called our Strategic Plan and it covers 2015 – 2018. In our plan we have identified the following important areas to work on over the next year:

#### 1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

*Example – Healthwatch Shropshire* undertakes an “Enter & View” programme of visits to health and social care providers. The visit programme is intelligence-led. If the visiting team identifies other issues including any safety concerns, this is raised at the time of the visit.

*Example –* In the last 12 months, **Shropshire Fire and Rescue Service** has carried out visits to high risk people in need of more help and support. They have a designated Vulnerable Persons Team that by linking up with partners can prioritise who needs a visit from them more urgently.

*Example – South Staffordshire and Shropshire Healthcare NHS Foundation Trust* responses to their Friends and Family question showed more than 94% of people using the Trust’s services say they would be likely or extremely likely to recommend their services to their friends and family. These results show high levels of reported satisfaction from service users and carers.

## 2. Making Safeguarding Personal and implementing personalisation – personalisation means giving people as much control as possible over their lives.

The Board needs to be confident that this practice happens in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is central to all decisions that are made.

*Example – Shropshire Council’s* Joint Training and safeguarding teams have started working with people who use services to develop guidance for staff who undertake Safeguarding Enquiries. The effect of this work will help to make sure the person (or their representative) affected by the abuse is truly involved in their enquiry and are part of their safeguarding plan where possible.

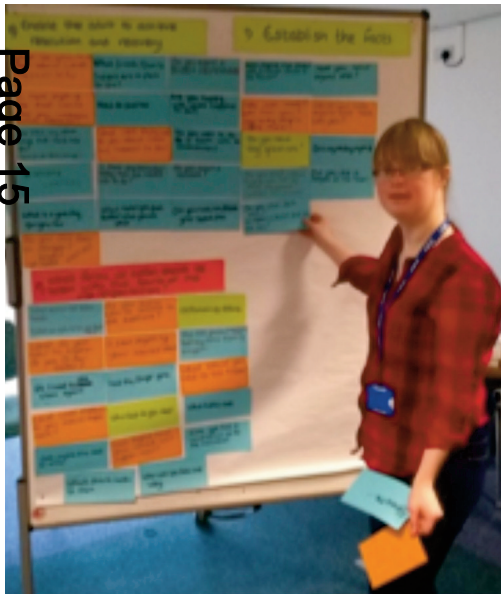
*Example –*A patient from **Shrewsbury and Telford Hospital Trust** that was a victim of domestic violence was initially reluctant to allow a safeguarding concern to be made on their behalf. The Safeguarding Nurse spent time with them and reassured them about the process and provided a contact for them should they change their mind. The individual contacted the Safeguarding Nurse when they felt ready to involve agencies to help them with their home situation.



*Example* – **West Mercia Police’s Adults at Risk Unit** responded to a report of an assault against someone with learning disabilities. It was clear that the adult who experienced the abuse had not been asked what they wanted to happen having reported the matter to staff. In order to get their view, it was necessary to identify the most effective method of communication. In this situation, detectives used a combination of Makaton, recognised symbols and an intermediary to effectively communicate with everyone.

*Example* – **Shropshire’s Clinical Commissioning Group** has created an audit tool to use in Shropshire hospitals and community health teams. This is to check that staff understand what they need to do in order to Make Safeguarding Personal.

*Example* – **South Staffordshire and Shropshire Healthcare NHS Foundation** supported a person who disclosed to a member of staff that a family member had sold one of his possessions without his consent. He felt that he had little control over this situation while he was in hospital. Staff informed him of the safeguarding process and asked if this is something that he wanted to pursue. He identified that his relationship with his family was important to him and he felt that the loss of the possession wasn’t significant in this context. He did not want to pursue this matter under safeguarding; however, he did want to ensure that his possessions were protected so he was supported by staff to visit his home to secure his property and take several valuable goods back to the hospital to keep safe. He was also supported to discuss this with a trusted family member who could make sure that no one would make any decisions about his possessions without his consent.



*Example* – Making Safeguarding Personal is embedded throughout the safeguarding training delivered by **Shropshire Partners in Care** in partnership with **Shropshire Council**. All safeguarding training courses promote the principle that agencies should be starting with the views of the adult affected, ensuring they are fully involved in decisions about being safe. Working to person-centred principles is embedded in all training delivered.

**3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary – the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages of the process.**

*Example* – **The Robert Jones and Agnes Hunt Orthopaedic Hospital** has identified staff to take link roles for safeguarding who meet on a quarterly basis. By meeting up with the Safeguarding Lead there is an opportunity for staff to discuss specific cases and share learning. It also gives the group the opportunity to keep updated and take information back to their areas and share what they have learned.

*Example* – **Shropshire Partners in Care** and **The Care Workforce Development Partnership** continue to address the recruitment challenge across the wider social care and health sector. This includes identifying social care as a positive career choice and supporting apprentices to enter the sector. Shropshire Partners in Care is an umbrella body for Disclosure and Barring Service checks and supporting providers with their responsibility to provide safe services. This starts with employing the right people in health and social care.

*Example* – **Shropshire Community Health NHS Trust** have regular training and updates for staff about safeguarding adults and children. All staff are made aware of the numbers to contact for the safeguarding team and the processes to follow. Any concerns regarding patients or anyone else are discussed with the team leader.

**4. Establishing effective working relationships with other strategic partnerships.**

The Keeping Adults Safe in Shropshire Board should not work on its own. In order to be effective and achieve as wide a reach as possible, other partner organisations need to be clear about their role in safeguarding adults with care and support needs from abuse.

*Example* – **The Keeping Adults Safe in Shropshire Board** participated in the domestic abuse event that was held to bring the members of all the key strategic partnerships together. The most effective way to tackle abuse is for everyone to work together.

*Example* – **Shropshire’s Clinical Commissioning Group’s** “Officer to the Board” also chairs the Domestic Abuse Forum that reports to the Community Safety Partnership which helps ensure that the Keeping Adults Safe in Shropshire Board are working with its partners in a joined up way.

*Example* – The Independent Chair of the **Keeping Adults Safe in Shropshire Board** is now chairing **Shropshire’s Safeguarding Children’s Board** on a temporary basis. This provides a great opportunity to look at how the boards can work more closely together.

## Safeguarding Adult Reviews

Last year we told you about Mrs V who on 10 February 2015 was admitted to a nursing home for respite care as it was felt her leg ulcers would improve with such a placement. During this period of respite she also developed a urinary tract infection which resulted in an extension of the respite period in order for the infection to be treated.

On the evening of 25 February 2015 it was noted that Mrs V had sustained bruising to her upper body. This bruising developed extensively over the following days to the extent that on 2 March 2015 Mrs V’s daughter removed her mother from the home, so concerned was she that no account could be given as to the cause of the bruising.

The full report has now been in front of the Executive Group of the Board and 23 recommendations were made that affected:

- Shropshire Council
- West Mercia Police
- The care home provider
- Telford & Wrekin Council
- Shrewsbury and Telford Hospitals NHS Trust

The Board accepted all of the recommendations made. Regular meetings have been taking place to make sure all of the actions have been completed. The action plan is nearly complete and the report will be published during the next financial year.

Another Safeguarding Adult Review started this year. It is usual to start each Keeping Adults Safe in Shropshire Board with a person's story and a situation was presented by the Shropshire Fire and Rescue Service.

