

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 29 January 2016

**Committee:
Health and Adult Social Care Scrutiny Committee**

Date: Monday, 8 February 2016

Time: 10.00 am

Venue:

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Adult Social Care Scrutiny Committee

Gerald Dakin (Chairman)	Pamela Moseley
John Cadwallader (Vice Chairman)	Vacancy
Tracey Huffer	Peggy Mullock
Heather Kidd	Peter Nutting
Vacancy	Madge Shineton

Your Committee Officer is:

Amanda Holyoak Committee Officer

Tel: 01743 252718

Email: amandaholyoak@shropshire.gov.uk

AGENDA

1 Apologies for Absence and Substitutions

2 Appointment of Vice Chairman

To appoint a Vice Chairman of the Committee to replace Cllr J Cadwallader who has resigned from this position

3 Disclosable Pecuniary Interests

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

4 Minutes of the Meeting held on 14 October 2015 (Pages 1 - 6)

To confirm the minutes of the meeting held on 14 December 2015 as a correct record.

5 Public Question Time

To receive any questions, statements or petitions of which members of the public have given notice. Deadline for notification is 5.00 pm on Wednesday 3 February 2016

6 Adult Safeguarding Report 2014 - 2015 (Pages 7 - 36)

To consider the Annual Safeguarding Report 2014 – 2015, attached marked: 6

7 Non-Emergency Patient Transport (NEPT) - Assessment for Eligibility (Pages 37 - 50)

Dr Julie Davies, Director of Strategy and Service Redesign, Shropshire CCG, will present a report on plans for work and proposed timescale for the implementation of a consistent approach to assessment for access to the non-emergency patient transport service. Report attached marked: 7

8 Appointment to Joint Health Overview and Scrutiny Committee

To appoint Councillor H Kidd to the Joint Health Overview and Scrutiny Committee (replacing Councillor T Huffer)

9 Work Programme (Pages 51 - 52)

To consider proposals for the Committee's Work Programme, attached marked:
9

The Cabinet Forward Plan is available from :
<http://shropshire.gov.uk/committee-services/mgListPlans.aspx?RPId=130&RD=0>

This page is intentionally left blank

SHOPSHIRE COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the meeting held on 14 December 2015
10.00 am - 11.47 am

Responsible Officer: Amanda Holyoak
Email: amandaholyoak@shropshire.gov.uk Tel: 01743 252718

Present

Councillor Gerald Dakin (Chairman)
Councillors John Cadwallader (Vice Chairman), Heather Kidd, Pamela Moseley,
Cecilia Motley, Peggy Mullock, Peter Nutting and Madge Shingleton

36 Apologies for Absence and Substitutions

Apologies were received from Mrs T Huffer and Mr D Minnery. Mr R Evans substituted for Mrs Huffer.

37 Disclosable Pecuniary Interests

There were no disclosable pecuniary interests.

38 Minutes of Previous Meeting

The Minutes of the meeting held on 16 November 2015 were confirmed as a correct record.

39 Public Question Time

There were no questions from members of the public.

40 Members Question Time

There were no questions from Members of the Council.

41 Presentation from Shropshire Clinical Commissioning Group

Donna McGrath, Chief Finance Officer, Shropshire Clinical Commissioning Group, was welcomed to the meeting. She explained that Brigid Stacey, Acting Accountable Officer, was unable to attend the meeting as she was due to meet the Turn Around Team which was about to commence its work.

She gave a presentation entitled 'Explaining Shropshire CCG Finances'. The presentation covered:

- The forecast deficit for 2015/16
- The main causes of the deficit
- The underlying position

- Actions in place to control expenditure in year
- What this would mean for 2016/17 planning round
- The CCG approach to 2016/17

She explained that the year had started with a plan to deliver a £3.6 million surplus and that this had been recognised as high risk both by the CCG and by NHS England. The CCG had overspent against three key lines of expenditure: Continued Health Care; Acute Contracts, and preparing for turnaround and winter. This had created a deficit of £7.9 m, which was £11.5 m adverse to the 2015/16 plan. This was a change from the widely publicised £10.6 m deficit caused, largely, by preparing for financial turnaround. It was confirmed that the total budget was £350 m.

In discussion of the main causes of the deficit, Members asked about the invoices for Continuing Health Care totalling £2.2m relating to 2014/15, and why they had not been known about and factored in. The Chief Finance Officer explained that there was variability in invoice timing and sometimes decisions were made after the care had been delivered. External advice received had suggested that the CCG had been paying for patients that it should not have been paying for, but this advice had turned out to be not as realistic and legally sound as it could have been.

Members referred to £9m of unexpected costs incurred during the year and asked about the likelihood of this happening again the following year. The unexpected costs related to £4.4m Continuing Health Care and £6m of unplanned costs. Members also referred to Telford and Wrekin CCG which was predicting a surplus and asked why there was such a difference between the two CCGs.

The Chief Finance Officer explained that Telford and Wrekin CCG were advantaged by the Fair Share Target and had received extra funding in November and an uplift which Shropshire had not. If it was funded in the same way as Telford and Wrekin CCG, Shropshire CCG would be £8m better off.

Members asked why Telford and Wrekin had received this uplift but not Shropshire. They learnt that it had been around five years since the last calculation was made. Last year Telford and Wrekin had been deemed to be underfunded, but Shropshire CCG deemed to be over target as the rurality adjustment had been removed. The sparsity adjustment currently only applied to four areas in the country.

The Chairman enquired about brokerage, NHS England had approved the CCG obtaining loans from other organisations to achieve a 1% surplus. Not all of this would be repayable, although £3.2m would need to be paid back this year. The CCG had been told not to obtain brokerage for this year.

NHS England had informed the CCG that it needed only to balance the budget and that the deficit need not be repaid next year. The Turn Around Team would add capacity and expertise to support the pace of change needed and assist with planning for the future.

In terms of Acute contracts and activity levels, the CCG had to pay hospitals based on activity levels incurred and this had caused a forecast overspend against those contracts

of £4m. Robert Jones and Agnes Hunt Hospital and Shrewsbury and Telford Hospital Trust had not met 18 week waiting targets and had needed to put in extra activity to address this. The CCG did have the ability to award a penalty for failing to meet these targets, but this was not enough to cover the extra activity needed.

The headline deficit which the CCG had identified for 2015/16 contained a significant amount of non recurrent costs. Had these one offs not occurred then the CCG would have had a deficit of £2.9m this year which needed to be addressed as part of the bigger challenge in arriving at a balanced budget for 2016/17. This £2.9m recurrent deficit from 2015/16 would be carried across into the 2016/17 planning round. The total efficiency requirement for 2016/17 would be £13m which was 3.5% of the budget.

The presentation went on to cover actions in place to control expenditure in year. A number of measures had already been taken and were listed in the presentation. Areas of focus were likely to be high cost services with little outcomes, high cost services for a small number of patients and integration of services. There was a possibility that some services might be decommissioned, but not for the next year and this would require consultation.

Members asked for examples of money saving schemes and heard about the constant review of GP prescribing and changes to NICE guidance. 'Script Switch' was a system flagging up cheaper alternatives for GPs, and had saved around £1m.

The Portfolio Holder for Adult Social Care referred a recent Idea Generation workshop with Executives, Governing Body and Providers and asked what areas were being looked at and whether these were being discussed with Shropshire Council. The Chief Finance Officer confirmed that these would be discussed with Council colleagues.

Members discussed educating patients to avoid inappropriate use of ambulances. and heard that the Health and Wellbeing Board were tackling this with the Department of Health and NHS. The Committee was informed of an ambulance frequent user scheme whereby frequent callers of ambulances received a telephone call every day from a paramedic. Blackpool CCG had used this approach and it had proved to avoid unnecessary ambulance call out.

Members asked who had appointed the Turn Around Team and heard that it had been procured by the CCG itself. It would help with the deficit position and putting systems in place to address this. It would also help with planning for next year and the medium term future.

Members enquired about who would identify the impact on other organisations of any changes the CCG might make. The Turn Around Team would facilitate discussions with other providers, partners and stakeholders.

The Portfolio Holder for Adult Social Care reported that the Council's Chief Executive had asked if the Council could contribute to the work of the Turn Around Team, particularly in light of its involvement in admission avoidance, and Integrated Community Services. He also asked about any impacts on primary care and their role in admission avoidance.

The Chief Finance Officer referred to Primary Care provision through Shropdoc, the Community Fit element of Future Fit, the Urgent Care Recovery Plan, Team around the Practice, and links with ICS. NHS England would be delegating some primary care commissioning to the CCG from this year onwards which would help.

Members considered whether it was the funding of Shropshire CCG or spending patterns which had caused the problem. It was acknowledged that there was always room for efficiencies, but the level of efficiencies providers had been asked to deliver was unrealistic. Benchmarking showed that Shropshire residents were relatively healthy which caused disadvantage in funding. The Chief Finance Officer felt the campaign to get rurality to be acknowledged fairly needed to be reinvigorated and Members asked what could be done to help achieve this. Councillor C Motley reported on campaigning by the Rural Services Network regarding the allocation formula used for Clinical Commissioning Group funding.