On 12 January 2016, 00:03hrs the Fire Service were called to respond to six properties that had flooded. A man was living alone in one of them. The Fire Service were advised he had no family and none of the neighbours were able to accommodate him that night. It appeared to the Fire Service that the gentleman was a hoarder. Using the Clutter Image Rating Scale, the Fire Service assessed his property at "9" which is the highest the scale goes.

The police and West Midlands Ambulance Service were also in attendance. The assessment by the paramedics concluded that there were no medical grounds to take him to hospital. The police had left the scene as there was nothing further they could assist with.

The man required temporary shelter. It was a cold, wet night and the Fire Service were not happy to leave him without support. He was the owner of the house and had no insurance. Following contact with the Emergency Duty Team and the emergency planning teams of Shropshire Council, it was felt that there was no other option than for him to be taken to hospital.

The Board recognised that lessons could be learned from this situation to prevent others being in this situation, so asked for a Safeguarding Adult Review to be undertaken. More detail will be provided in next year's annual report.

## What we know about adult safeguarding in Shropshire

The First Point of Contact team receive all calls when people have a safeguarding concern or want to discuss a case to see if they should raise a concern. A total of 2,382 safeguarding contacts were made to this team. The team work with safeguarding team staff to decide the most appropriate way of dealing with the query.

Many safeguarding contacts to the First Point of Contact team are not actually about abuse or neglect, but may need people to do something differently to address another type of problem. We therefore know there is still more work to be done to educate people to only raise a safeguarding concern when they are worried that someone with care and support needs is experiencing, or is at risk of abuse or neglect. For those contacts that are not about abuse, people are usually signposted to the voluntary sector or information is passed to their social worker or other professionals who know about their current situation.

872 (37% of the total contacts above) were actually about concerns of alleged abuse or neglect. These affected 798 people. 522 people (65%) were over the age of 65 and of those, 400 people (50%) were between the ages of 75 and 94.

257 people experienced a Safeguarding Enquiry because we believed they were experiencing or at risk of abuse. The age profile does not seem to change much at this point with 156 people (60%) being over the age of 65 and 115 people (45%) were between the ages of 75 and 94.

This does show us that we need to be particularly aware of older people experiencing abuse.

Of the above Safeguarding Enquiries, 8 people required additional Safeguarding Plans to be set up because we were concerned that they remained at risk of abuse.

279 enquiries were concluded in this financial year. We are very pleased to say in the overwhelming majority of situations the risk of abuse was either removed completely (111 [40%]) or reduced (119 [43%]).

210 (75%) people (or their representatives) expressed a view about what they wanted to happen as a result of the Safeguarding Enquiry and of those we identified 180 people (86%) as having their expressed outcomes fully met.

## Safeguarding training in Shropshire and the difference it makes

All training sessions delivered contribute to the prevention agenda; for example, safeguarding courses involve learners considering their own and their organisational role in preventing abuse. Other courses tackle the prevention agenda by giving staff and volunteers the skills and information to prevent abuse or neglect which is unintentional but could result from a lack of knowledge.

Shropshire Partners in Care worked with Joint Training and Taking Part to deliver some 'Keeping Safe' training to support adults to protect themselves.



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We know we need to work with adults themselves to prevent abuse from happening in the first instance. In line with this message, the Shropshire Partners in Care Safeguarding Adults Lead, the Care Workforce Development Project Officer and the Shropshire Partners in Care Business Manager have recently become SCAM Champions. Friends Against Scams Awareness sessions can be accessed through Shropshire Partners in Care (click [here](#)).

Over the last year, learners including adults with care and support needs, organisations and members of the public have been supported to address a range of issues raised in training sessions. These have included:

- requesting new equipment
- changing processes
- developing policies
- introducing falls assessments and mental capacity documentation and
- responding to consultations

Organisations and individuals have been encouraged to:

- share practice outside their own agency
- challenge poor practice
- deal with potential abuse or neglect effectively

Individuals have also been supported to reflect on their own personal situations and identify actions they wish to take to be safe.

We are working to make sure that Making Safeguarding Personal is embedded throughout all organisations and reflected in the advice and support offered. This approach seeks to ensure that adults accessing social care, health and other services, are involved in all decisions regarding being safe.

Working in partnership is crucial to the continual development of social care and other services in Shropshire and the result will be improving the experience of adults with care and support needs when they need to receive support or extra help.

## What we want to do next year

Because we recognise that a lot of the work we started last year is still ongoing, we believe it is very important to keep those priorities in place. They are to:

- have adults who use care and support services and carer representatives in every group within the Board
- finalise our performance framework and make sure the Board are holding partners to account for their work
- finish setting up our website to promote the work of the Board and link with the public
- develop easy to understand publicity material so everyone knows how to seek help if they can't stop abuse themselves
- write a prevention strategy for Shropshire with other partnerships that includes targeting women to help them safeguard themselves from abuse or neglect, neglect in particular



## Closing statement from Lee Chapman

*I hope you have enjoyed reading our annual report covering 1 April 2016 to 31 March 2017. I am proud to have been part of the work of this Board and in doing so, I know I have helped to make a positive difference to people's lives.*

*I have been very pleased to see a focus on telling you how organisations are prioritising Making Safeguarding Personal. The stories we have been able to share with you show how people are affected by abuse, and prove it is possible for people to stay in control of what is happening to them even when they are experiencing abuse.*

*It is really important to me to have helped the Citizen's Engagement Sub-Group to get established. I know they will go from strength to strength and the aim is to make sure our Shropshire citizens are fully engaged with the Keeping Adults Safe in Shropshire Board in a way that they have chosen.*

*Please make sure you play your part in keeping people safe from abuse. Help us prevent abuse and help us to stop it.*

*Thank you.*

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**Councillor Lee Chapman,**  
Shropshire Council's Cabinet member  
for health, adult social care and housing

# Appendix 1

contribution to the Strategic Plan by Board members

## 1. Preventing abuse from occurring – we need to do this for three main reasons:

- to develop a culture of caring for others
- to stop harm from happening to people and
- to minimise the impact of dealing with abuse on our services

### Shropshire Clinical Commissioning Group (CCG)

The CCG's main focus in helping to prevent abuse is carried out through the work we do with the services we commission, as opposed to care and treatment delivered ourselves. This can range from the work done by a large provider of health care such as Shrewsbury and Telford Hospital NHS Trust, to the commissioning of an individual package of care for someone living in their own home supported by carers or in residential care settings.

- The CCG as a commissioner; therefore, works with providers to ensure that they recognise how the work they do can either detect harmful practice at an early stage or do things to stop a problem getting worse.
- The CCG have pharmacists who, along with other health professionals, will help to review patients with complex needs who require multiple different medications and advice on how to get the most out of those medicines. During a visit to a care home the pharmacist was able to see how the checks being made by agency staff regarding how they were identifying the correct resident were not robust enough and there was a danger that they could give the patient the wrong tablets. This was pointed out and stopped. The medicine management team were also able to offer training to all of the care home staff about how to make sure that they store medicines and dispense them correctly as well as give general advice.