The Committee asked how much warning would be given if services were potentially going to be decommissioned, and what consultation would take place and where.

Although a number of ideas had been considered, there were no plans yet to decommission in any areas. Full public engagement and a consultation would need to be conducted properly to understand the consequences if there was such a proposal. A full review would then be undertaken to identify if, for example, services were perceived to be not good value for money, whether costs might emerge elsewhere instead.

At the conclusion of discussions, the Committee requested:

- that Shropshire Council be included in any discussions around proposals which would impact on services provided by the Council at an early stage.
- that the Council be involved in the Recovery Plan in any way possible
- that quarterly reports on progress and proposals be made to the Committee
- that lobbying for fair funding for Shropshire and recognition of the rural, sparse nature of the county be continued

The Committee thanked the Chief Operating Officer for attending the meeting.

42 Shropshire Council Adult Social Care Annual Account

Members received the Shropshire Council Adult Social Care Local Account 2014 – 2015 (a copy is attached to the signed minutes).

The Committee was reminded that the Local Account was designed to demonstrate and describe performance in adult social care to local people, was designed to be user-focused and highlight the quality aspects of services provided, rather than numbers.

During discussion, Members asked questions and raised issues related to the following:

Telephone number for the First Point of Contact

Members commented positively on the success of the First Point of Contact. It was confirmed that the telephone number for the FPOC was promoted on all adult social care publications and advertised in a variety of ways including through bulletins issued by Shropshire Association of Local Councils and Parish Magazines.

Family Carers

A Member drew attention to the Focus on Carers page which showed that 66% of family carers said that they did not have enough control of their life. Officers acknowledged that more could be done for carers. All carers services had recently been recommissioned and the Council would be working on developments with the NHS. The Carers Partnership Board was involved in considering what was needed.

Delayed transfers of care from hospital (for people aged 18+) attributable to adult social care

Members noted a deterioration in performance over the year and asked for the reasons for this.

They heard that the national picture was also deteriorating for reasons including the increase in complexity of conditions of patients leaving hospital which often meant a significant package of domiciliary care was required. In Shropshire this was often in very rural parts of the county. A Member of the Committee remarked on the need for carers in rural areas to have access to satnav as some locations were very hard to find.

Care particularly for hospital leavers had recently been commissioned and more was needed. Recruitment to domiciliary care posts was discussed and work with schools, colleges and the Job Centre to encourage applications was underway. It was felt that more should be done nationally to recognise the work of those employed in social care and enhance training opportunities so that jobs were perceived in the same way as those in the health sector.

Members noted that a report covering hospital discharge delays would be considered at a meeting of the Joint Health Overview and Scrutiny Committee the following day. It was also noted that 30.9% of national hospital discharge delays were related to social care.

Preventative Work

A Member asked where dementia fell within the primary support reasons listed on page 8 of the report. The Director explained that if the primary impact of dementia was the need for personal care support, that would be how a service user would be categorised. The Council's Social Care Information System was limited when it came to extracting information in other ways.

Members also referred to other causes of mental confusion in older people, for example as a result of a urinary infection. They asked whether the Council had regular contact with GPs to tackle this sort of issue. There was evidence to suggest that many older people were not drinking enough and low level interventions such as reminding them of the

importance of drinking would be an inexpensive way of preventing poor health and hospital admissions.

The Director referred to hospital admission avoidance schemes, and encouraging GPs to make links with Let's Talk Local sessions. In response to a question from a Member about GP surgeries in Wales, he said that the aim was to make links with GPs in remote areas serving Shropshire patients, regardless of whether they were in Shropshire or Wales.

Members discussed the role of Frail and Elderly co-ordinators located in some GP surgeries. They felt it would be useful to hear how many there were across the county and to hear from someone in such a role.

The Committee thanked officers for the comprehensive and useful Local Account and for attending the meeting.

43 Proposals for Committee Work Programme

The Chairman reported that the CCG had requested an agenda item to brief the Committee on Non-Emergency Passenger Transport eligibility. It was agreed to add this item to the 8 February meeting.

It was agreed to set up a small group of the Committee's members to do a short piece of work to understand the Integrated Community Service and the different factors which impact on the service, and the level of activity, quality and impact of this service. Councillors Dakin, Kidd, Moseley and Mullock volunteered to undertake this work.

The Committee agreed to a suggestion by the Head of Social Care Efficiency and Improvement that the agenda item on Support for Carers be added the work programme for October or shortly after then so that the new contract would have been in place for six months.

Signed (Chairman)

Date:



<u>Committee and Date</u>	<u>Item</u>
Health and Adult Social Care Scrutiny Committee Monday 8 February 2016	 <u>Public</u>

Health and Adult Social Care Scrutiny Committee Shropshire Adult Safeguarding Report 2014-15

Responsible Officer: Andy Begley, Director Adult Social Care Services

e-mail: andy.begley@shropshire.gov.uk

Tel: 01743 252421

Summary

This report provides context and oversight of the development of Shropshire Adults Safeguarding Board and makes particular reference to the revised statutory obligations under the Care Act

Content

1. Introduction and Local Context
2. The Care Act 2014 and Safeguarding Boards
3. Keeping Adults Safe in Shropshire Board (KASiSB) - Current Position

Recommendations

Scrutiny are requested to:

- Review the progress made to date in implementing the requirements of the Care Act.
- Comment on the strategic action plan of the new Keeping Adults Safe in Shropshire Board
- Confirm and agree date of the receipt of the statutory Annual Report for 2015-16.
- Agree recommendation that in addition to the presentation of the annual Safeguarding report, a mid-year update is presented for scrutiny.

1. Introduction and Local Context

During 2014/15, Shropshire Council continued to work in a joint Safeguarding Board arrangement with Telford & Wrekin Council. This joint arrangement came to an end in March 2015. The Shropshire Adult Safeguarding Board met in shadow form on 27th March 2015 and held its first formal Board meeting on 25th June 2015.

Much work was required by the joint Board to prepare for implementing new statutory duties under the Care Act 2014 and for this reason an informal decision was taken by the joint Board to focus on these preparations and not produce an annual report for 2014/15.

This report is now an opportunity to update Scrutiny on the work undertaken so far.

2. The Care Act 2014 and Safeguarding Boards

2.1 The Care Act 2014 (The Act) places a number of statutory duties on local authorities. They are to:

- Set up a Safeguarding Adults Board (SAB) (which must conduct a Safeguarding Adult Review when an adult in its area dies as a result of abuse or neglect or suffers serious harm and agencies could have worked more effectively together)
- Arrange for an independent advocate where appropriate (i.e. when a person has 'substantial difficulty' in being involved in the process and where there is no other appropriate person to represent and support them)
- Co-operate with each of its relevant partners
- Make Enquiries (section 42) or cause others to make enquiries

2.2 The statutory guidance that accompanies the Act further **requires** Safeguarding Boards to:

- Have a strategic role greater than the sum of its operational duties
- Oversee and lead adult safeguarding
- Be interested in a range of matters that prevent abuse or neglect

2.2.1 Additionally, the Board **must** publish:

- A strategic plan each financial year
- An annual report
- Clear policies and processes

2.2.2 Annual reports **must**:

- State what SAB and partners have done to implement the strategy
- Provide information about Safeguarding Adult Reviews (SARs)
- State what the SAB has done to implement its finding
- State what the SAB has not acted on and why not
- State how the SAB is monitoring its policies and intentions to deliver its strategic plan
- Be submitted to the Chief Executive and Leader of the local authority, Police and Crime Commissioner and Chief Constable, Healthwatch and Chair of the Health and wellbeing Board

2.2.3 Strategic plans **must**:

- Set out how it (SAB) will help adults
- State what action each member will take to deliver the strategic plan
- State how SAB will consult with Healthwatch
- Involve the local community

Scrutiny should also note that we are expecting a revised version of the statutory guidance shortly. Officers will advise Scrutiny if any of the above is affected.

3. Keeping Adults Safe in Shropshire Board (KASiSB) - Current Position

3.1 The Strategic Plan

As a result of a development day held on 14th July 2105, a series of priorities were identified by the SAB. These priorities were amended as a result of a consultation event held on 5th November. The name of the Board was also changed as attendees (particularly adult and carer representatives) thought it was important it reflected the work it did. Scrutiny should note that the name of the Board is now the "Keeping Adults Safe in Shropshire Board". The Strategic Plan is attached at appendix 1.

3.2 The Independent Chair

- 3.2.1 An Independent Chair (Ivan Powell) has been funded by Shropshire Council to help ensure the Council as well as other Partners, are held to account for their work to safeguard and protect adults in Shropshire. It should be noted that key partners have agreed to share future costs in relation to future administration and management of the board.

3.2.2 Ivan Powell was a senior Police officer working in West Mercia. He also chairs Herefordshire's Adult Safeguarding Board so is well aware of the challenges faced by each local authority in meeting and anticipating the needs of its population within such rural environments.