### Healthwatch Shropshire

- Healthwatch Shropshire undertakes an Enter & View programme of visits to health and social care facilities. The visit programme is intelligence-led and the purpose of a visit will be determined by the intelligence available on a specific facility. If the visit team identifies other issues outside the scope of the purpose these would also be documented and any safety concerns would be raised at the time of the visit.
- Commissioners, providers and regulators have also requested Enter & View visits during the year.
- Recommendations are made to the provider who is invited to respond to the report and prepare an action plan. Reports are shared with the Clinical Commissioning Group, Shropshire Council's adult social care, and safeguarding, as well as the Care Quality Commission.
- Any serious concerns are raised at the time of the visit and/or with the relevant commissioner or regulator as soon as possible. At a residential facility for people with learning disabilities a safeguarding alert was immediately raised after a visit and then pursued to achieve a positive resolution as quickly as possible for the service users.

### Shrewsbury and Telford Hospital NHS Trust (SaTH)

- A patient with a learning disability became upset at the thought of having a procedure as an outpatient, although their carer wanted them to do so. Staff reorganised the appointment so that there was more time, the patient had more privacy and there was a specialist nurse available. The patient was not known to the learning disability service, so this will enable us to work with the patient and their carer together, to provide them help and support and to identify whether there are any potential concerns regarding abuse.

### Shropshire Council – adult social care

- Shropshire Council have been working with Shropshire Partners in Care to lead on writing the Prevention of Abuse Strategy. We have used our data and the views of others to identify the priorities for this strategy.

- Shropshire Council provides access to help and support for individuals through their Let's Talk Local community Hubs. This provides access to advice from a range of professionals that encourage people to stay as independent as possible for as long as possible. The Hubs also link people with community services that are close to them.
- Shropshire Council shares the chairing of an information sharing meeting about social care providers. The aim of the meeting is to prevent serious problems with services occurring. Working in this way helps to identify difficulties sooner rather than waiting until people who use services get harmed.
- Safeguarding is an agenda item on all individual and team meetings. A recent Safeguarding Adult Review was distributed round the teams and discussed in team meetings in regard to both Housing's involvement with the case and how we could change things going forward.
- Housing operate weekly advice and prevention surgeries in local communities. Staff will link with the Lets Talk Local Hubs where necessary as well as advice sessions with local charities and advice agencies.

### **Shropshire Council – housing services**

- All housing staff have been booked to take part in Adult Safeguarding training – this gives them the knowledge and ability to ensure they prevent abuse from occurring wherever possible.

### **Shropshire Fire and Rescue Service**

- In the last 12 months the fire service has carried out multiple high risk visits to vulnerable people. We have a designated Vulnerable Persons Team that visit high risk people by linking up with our partners' services. This team really are the link between our firefighters and the raft of professional support services that exist in the community.
- We co-respond with these partners and in one case carried out a declutter of a hoarder's property to support Mr W. The team were issued with specialist clothing and they then met up with other partners at the property; all this was agreed by the occupant. Mr W saw the commitment and energy of the team and this gave him confidence in the multi-agency support being offered to him.
- The property was successfully decluttered and Mr W is still receiving partnership support.

### South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT)

- As evidenced through our Trust Strategy, what matters to us most are our people. We value our staff and the people who use our services, who ultimately are at the centre of everything we do. We have a strong culture of highly engaged staff who deliver high quality recovery-focused services based on 'Living Our Values'. These values encourage a culture of care and compassion, where staff are honest, trustworthy and take the time to talk and listen, work in partnership and lead by example. Ultimately, we respect, inspire and develop our workforce.
- Evidenced through our 2016 staff survey results, we are now above average in relation to our overall staff engagement and have seen a clear year on year improvement in this area. Since 2011 all key findings highlight that as an organisation we listen to our staff and create a positive culture. The Trust's most recent CQC inspection resulted in an overall 'Good' outcome; during the visit the CQC talked very highly about leadership in the Trust, the extent to which Trust values were lived by teams, and the positive impact this had on patient care.
- Our 2016 CQC Community Mental Health Survey results showed that we scored better than other Trusts in seven key areas. These included listening carefully and giving service users enough time to talk; involving service users in agreeing the care they would receive; involving service users in discussing how care was working and being involved in decisions.
- Responses to the Friends and Family Question showed high levels of satisfaction with greater than 94% of people using the Trust Services reporting that they would be likely or extremely likely to recommend the service to their friends and family if they needed similar care or treatment. These results represent high levels of reported satisfaction with Trusts services from service users and carers. The Trust real time feedback system is the vehicle by which teams are receiving the individual Friends and Family Question results. Teams are able to act on the results in real time.

### West Mercia Police

- West Mercia Police is committed to prevention activity and places vulnerable people at the heart of what they do. This commitment has resulted in the recent launch of the Vulnerability Strategy, plans to deliver comprehensive vulnerability training to public-facing staff focusing on behavioural and attitudinal change, supported by an innovative internal communications campaign.

- The training explores professional curiosity and involves the combination of inquisitive mindset, as well as an understanding of what could be superficial and masking underlying issues. The training seeks to give staff the confidence to respond more effectively, at an earlier stage to the evident issues.
- The Adults at Risk Unit has attended a number of local care homes and provided a bespoke Adult Safeguarding presentation around the criminal offences specifically designed for the prevention of offences by care staff. The focus of the sessions is to encourage a culture of high expectation in others when providing care; identifying and reporting abuse. The feedback from the service providers has been very positive and there are more sessions planned throughout the sector. The Unit has also provided 'Mate Crime' training at the A4U hub in Shrewsbury. The hub is a club for people with Autism.

### **Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust (RJAH)**

- Robert Jones & Agnes Hunt Orthopaedic (RJAH) NHS Foundation Trust is an organisation which has a culture that prioritises quality of care, having strong leadership and focus, and good partnership working to promote the well-being, security and safety of vulnerable adults who are under our care.
- Part of the organisation's commitment is to work alongside Keeping Adults Safe in Shropshire Board, and other partner agencies, to ensure there are effective systems in place to safeguard 'adults with care and support needs'. The hospital is involved in close networking with the local health economy safeguarding leads and engages in meetings to ensure effective communication and interagency team working is delivered.
- The RJAH is committed to the Safeguarding Vulnerable people in the NHS – Accountability and Assurance Framework July 2015 which provides evidence on how the organisation meets the requirements which is a working document reviewed on a regular basis.
- The Trust is required to meet the Care Quality Commission fundamental standards (CQC) which is the independent regulator to ensure health and social care services are safe, effective, compassionate, and of high quality care
- CQC Regulation 13: Safeguarding service users from abuse and improper treatment is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005

- The trust most current CQC inspection documented that “arrangements were in place to safeguard adults from abuse that reflected relevant legislation and the trusts policy and procedure. The staff we spoke with understood their responsibilities and they were able to explain the safeguarding policies and procedures”.
- The RJAH Safeguarding Committee meets monthly chaired by the Director of Nursing, attended by the safeguarding leads, members of the senior management team, and safeguarding leads of the Clinical Commissioning Group . The purpose of the group is to ensure high quality formal communication and partnership working is achieved, setting out priorities to achieve the best local outcomes for patients.
- The key responsibilities of this committee is:-
  - To disseminate information from reports and committees both at local and national level
  - Review incidents monthly through the datix reporting system, and update the committee. To share through case presentations and lessons learnt
  - To monitor practice and deliver assurance to the Trust Board that key guidelines and standards in relation to adult safeguarding are being followed.
  - Receive assurance through audit and routine reporting of the provision and compliance of safeguarding training across the Trust.
  - To advise on and approve safeguarding related polices and procedures.
- Safe recruitment procedures are in place following the Disclosure and Barring service guidance and processes. This is clearly set out in the Trust’s Employment Checks procedure.

### Shropshire Partners in Care (SPiC)

- Prevention means stopping harm from happening in the first instance, this message is reflected in the range of core activities Shropshire Partners in Care offers including:
  - Training, Information/advice and support, Mentoring, Disclosure and Barring Service Checks, Representation, Networking, Workforce development
- SPiC’s training is accessed by the adult social care sector, health and the wider community across a number of subjects. The training offer consists of a range of subjects aimed at supporting the development of good practice and high quality services. Training is delivered directly by SPiC and in

partnership with others such as Joint Training, Shropshire Council. The development of quality services is further supported through the provision of advice, direct support and networking opportunities. SPiC produces a weekly e-newsletter highlighting local and national developments, consultations and learning opportunities. Whilst the core activities focus on our membership, SPiC also engages with partner agencies and community groups, the Safeguarding Adults Lead has spoken at the Shropshire Older Peoples Assembly and Women’s Institute Meetings in Shropshire recently.

- SPiC offers a number of core subject areas as well as commissioning specific courses:
  - Clinical training including the Rolling Programme, Falls Prevention and Management (numerous courses), First Aid (numerous courses), Dementia, including Dementia Leadership, Deprivation of Liberty Safeguards, Leadership including Lead to Succeed, Mental Capacity Act, Moving and Handling (numerous courses), Professional Boundaries, Safeguarding Adults (numerous courses), Safeguarding Children and Young People
- All subjects have relevance to the prevention agenda, for example safeguarding courses involve learners considering their own and organisational role in preventing abuse. Other courses tackle the prevention agenda by giving staff and volunteer’s skills and information to prevent abuse or neglect which is unintentional but could result from a lack of knowledge.
- Training and guidance promote the prevention message; we need to work with adults to prevent abuse from happening in the first instance. In line with this message, the Safeguarding Adults Lead, the Care Workforce Development Project Officer and the SPiC Business Manager have recently become SCAM Champions. This is part of a National Trading Standards Scams Team initiative to raise awareness of and prevent people becoming the victims of scams. Click [here](#) to find out more about Friends Against Scams. Several of the team at SPiC are either already ‘Dementia Friends’ or in the process of accessing the training.
- SPiC/CWDP and Shropshire Council Adult Social Care have been working on the ‘Supporting Carers, Self-Care and Digital Innovation project’. Sessions have been delivered to informal carers and domiciliary care staff around self-care and the digital resource guide, falls prevention, strength and balance exercises and tips on first aid.
- SPiC is an umbrella body for Disclosure and Barring Service (DBS) checks, an integral part of recruitment practice. Social care providers are encouraged to develop robust recruitment procedures reflecting national guidance, to ensure the workforce is as safe as it can be in Shropshire.



- SPiC and its membership commemorate World Elder Abuse Awareness Day (WEAAD) each year to raise awareness of adult safeguarding. In June 2016, SPiC (Annscroft Office) signed up to be a Safe Place and encouraged its membership to sign up to the scheme. In 2016-17 planning commenced for the joint Shropshire and Telford & Wrekin Safeguarding Adults Boards event 'Prevention of Abuse & Neglect'.
- Impact on people: Over the last year, learners, including adults with care and support needs, organisations and members of the public have been supported to address a range of issues. These have included requesting new equipment, changing processes, developing policies, embedding Making Safeguarding Personal and safeguarding principles, introducing falls assessment and mental capacity documentation and responding to consultations. Organisations and individuals have been encouraged to share practice outside of their own agency, challenge poor practice and are supported to deal with potential abuse or neglect effectively. Individuals have also been supported by SPiC staff to reflect on their own personal situations and identify actions they wish to take to be safe.

### **The National Probation Service (NPS)**

- The National Probation Service has an ongoing commitment to the safeguarding of adults (and children) exposed to risk of harm from others. As the lead agency charged with protecting the public from the harm posed by offenders, the process often starts in Court where there is a need to inform Sentencers on the risks posed by individuals and the means by which these may be managed safely in the community, or failing this, on how these would be managed during and after a period of custody. This requires a dynamic flow of information to be provided from a range of valid sources, including checks with the police, Shropshire Council's children's services, and Shropshire Council's adult social care team, as appropriate.
- Upon sentence, any individual case is allocated according to the assessed risk level; low and medium risk of harm cases to the Community Rehabilitation Companies and high or very high risk to the National Probation Service. All MAPPA nominals (Multi Agency Public Protection Arrangements) are held by the NPS.

### Shropshire Community Health NHS Trust (SCHT)

- If we have any concerns regarding a patient we will contact the safeguarding team for advice. In some circumstances we will have on going contact with the safeguarding team regarding patients that we have ongoing concerns about.
- Making Safeguarding Personal and implementing personalisation – personalisation means giving people as much control as possible over their lives. The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

### 2. Making Safeguarding Personal and implementing personalisation –

personalisation means giving people as much control as possible over their lives.

The Keeping Adults Safe in Shropshire Board needs to be confident that this practice is embedded in all services. The Board also needs to be confident that when a safeguarding concern has been raised, the person affected is part of all decisions that are made.

### Shropshire Clinical Commissioning Group (CCG)

- The CCG and the rest of the Keeping Adults Safe in Shropshire Board feel this is very important as in order to ensure we safeguard people properly we must always make sure that we know what the person wants to happen to keep them safe and that they are involved as much as they can be in all of the plans. The Board has said making safeguarding personal must be a priority and that the adult with care and support needs is kept at the centre of safeguarding. There are various things that the CCG is doing to make sure that this is happening.

- The CCG has created an audit tool to use in our hospitals and community health teams. These are to check that staff understand what they need to do in order to make safeguarding personal (MSP). When we have visited hospitals or met with community nurses to do the audit they have told us that they feel MSP is really important but did not always know enough about it. They have been given some action plans to ensure that they do not make referrals until they have discussed with the person what the problems are and found out what outcomes they want, so everyone knows at the start the wishes of the person. We are also going to improve the messages given out in training and cards and posters to help promote MSP with staff.

### Healthwatch Shropshire

- Healthwatch Shropshire receives feedback from members of the public about the quality of services and / or asking how to raise a safeguarding concern. Healthwatch Shropshire will discuss with the caller how to raise a concern, may contact the safeguarding team on behalf of the caller, and always asks for permission to share information.
- Healthwatch Shropshire will take feedback anonymously as callers are often reluctant to share contact details, but Enter & View volunteers are being encouraged to ask for names during a visit.
- Healthwatch Shropshire will follow up to establish what action has been taken and, if there is not enough information to raise a safeguarding concern, will consider what steps it is appropriate for it to take to address the concerns raised.
- During the year Healthwatch Shropshire was contacted by a whistleblower with serious concerns about the provision of care locally and, with permission, immediately alerted the safeguarding team in the local authority and the Care Quality Commission. The concern was followed up by both commissioners and regulators and Healthwatch Shropshire has planned a follow up Enter & View visit.