3.3 Safeguarding Lead

3.3.1 Sarah Hollinshead-Bland took up this role on 1st July 2015. The post supports the Board and helps to ensure its statutory functions are implemented. It also manages the specialist Adult Safeguarding Team. Sarah Hollinshead-Bland re-joins the Council with over fourteen years' experience in the field of Adult Safeguarding.

3.4. Policy, Procedure and Practice in Shropshire

3.4.1 *Policy and Procedure*

The Keeping Adults Safe in Shropshire Board are working in accordance with the Pan West Midlands Adult Safeguarding Policy and Procedure. This has been accepted as our overarching Policy but still requires local guidance to be developed in order to explain how safeguarding works operationally in Shropshire. To that end the Board has produced guidance on risk assessment and risk management in the safeguarding process and is consulting on the following guidance documents:

- How the safeguarding process works in Shropshire (this covers everything from when to raise a concern to establishing a safeguarding plan if there is ongoing risk of abuse or neglect)
- Conducting Safeguarding Adult Reviews
- Self-Neglect

3.4.2 *Practice*

An essential part of the development of the Keeping Adults Safe in Shropshire Board was to review our safeguarding practice in Shropshire was reviewed in July 2015. As a result of this, our First Point of Contact team now play a significant part in screening safeguarding concerns as they come in and gathering information to assist the safeguarding team to make decisions about what action should be taken.

There is an emphasis on working with the person affected at the start of the process to understand what they want to happen and what part they play in protecting themselves from abuse or neglect.

Clear processes are now established for receiving concerns, making decisions, planning and undertaking enquiries and evaluating those enquiries to make sure people are safe.

There is also a regular information sharing meeting that enables discussion about providers that cause us the most concern. The purpose of this forum is to prevent business failure at the earliest

opportunity and promote the continuous improvement in the quality of service provision in the county. This meeting is attended by BOTH SHROPSHIRE AND TELFORD Clinical Commissioning Group and Care Quality Commission colleagues as well as Telford & Wrekin Council.

Our training programme is currently under review and the awareness session has been revised to align with our practice changes since the Care Act 2014.

3.5 Safeguarding Adult Reviews

The Board is currently undertaking one Safeguarding Adult Review, concerning a person who sustained significant bruising while in a Shropshire Care Home. We have not been able to identify how the bruising occurred but it is important that we consider what lessons can be learned to prevent harm to others and improve how as a Partnership, we work more effectively together. The outcome of the review will be reported in the Annual Report for 2015-16.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Pan West Midlands Policy and Procedure - Care Act (2014) Statutory Guidance https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
Keeping Adults Safe in Shropshire Board Constitution - http://new.shropshire.gov.uk/media/1978/west-midlands-adult-safeguarding-policy-and-procedures.pdf
Cabinet Member (Portfolio Holder)
Lee Chapman – Portfolio Holder for Adult Services and Commissioning (South)
Local Member
Appendices
Appendix 1 – Keeping Adults Safe in Shropshire Board Strategic Plan

Keeping Adults Safe in Shropshire Board

Strategic Plan

2015 – 18

Team	N/A	Author(s)	Ivan Powell and Sarah Hollinshead-Bland
Document	Strategic Plan		
Date Created	12.11.15 (amended following consultation event)	Address	Ptarmigan House
Version	V3		
Status	Approved		
Review Date	10.09.16		

CONTENTS

- 1. Foreword from the Independent Chair**
- 2. What is Safeguarding?**
- 3. Local Strategy**
- 4. Background**
- 5. The Vision for Shropshire**
- 6. Our Business as Usual Activity**
- 7. Our Strategic Priorities**
- 8. KASiSB Budget 2015-16 (*under development*)**
- 9. KASiSB Business Plan 2015-16 (*under development*)**

1. Foreword from the Independent Chair

The Care Act and related Guidance came into force in April 2015. This gives definition to the status, role and function of our Safeguarding Adults Board and we have done a great deal of work to understand the changes required of us and have the important elements in place. We are starting from a good position. Whilst the Board is newly established, it has an Independent Chair and has strong commitment from its members, many of whom benefit from their experiences on the joint board with Telford and Wrekin. We also welcome our new members who bring fresh enthusiasm, energy and innovation.

We face new challenges ranging through the inclusion of self-neglect as a category of abuse, the requirement for public involvement in the production of this Strategic Plan, through to changes in Board membership and accountabilities. Some of these we can address and deliver quickly. Others will need commitment and more work during the first year of this strategy and will form a definitive element in years two and three.