### Shrewsbury and Telford Hospital NHS Trust (SaTH)

- A patient that was a victim of domestic violence was initially reluctant to allow a safeguarding referral to be made on their behalf. The Safeguarding Nurse that had spent time with them maintained contact with them, reassuring them about the process and providing a contact for them should they change their mind. The individual contacted the Safeguarding Nurse when they felt ready to involve agencies to help them with their home situation.
- A patient that had lived independently at home with several health issues had spent time in hospital and wished to go home when their condition allowed. Their family did not agree as they felt that the patient would not be safe at home. The patient lacked capacity at times due to an acute illness, but when assessed by social care around discharge home, was found to have the capacity to make a decision. The family vigorously contested this as did the hospital staff who felt that they did not, in fact, have capacity. However, a decision was made that it would be in their best interests to go home as their long term condition now meant that they had limited life expectancy. The hospital staff spent time with the patient's family and addressed their concerns and worries to the extent that they felt able to support the patient's wishes. The patient went home and spent time there before they died. The patient's family expressed their thanks that they had been supported to enable their parent to go home when they wanted to, despite their very real and understandable concerns.
- When patients with care and support needs are admitted to the hospital that may be at risk from abuse, we put a protection plan in place. Whilst this does not prevent a patient from leaving the ward, it does flag up to the ward staff the vulnerability of a patient which will ensure that this is taken into account when discharge is being planned.

### Shropshire Council – adult social care

- Shropshire Council's Joint Training and Adult Safeguarding Teams have been working with people who use services to develop guidance for those who undertake Safeguarding Enquiries. When this work is finished, it will improve the way people affected by abuse are informed about what has happened and will help them to be empowered to safeguard themselves.

- Shropshire Council undertake the majority of Safeguarding Enquiries. 210 (75%) people (or their representatives) expressed a view about what they wanted to happen as a result of the safeguarding enquiry and of those we identified 180 people (86%) as having their expressed outcomes fully met.
- All housing staff are aware of the process of referring a client into safeguarding, and will whenever possible notify the client this is being done. Housing staff are regularly consulted by safeguarding colleagues on cases when referrals have been made. Housing ensure we work with the safeguarding team wherever possible or when needed to ensure we prevent abuse happening to any of our clients.
- Case studies are discussed at all operational meetings, including where actions taken could have been different. Housing sit on the Board and distribution of relevant material to the team is done on a quarterly basis.
- Housing took part in the 'raising awareness of elder abuse' training day and undertook a presentation using case studies of clients we had worked with.

### **Shropshire Council – housing services**

- All housing staff are aware of the process of referring a client into safeguarding, and will whenever possible notify the client this is being done.
- Examples of this include the joint work we do with rough sleepers regarding the HOST project, referrals from hospital and residential care homes, and work we undertake with hoarders.

### **Shropshire Fire and Rescue Service**

- Probably the greatest challenge for the fire service is making safeguarding personal. The majority of people we come across in an emergency scenario only want the emergency service provision. They then simplistically want us to leave. So getting the person's buy in for extra help and support is a real challenge for us.
- Mr X, a pensioner living in a high density hoarding property, did not want to engage with us when we rescued him from flooding. At that first point of contact we found ourselves at odds with Mr X. The success that followed was the ability and compassion of other partners to pick up the case and change Mr X's mindset and perception. Mr X no longer lives in the hoarded property and is happily living elsewhere with the support he wants and needs.

### South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT)

- During 2016 SSSFT completed a safeguarding audit that looked at how many people were involved in safeguarding decision-making at the point of raising a safeguarding concern. This audit identifies that in 58% of cases the service user was consulted and their wishes and feelings were captured when raising the concern.
- Case Example:  
J disclosed to a member of staff that a family member had sold one of his possessions without his consent. J felt that he had little control over this situation whilst he was in hospital. Staff informed J of the safeguarding process and asked if this is something that he wanted to pursue. J identified that his relationship with his family was important to him and he felt that the loss of the possession wasn't significant in this context. J did not want to pursue this matter under safeguarding, however he did want to ensure that his possessions were protected. As a result J was supported by staff in making a visit to his home to further secure his property and take several valuable goods back to the hospital to keep safe prior to his discharge. J was also supported in discussing this with a trusted family member who could ensure that no one would make any further decisions regarding J's possessions without his consent.

### West Mercia Police

- The Adult at Risk Unit provides a specialist resource across Shropshire and Telford policing areas to good effect as the localised example indicates. It is acknowledged that the wider understanding across the general workforce is not as consistent, however this is mitigated by inputs from the specialist team and generalist staff being aware of the methods to seek specialist advice.
- Following a report of an assault involving an adult with learning disability the Adults at Risk Unit attended to obtain further details from staff. It was clear that the 'adult at risk' had not been asked what their desired outcome would be having reported the matter to staff. In order to obtain an account and to ascertain what action they wanted to happen, it was necessary to identify the most effective method of communication. In this case, detective officers used a combination of Makaton, recognised symbols and an intermediary to effectively communicate between everyone.

- Officers were able to establish that the individual wanted the alleged offender to be spoken to about their behaviour but didn't want the police to take any formal action. The victim demonstrated capacity and insight when making her decision; they were friends but had fallen out over a trivial matter and she wanted to be friends again. Through this specialist approach, she was empowered to tell her story and then communicate what she wanted the outcome to be. That is exactly what making safeguarding personal is in practice.

### **Robert Jones and Agnes Hunt Hospital (RJAH)**

- When a safeguarding concern is raised there are clear policies and guidelines which the trust works to. In support of this there is a flow chart which sets out the process of what to do if there is a concern or an alert which needs to be raised.
- All staff at induction have level 1 training, and a leaflet/handout to reflect and refer to following the training session.
- For level 2 there is an eLearning package completed by staff every three years. This is now being supported by an additional facilitated training session on a monthly basis. Making Safeguarding Personal (MSP) is being highlighted within this training, including the six principles for safeguarding which represent best practice providing a foundation for achieving good outcomes for patients.
- Working with the CCG the RJAH have completed an audit in March 2017 on two wards looking at how in practice Making Safeguarding Personal is being disseminated, and staff knowledge of this. In addition to this the RJAH has a quality & safety performance framework called the STAR (Sustaining Quality through assessment and review) and standard 2 is based on safeguarding where staff knowledge of safeguarding is assessed and how to raise a concern

### **Shropshire Partners in Care (SPiC)**

- SPiC's mission statement outlines how the organisation 'works in a way that safeguards the human rights of all those who may need, use or work in care services and supports its members to deliver services that place people's rights at the centre of their decision making.' This reflects the Making Safeguarding Personal (MSP) agenda which is embedded throughout the suite of safeguarding training delivered by SPiC and in partnership with Joint Training, Shropshire Council. All safeguarding training

courses promote the notion that all agencies should be starting with the adult, ensuring they are fully involved in decisions about being safe as outlined in the care and support statutory guidance. Working to person centred principles is embedded in all training delivered by the organisation.

- MSP is embedded in the Business Plan of the KASiSB Learning and Development Sub Group chaired by SPiC. When providers, members of the public or adults who use services contact SPiC for support or guidance, the statutory principles including MSP are reiterated. Providers and others contacting SPiC for advice are encouraged to involve adults in discussions about safeguarding concerns, immediate actions, decisions about reporting abuse and neglect and how adults want to be safe.
- Impact on people: MSP is embedded throughout the organisation and reflected in the advice and support offered to our members and non-members. This approach seeks to ensure that adults accessing social care and other services are involved in all decisions regarding being safe.
- The Shropshire Partners in Care Safeguarding Adults Lead has been working on the revision and development of the Shropshire Competency Framework for Safeguarding Adults. This work has been carried out in partnership with the Adult Safeguarding Lead for Shropshire CCG and approved through the KASiSB Learning and Development Sub Group.

### **The National Probation Service (NPS)**

- Within the Multi-Agency Public Protection Arrangements (MAPPA) cohort there have been individuals in Shropshire who have presented a present and ongoing danger to adults. These have all been subject to comprehensive risk management plans involving key agencies including the police, Shropshire Council's adult social care and others to manage the harm they present. Both victim and perpetrator are generally informed of this process to enable their maximum engagement but there are occasions when the risks of such disclosure are so great that this is withheld. In all instances, there will be notifications of any risk posed and an identification to the victim of how best to manage /reduce these.

### **Shropshire Community Health NHS Trust (SCHT)**

- On some occasions, I've had joint meetings with a member of the safeguarding team, the social worker and the care agency. These meetings have involved the patient and/or their families. This ensures collaborative caring, ensuring the patient's safety. The patient's opinions and feelings are taken into consideration at all times.



### 3. Public and workforce awareness of their responsibility to safeguard people and report concerns if necessary –

the public and the workforce are essential if we want to stop abuse happening in the first instance and respond effectively if it has happened. Everyone needs to understand their responsibility at all stages.

#### Shropshire Clinical Commissioning Group (CCG)

- The CCG has been working with Board partners to help develop a training strategy and through the work of the Learning and Development Group has also developed a Competency Framework for Safeguarding Adults (click [here](#) to access).
- This framework helps members of the workforce and their managers understand the key skills and knowledge that are required so that they can effectively know how best to safeguard people. In addition to that the Framework also includes reflective learning logs which can help someone work through what they need to know about safeguarding, including what the signs of abuse are, how to make safeguarding personal and how to make a referral. There is also a specific learning log for members of the public and individuals so they know more about what abuse is and how they can identify it and where to get help.
- In addition to this the CCG has also been asked to provide training for GPs and other primary care staff.
- When the CCG does training we have asked people for feedback. We have been told by GPs and others that they thought it was very helpful to learn about MSP and that when they have to make a referral they will make sure that they check out much better what the adult themselves wants to happen. We have also been told that it has been helpful to learn about modern slavery and what to look out for in this type of abuse.

#### Healthwatch Shropshire

- Healthwatch Shropshire is chairing a Citizen Engagement Committee to explore the most effective way of communicating but also engaging with the wider community across rural Shropshire to raise awareness of safeguarding. It is also involved in the KASiSB Learning and Development Sub Group and the KASiSB Audit and Performance Sub Group.

- All the Healthwatch Shropshire staff team and Enter & View authorised representatives have undertaken Safeguarding training so that they are prepared to deal with situations when callers contact Healthwatch Shropshire about the quality of health and social care and when undertaking an Enter & View visit. An additional internal workshop has also been held to raise awareness of Healthwatch Shropshire's responsibilities. Volunteers are also offered supervision and there are regular meetings to encourage conversations and to share experiences. Enter & View authorised representatives are all DBS checked.

### **Shrewsbury and Telford Hospital NHS Trust (SaTH)**

- The orthopaedic ward made a safeguarding referral as they had noted a trend in three patients from the same residential home that had fallen out of bed and sustained fractured hips, all requiring surgery. Trends are discussed in training. The Safeguarding Lead contacted the care manager of the home for some information and it was apparent that her knowledge of the patients and their mobility was very limited. All three patients had vascular dementia of varying degrees and some short term memory loss; they were unable to give an account of what had happened. The CCG informed the Trust that due to on-going concerns and this referral the home has now been closed after investigation by the CQC and CCG. The ward have been informed and congratulated for their vigilance.

### **Shropshire Council – adult social care**

- Shropshire Council's Joint Training Team coordinate's much of the Board's Adult Safeguarding training programme including providing the funding for the sessions that are delivered. This will help to improve the services that people who need extra help and support receive and will help staff and volunteers understand their responsibilities to safeguard adults.
- Shropshire Council take their duties and responsibilities for commissioning services very seriously. A significant investment is made to Shropshire Partners in Care which will have the impact of helping the independent sector in particular to improve the services they provide. The majority of the adult social care service providers that are inspected by the regulator the Care Quality Commission, are assessed as "good".

- All housing staff have taken part in Adult Safeguarding training – this gives them the knowledge and ability to ensure they prevent abuse from occurring wherever possible. This training is on a 12 month cycle.
- Staff are encouraged to talk through cases with senior members of staff where they have concerns or where clients have raised issues that may cause concern. Staff are then supported to refer these cases through to safeguarding and to liaise with the safeguarding team as and when needed.
- All commissioned contracts via Housing include conditions relating to safeguarding and this is regularly discussed / reviewed at quarterly contract review meetings.
- A significant area of concern for Housing is that of owner occupier property conditions. Housing have responsibility of working with these clients and helping to resolve their issues. Often Housing are the key point of contact for these cases and getting other teams involved. If the client refuses to allow entry to the property yet the officer has concerns about their wellbeing and possible self-neglect then they will refer to the safeguarding team for involvement and action.

### **Shropshire Council – housing services**

- All housing services staff have been booked to complete Adult Safeguarding training.

### **Shropshire Fire and Rescue Service**

- We recognised that our safeguarding training was outdated and as such we designed an in-house eLearning package. We received help and guidance from the Board and other partners in putting together this package. The training is now being rolled out in a phased process to over 400 members of staff. It is anticipated this training will have been completed by the end of 2017

### South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT)

- SSSFT safeguarding team completed a safeguarding staff survey during 2016. This survey identified that 98% of all respondents felt that it was their responsibility to take action if they believed that an adult with care and support needs was at risk of abuse and neglect. The sample of staff was from across the organisation and included clinical and non-clinical staff.
- All staff within SSSFT are required to complete safeguarding adult training, this is required on an annual basis and forms part of the organisations mandatory training package.
- The Trust's safeguarding team have developed a bespoke safeguarding webpage where information on all aspects of safeguarding can be accessed by all Trust staff. Safeguarding news items are also included in the Trust electronic staff newsletter. Over recent months this has included
  - Making Safeguarding Personal
  - Learning from serious case reviews
  - Domestic abuse

### West Mercia Police

- This links directly into the content of the vulnerability training due across West Mercia Police from September 2017.
- Following an audit of benefits paid to a particular individual within the area, it was noted by colleagues in the council's fraud department that outstanding bills to domiciliary care providers had remained unpaid, and the funds were effectively missing.
- Following a multi-agency fact finding meeting, The Adults at Risk Unit and the council fraud officer identified bank accounts that were accessed by the Power of Attorney had been used to fund what appeared to be personal lifestyle spending. This matter was then formally reported into safeguarding and investigated by police as a theft. Without the co-operation between the two agencies and the understanding of what constitutes abuse, the matter may never have reached the safeguarding arena.