The prime focus of the work of the Board is to ensure that safeguarding is consistently understood by anyone engaging with adults who may be at risk of or experiencing abuse or neglect and that there is common commitment to improving outcomes for them. This means understanding how to support and empower people at risk of harm, anti-social behaviour, hate crime and other types of harm to resolve the circumstances which put them at risk. We want to develop and facilitate practice which puts the person in control and generates a more person-centred set of responses and outcomes. This includes being confident that effective advocacy services are in place for anyone who may need them at any point during a safeguarding episode. We call this Making Safeguarding Personal.

When things go seriously wrong and people die or are permanently affected by abuse, we have a responsibility to look into this thoroughly by means of a Safeguarding Adult Review. This process seeks to identify and report on learning so that multi-agency practice will improve. Equally important, is our role in promoting good practice and giving our residents confidence that concerns can be expressed and will be responded to effectively.

All working in adult safeguarding have the difficult task of understanding risk, assessing the level of this for the individual concerned and constructing a plan with the person affected to manage this which works for the person and is understood by those around them. This demands sound grasp of the legal basis for the work along with effective listening and communication. This often presents a challenge in a society where there is a pressing tendency to avoid rather than to manage risk. A key task for the Board is to evaluate the quality of risk management in safeguarding in Shropshire and assure all of us that the right balance is being struck.

This Strategy sets our tone and purpose for the coming three years. It is not a fixed document and will be reviewed and developed annually but gives definition to what is important for adult safeguarding in Shropshire and how your Safeguarding Adults Board will work to ensure that everything is being done to prevent abuse and that a timely and proportionate response is made when it occurs.

Ivan Powell
Independent Chair

2. What is Safeguarding?

The Care Act Statutory Guidance (section 14.7) describes adult safeguarding as “*protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances*”.

3. A Local Strategy

Whilst the production of a strategic plan is a statutory requirement (Care Act Guidance, section 14.107) a local strategy is key to supporting our aim to work with Shropshire people and with partners to ensure that adults with care and support needs who may be at risk of abuse or neglect are:

- living as safely as they can
- fully involved in the safeguarding process and the development of any ongoing safeguarding plan if required.
- receiving effectively co-ordinated services

Since the publication of ‘No Secrets’ in 2000, we have worked to promote an understanding and actions that “safeguarding is everybody’s business”. The development of this strategy marks a commitment for a shared vision and actions that will keep adults at risk safe and protected from abuse and neglect.

4. Background

The Care Act 2014 provides the legal framework for adult safeguarding, setting out the responsibilities of local authorities and their partners. It places a duty on Local Authorities to establish Safeguarding Adults Boards and also stipulates local authorities’ responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect.

The role of a Safeguarding Adults Board is to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each of its members does and each Board may do anything which appears to it, to be necessary or desirable for the purpose of achieving its objective.

The Care Act Guidance details the statutory requirement to have a Safeguarding Adults Board (SAB) and that the Board has three primary functions:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective, and what the members will do to achieve these objectives. The plan must be developed with local community involvement, and the SAB must consult the Local Healthwatch organisation.
- It must publish an annual report detailing what the Board has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews or any on-going reviews.
- It must conduct any Safeguarding Adults Review.

Additionally, the Care Act specifies core membership for the Board and suggests wider membership is desirable. There is clarity about the formal delivery and oversight of the Boards objectives through strategic and business planning. The Board has responsibility for setting the vision for safeguarding locally and ensuring delivery of this Strategic Plan along with its annual update.

The Keeping Adults Safe in Shropshire (KASiSB) has previously been a joint board with colleagues in Telford and Wrekin Council. This has provided a good foundation upon which to move forwards. KASiSB members have been involved in a development day which has helped shape the board structure, membership and its strategic priorities in this document.

5. The Vision for Shropshire

“Shropshire is a place where adults with care and support needs as well as children live a life free from abuse or neglect”.

6. Our “Business as Usual Activity”

Shropshire recognises that safeguarding adults is not just about reacting when abuse has been identified but it is very important to prevent abuse from happening in the first instance. Safeguarding is a range of activity and the development of a culture that promotes good practice and caring within services. The person at the centre of the concern should feel safe in their homes and in their communities.

The following areas are identified as business as usual activities for the KASiSB. They should be reflected in the structure of the Board and its business plan:

- a. assurance and challenge
- b. ensure the effective undertaking safeguarding enquires (including section 42 enquires which we have to do if a person has care and support needs and they are experiencing or are at risk of abuse).
- c. undertaking safeguarding adult reviews and changing practice as a result of what we learn from them
- d. audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

7. Our Strategic Priorities

In addition to our business as usual activity, to deliver our vision we have identified the following priority areas to work on over the next three years:

- a) preventing abuse from occurring – we need to do this for three main reasons:
 - o to develop a culture of caring for others
 - o to stop harm from happening to people
 - o to minimise the impact of dealing with abuse on our services
- b) Making Safeguarding Personal and implementing personalisation – personalisation means giving people as much control as possible over their lives. The KASiSB 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.
- c) 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.
- d) 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.

8. KASiSB Resources 2015-16

Still under development.

9. KASiSB Business Plan 2015-16

This section sets out in detail how our strategic priorities will be met. Each sub-group will be expected to develop a business plan that clearly demonstrates how the Board priorities will be met. The KASiSB Board's performance dataset, audit programme and other associated learning and improvement activity will enable the KASiSB to evaluate the impact of its priorities. The priorities and the impact of the plan will be reported in the KASiSB Annual Report.

It is to be recognised that this is a starting point for much of the work that lies ahead, and some of the priorities will need to be developed further as additional statutory guidance is issued and reviews of the Business Plan are completed. There will be an increasing requirement going forwards to scrutinise individual agency performance, which will then be reported upon in future KASiSB Annual Reports.

Business Plan Template

KASiSB meeting name:

Year: 2015/16

What do we need to do?	Why do we need to do it?	What difference will it make?	Who is responsible for making it happen?	When will it be done by?	Letter/no. of KASiS strategic priority

Page 20

This page is intentionally left blank

THE CONSTITUTION OF THE
KEEPING ADULTS SAFE IN SHROPSHIRE BOARD

Team	Keeping Adults Safe in Shropshire Board	Author(s)	Sarah Hollinshead-Bland
Document	THE CONSTITUTION OF THE KEEPING ADULTS SAFE IN SHROPSHIRE BOARD		
Date Created	03.12.15	Address	
Version	V5		
Status	Approved		
Review Date	10.09.2016		

This document requires the following approvals:

Approving Body/Group	Approved on	Chair signature
KASiSB	10/09/15	

1. THE VISION OF THE PARTNERSHIP

“Shropshire is a place where adults with care and support needs and children live a life free from abuse or neglect”.

2. AIMS OF THE PARTNERSHIP ARRANGEMENTS

- 2.1 To optimise the safety of adults in Shropshire with care and support needs and prevent abuse occurring.
- 2.2 To ensure that when safeguarding support is required, the adult affected is fully involved in the process and the development of any ongoing safeguarding plan required.
- 2.3 To ensure the effective co-ordination of services to safeguard and promote the welfare of adults in accordance with the Care Act 2014 and Care and Support Statutory Guidance 2014.
- 2.4 The Keeping Adults Safe in Shropshire Board aims to achieve its objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion. In achieving this, the following 6 key principles must be followed by all partners:-
 - Empowerment:
Presumption of person led decisions and informed consent.
 - Prevention:
It is better to take action before harm occurs.
 - Proportionality:
The least intrusive response appropriate to the risk presented
 - Protection:
Support and representation for those in greatest need.
 - Partnership:
Local Solutions through services working with communities
 - Accountability:
Accountability and transparency in delivering safeguarding

3. OBJECTIVES

- 3.1 Among the Board's objectives is to provide personalised safeguarding arrangements and ensure partnerships work together to act to help and protect adults with care and support needs who are at risk or experiencing abuse or neglect.
- 3.2 The KASiSB is a multi-agency strategic Board that will coordinate the development of Adult Safeguarding across Shropshire and ensure the effectiveness of the work undertaken by Partner agencies.
- 3.3 Whilst KASiSB has a role in coordinating and ensuring the effectiveness of work being done by local individuals and organisations in relation to safeguarding and promoting the welfare of adults, it is not accountable for their operational work.
- 3.4 All statutory members of the Keeping Adults Safe in Shropshire Board will be required to have in place a Designated Adult Safeguarding Manager who will be required to provide information to the Board. Each Board Partner has their own existing lines of accountability for safeguarding and promoting the welfare of adults by their services. The Board does not have the power to direct other organisations.
- 3.5 The Board will receive and scrutinise regular quality-assurance reports by individual agencies annually (as a minimal requirement) to identify good practice and highlight any shortcomings within agencies. If shortcomings are identified the Board and the agency in question will agree a remedial action plan. The implementation and resulting impact of the action plan will be reviewed by the Board.
- 3.6 If the Board is not convinced of the adequacy of the planned action to improve practice, the Board Chair, in consultation with the Director of Adult Social Services ['DASS'], will explain these concerns to those individuals and organisations concerned, and seek to provide support and ensure adequate action is taken to improve practice.
- 3.7 The Partners that make up the Board are expected to share information in accordance with the associated Board document.