### Robert Jones and Agnes Hunt Hospital (RJAH)

- Clear governance arrangements are articulated to staff, which includes clarity of roles and responsibilities for leads within job descriptions. There is a clear organisational accountability flow chart which is in the form of a poster which identifies lead professionals responsible for safeguarding: this is shared at ward and department level, and on the Trust's intranet safeguarding page.
- There are clear policies/guidelines available on the Trust's intranet site within the document centre, and there is a safeguarding webpage dedicated for staff to access policies, relevant information, and links to the local Shropshire council web site.
- There are policies and procedures for Mental Capacity & Deprivation of Liberty Safeguards (DoLs) which professionals need to be aware of their responsibilities in regard to safeguarding and the Mental Capacity Act (MCA).
- For adult safeguarding there is a need to respect the autonomy of adults and the need for empowerment of individual decision making, in keeping with the MCA and its code of practice. This is reflected in the MCA training attended by staff at RJAH, and how this is put into practice where staff are assessing and interacting with patients when planning their care, and goals during their post op and rehabilitative care.
- For MCA the RJAH has resources in the form of a card "remember to apply the 5 and 2 in all you do" which has been disseminated to all the Ward/dept Managers, and the link nurses. This is also available on the trusts safeguarding intranet page under Mental Capacity.
- Also part of the MCA training a handout with a reflective log is distributed asking staff to consider the 5 guiding principles in all aspects of their job role. This helps staff to think about their training and how it applies in every day practice
- The RJAH has identified link roles for safeguarding who meet on a quarterly basis. By meeting up with the Safeguarding lead there is an opportunity for staff to discuss specific cases, and share learning. It also gives the group the opportunity to keep updated and take back to their areas and share.

## Shropshire Partners in Care (SPiC)

- SPiC delivers and facilitates access to a range of training courses supporting the development of skills, knowledge and competence around subjects connected to social care. Providing a range of training contributes to the development of good practice and increases the competency of the workforce. A skilled workforce contributes to the delivery of a safer and positive experience for adults accessing care and support in Shropshire.
- The statutory principle of accountability is reinforced across the range of activities carried out by SPiC. This includes clear messages via advice and training regarding challenging practice, working to prevent abuse and intervening to stop abuse or neglect. The notion that safeguarding is everybody's business is reflected in all aspects of the support provided by SPiC to members and non-members.
- The Care Workforce Development Partnership and SPiC continue to address the challenging recruitment climate across the wider social care and health economy. This includes identifying social care as a positive career choice, supporting apprentices to enter the sector. The DBS services offered by SPiC reinforce the responsibility that providers have to ensure they are providing safe services which starts with robust recruitment practices.
- The Safeguarding Adults Lead from SPiC Chairs the KASiSB Learning and Development Sub Group. As part of the work of that group, a learning culture across health, social care, housing, statutory agencies including the Fire and Rescue Services and the third sector, is encouraged. A Competency Framework for Safeguarding Adults has been developed is now available (click [here](#)), and a range of reflective learning logs have been developed. The KASiSB Learning and Development Sub Group have also been working on the development of awareness raising materials for the general public and workforce.
- To underpin the work carried out SPiC performs national horizon scanning to identify emerging themes, nationally and locally. This leads to sharing good practice or challenges with our membership. In addition, the production of reports on local context for KASiSB consideration e.g. domestic abuse of older people, forced marriage of adults with a learning disability.
- All trainers are able to provide advice and signposting to SPiC staff, members, the Non- Executive Board, partner agencies and others. In particular, this is evident in the contact with providers, partners and members of the public that the Safeguarding Adults Lead and the Mental Capacity Trainer and Development Officer have.

- Impact on people: Individuals accessing the services of SPiC are aware of their role in safeguarding adults and in particular the principle of accountability. The workforce has access to a range of training and support to ensure there are opportunities to develop good practice across the sector. A workforce which views safeguarding as everybody's business is better placed to challenge practice and seek to prevent abuse from happening in the first place.

### **The National Probation Service (NPS)**

- NPS activities reflect the importance of safeguarding adults at all levels of need. This includes a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of adults, including:
  - Senior Management (NPS) to lead the organisation's Keeping Adults Safe in Shropshire arrangements,
  - Active participation with the Keeping Adults Safe in Shropshire Board.
  - Fostering an operating culture that supports keeping adults safe.
  - Ensuring there is a clear process for eliciting and sharing information, in order to safeguard adults and to promote their welfare.
  - Safe recruitment practices, including Disclosure and Barring Scheme.
  - Supervision and support of staff (including mandatory training on safeguarding of adults and learning opportunities to develop practice)
  - Clear procedure and working arrangements with local authorities for investigating allegations against staff with regard to their work/contact with adults.
  - Strategic and operational involvement in multi-agency arrangements for safeguarding adults, including MAPPA, MARAC, Multi Agency Safeguarding Hubs (MASH) IOM.
  - A clear risk escalation and transfer process for Community Rehabilitation Companies and NPS to follow when the risk towards an adult escalates to the level that requires management of the case by NPS (in line with NPS Risk Escalation Policy).
  - NOMS Whistle-blowing policy must be integrated into training and codes of conduct.

### Shropshire Community Health NHS Trust (SCHT)

- We have regular training and updates for safeguarding adults and children. All staff are aware of the numbers to contact for the safeguarding team and the processes to follow. Any concerns regarding patients or anyone that we encounter during our working day are discussed with the team/caseload holder/matron/team leader.

### 4. Establishing effective working relationships with other strategic partnerships –

the Shropshire Safeguarding Board should not work in isolation. In order to be effective and achieve as wide a reach as possible, other strategic partnerships need to be clear about their role in Safeguarding adults with care and support needs from abuse.

### Shropshire Clinical Commissioning Group (CCG)

- The CCG does this by being part of the Keeping Adults Safe in Shropshire Board which brings all of the key agencies that need to safeguard adults together to develop plans to improve how they share information and work together to better safeguard people. The Board aims to learn from both examples of when we work well together and when there have been problems. Board meetings begin with a real story about abuse and safeguarding and as all the agencies are together we can work out ways to ensure we are working together. As a commissioner of health services the CCG also asks the health services it uses to provide information on how they manage safeguarding concerns, train their staff and the work they did when making enquiries into safeguarding concerns.
- The CCG as part of the Board meets regularly with other key partners and has helped develop shared information sharing processes. It has also identified how we can work with other partner organisations when we have common goals. The Board together with the Telford Safeguarding Board and the Domestic Abuse Forum hosted an event for World Elder Abuse Day in which help people better understand the problem of domestic abuse when experienced by older people.



### Healthwatch Shropshire

- Healthwatch Shropshire works in partnership with many organisations across Shropshire. It can use its networks to raise awareness of safeguarding.
- Healthwatch Shropshire receives feedback on a confidential basis and the caller may not wish to disclose details which make it a challenge for the safeguarding team to act on these concerns. HWS maintains a record of all safeguarding concerns raised whether or not it is progressed, to build up a fuller picture of that provider.
- Healthwatch Shropshire has participated in multi-agency safeguarding meetings for a number of local providers across the county to share intelligence and also participates in key local information sharing meetings.

### Shrewsbury and Telford Hospital NHS Trust (SaTH)

- The Safeguarding Nurses have an active network with our partners in health – RJAH, SCHAT and SSSFT.
- They attend and are active in the sub groups of the Board
- They share good practice with colleagues such as:
  - Sharing safeguarding policies/procedures and guidelines.
  - Discussing training and the impact and increase this has on safeguarding referrals.
  - The impact of Making Safeguarding Personal and embedding into our practice.
  - Discussing MCA and DoLS training and the forthcoming changes in legislation and the impact this will have within health.
  - Discussing our learning disability in-house training and sharing with colleagues in the community.
  - Referrals and procedures for domestic abuse.

### Shropshire Council – adult social care

- The portfolio holder for Adult Social Care and Health chairs the Health and Wellbeing Board. This Board brings together all statutory partners who have a responsibility for improving the health and well-being of Shropshire citizens.
- Shropshire Council chair a quarterly meeting that brings together the Chairs and supporting officers of the strategic partnerships in the County. This helps the Adult and Children’s safeguarding Board’s work more closely with the Community Safety Partnership, Health and Wellbeing Board and Children’s Trust.
- Shropshire Council have been undertaking a review of what resource is required to more effectively support its strategic partnerships and enable them to work more closely together. We will be able to provide a more detailed update in next year’s annual report.
- Housing attend all Shropshire Safeguarding Boards and take part in any multi-disciplinary / agency meetings called regarding clients.
- As Housing are often the key point of contact for owner occupier property condition cases, significant work is undertaken with the fire service regarding risk to client and neighbours as well as mental health teams, safeguarding, social work teams, health and friends/relatives/neighbours.
- Housing also works with some of the most vulnerable clients ie, rough sleepers, mental health and substance misuse. A multi-agency approach is always taken with case management and Housing will orchestrate MDT’s where necessary. Housing will also take an individual’s circumstances into account and will often continue to accommodate even when the Council do not have a duty, but because they recognise the client’s needs and vulnerabilities are not met elsewhere.

### Shropshire Council – housing services

- Housing services attend all Shropshire Safeguarding Boards and take part in any multi-disciplinary / agency meetings called regarding clients.

### Shropshire Fire and Rescue Service

- We are members of various locality groups, partnerships and Boards. The most productive work in keeping adults safe has come from the Domestic Abuse Forum and its links to West Mercia Police. As a result of this partnership we have provided safety advice and equipment to over 300 people who were assessed as at significant risk. These highly vulnerable people have benefited from our input but have shared their trust with us so we can help them. The partnerships that enable this have been vital.
- The Health and Well-Being Board is also helping to deliver the Safe and Well agenda promoting locality support solutions for people in need.
- The formation of partnerships is vital to the work of the Fire Service and provides the ground where we can recognise, identify and support those at risk. True partnership working allows us to avoid assumptions that others are helping.

### West Mercia Police

- West Mercia and Warwickshire Police have a Detective Superintendent for Strategic Vulnerability to provide consistency across both forces in addition to the Local Policing Area (LPA) Commander for Shropshire who is responsible for operational delivery utilising - Safer Neighbourhood Teams (SNT), Patrol (24/7) and CID. The Strategic Vulnerability Superintendent has responsibility across the West Mercia Police and Warwickshire Police to develop consistent multi agency working procedures, translate into operational working practice and is focussed on ensuring consistent delivery of service and appropriate management of risk.
- A lady was being denied clinical intervention by her son. Officers from the Adults at Risk Unit worked closely with partners to produce a tremendous piece of collaborative work between health, social services and the police. Safeguarding officers stayed on late to support police and the district nurses until the case was concluded. The result was that this vulnerable lady was taken to a place of safety for medical treatment and a DoLs (Deprivation of Liberty Safeguard) applied for and granted to keep her safe. Joint agency working practices on complex concerns is essential, and promotes confidence and understanding between partners and obtains excellent outcomes.

### Robert Jones and Agnes Hunt Hospital (RJAH)

- Linking into the requirements of the Safeguarding Vulnerable people in the NHS – Accountability and Assurance Framework July 2015, there is good partnership working with the local health economy, and the commissioning groups.
- There is an integrated approach between the safeguarding commissioners and the Robert Jones & Agnes Hunt Orthopaedic NHS Foundation trust where meetings are conducted on a monthly basis at the Safeguarding Committee, and the RJAH Adult Safeguarding lead meets on a 121 basis with the CCG's leads.
- In addition to this the adult safeguarding lead is a member of the Learning and Development sub group of the KASISB who attends meetings on a regular basis. Information from these meetings are shared with the RJAH Committee members, and senior nurses/managers when required.
- Quarterly DashBoards are completed and sent to the CCG to provide assurance of training compliance, and safeguarding referrals.

### Shropshire Partners in Care (SPiC)

- In Shropshire, SPiC takes an active role in the work of the KASISB and the Executive Board and has representation at all KASISB Sub Groups. In addition, the Safeguarding Adults Lead is an Officer to the KASISB and chairs the KASISB Learning and Development Sub Group. SPiC is also represented on a number of local steering groups, including the Mental Capacity Act and Deprivation of Liberty Safeguards Operational Group.
- SPiC continues to develop and maintain positive working relationships with partners including health, statutory agencies, the paid workforce, informal carers, council partners in adult social care and public health, commissioners of services, the voluntary sector, social housing, adults who use services, adult social care employers and community groups. Throughout the Supporting Carers, Self-Care and Digital Innovation project SPiC/CWDP have worked to develop links with a range of organisations in the voluntary, community and social enterprise sectors to integrate self-care into a range of agendas.
- The Care Workforce Development Partnership holds a contract with Skills for Care which enables employers to claim Workforce Development Funding (WDF). This focuses on the achievement of qualifications units, supporting the on-going professional development of staff working in the adult social care sector.

- Impact on people: Partnership is a key principle of adult safeguarding; SPiC is committed to this approach in order to support its membership and others to improve the lives of adults accessing care and support services in Shropshire. SPiC has invested significant resources in the work of the KASISB and developing positive links with partner agencies. SPiC has supported, trained and in some cases mentored individuals or organisations in Shropshire. Working in partnership is crucial to the continual development of social care and other services in Shropshire and the resulting experience of adults with care and support needs.

### **The National Probation Service (NPS)**

- Increasingly, other areas of partnership activity centre around the risk management of individuals within the community and the Integrated Offender Management teams involving the police, Probation Service and other partners are focused on identification of risk of harm. Examples of this include repeat domestic abuse perpetrators, serious and organised crime and other violent offenders. Within the past year there has been one Domestic Homicide Review involving a perpetrator known to the Community Rehabilitation Company in which the NPS provided impartial partnership support to the process. Lessons learned from this, and any such review are invaluable in shaping future practice which is why the NPS has a process of reviewing all MAPPA Serious Case Reviews (Lessons Learned) and those from Serious Further Offence investigations. The latter relate to individuals who have committed serious offences (murder, manslaughter, rape or sexual abuse of a child under 13years of age) whilst subject to statutory supervision. These are reviewed by the Ministry of Justice, often by Ministers. Going forward, where any of these reviews involve adults, whether or not resident in Shropshire, it would seem essential to share the lessons learned in a more structured way with partners through the Keeping Adults Safe in Shropshire Board.

### **Shropshire Community Health NHS Trust (SCHT)**

- The District Nurse team have been involved with the police, assisting them with their enquiries.



Keeping Adults Safe  
in Shropshire  
Board

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