4. FUNCTIONS

- 4.1 The core duties of the Board are set out in Chapter 14 of the Care Act Statutory Guidance, issued under S78 of the Care Act 2014 which requires the Board to:-
 1. Publish a Strategic Plan for each financial year detailing how it will help adults;
 2. Publish an Annual Report detailing what the Board has done during the year to achieve its objectives and implement its Strategic Plan and what Members have done to participate in that.
 3. Conduct any Safeguarding Adult Reviews in accordance with S44 of the Care Act 2014.

- 4.2 In order to fulfil its core duties the Board will develop initiatives, plans, policies and procedures for Safeguarding Adults in their area or where agreed by the Board adopt existing Pan West Midland Policies and Procedures in relation to:-
- a. The role, responsibility, authority and accountability with regard to the action each agency and professional group should take to ensure the protection of adults with care and support needs.
 - b. establishing ways of analysing and interrogating data on safeguarding concerns and completed enquiries to increase the KASiSB's understanding of prevalence of abuse and neglect locally that builds up a picture over time;
 - c. establishing how it will hold partners to account and gain assurance of the effectiveness of its arrangements;
 - d. determining its arrangements for peer review and self-audit;
 - e. establishing mechanisms for developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant agencies but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives;
 - f. developing preventative strategies that aim to reduce instances of abuse and neglect in its area;
 - g. identifying the circumstances when a safeguarding concern should be raised with the local authority;
 - h. formulating guidance about the arrangements for managing adult safeguarding concerns, including dealing with complaints, grievances and professional and administrative malpractice, referral pathways and thresholds for intervention;
 - i. developing strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect;
 - j. balancing the requirements of confidentiality with the consideration that, to protect adults, it may be necessary to share information on a 'need-to-know basis';
 - k. identifying mechanisms for monitoring and reviewing the implementation and impact of policy and training;
 - l. carrying out safeguarding adult reviews and advising Partners on lessons to be learned;
 - m. producing a Strategic Plan and an Annual Report;
 - n. evidencing how Board members have challenged one another and held other Boards to account;
 - o. reviewing and commenting on the impact for safeguarding of individual member agencies' operational strategic decision making, including budgetary considerations; and
 - p. engaging in any other activity that facilitates or is conducive to, the achievement of its objectives.
- 4.3 The KASiSB will develop:-
- A Case Audit Framework, Quality Assurance Framework and a local learning and development strategy which is shared across local organisations who work with adults.
 - Monitor and evaluate the effectiveness of action plans arising from the Case Review and Quality Assurance frameworks and of all training, including multi-agency training, for professionals in the area.

- 4.4 In all activities the KASiSB will promote the equality of opportunity and to meet the diverse needs and wishes of adults at risk in the area.

5. EFFECTIVE WORKING RELATIONSHIPS WITH OTHERS

- 5.1 The KASiSB recognises other partnerships and organisations working in Shropshire and have responsibilities to address issues relevant to safeguarding adults at risk of abuse or neglect. To ensure effective communication and lead accountability in issues which traverse groups, the KASiSB will formalise links and develop effective, high quality relationships with:-
- The Quality Surveillance Group
 - The Health & Wellbeing Board
 - The Safeguarding Children Board
 - The Community Safety Partnership
 - Coroner's Office
 - Office of the Public Guardian
 - The Police and Crime Commissioner
- 5.2 It will play a strong role in supporting information sharing between and within organisations and addressing any barriers to information sharing, ensuring that a culture of information sharing is developed and supported as necessary by multi-agency training.

6. KASiSB CHAIR & ACCOUNTABILITY

- 6.1 The Care Act 2014 requires Shropshire Council as a Local Authority to establish a Safeguarding Adult Board. The KASiSB is independent of the Council and other statutory partners. In order to provide effective scrutiny it will not be subordinate to, nor subsumed within other local structures or multi-agency partnerships.
- 6.2 The KASiSB will have an Independent Chair to hold all agencies to account.
- 6.3 It is the responsibility of the local authority Chief Executive and Lead Member to appoint, monitor or remove the KASiSB Chair. The Chief Executive will where appropriate, hold the Chair to account for the effective working of the KASiSB in consultation with KASiSB members.
- 6.4 The KASiSB Chair should work closely with all KASiSB partners and particularly with the Director of Adult Social Care¹, the Director of Nursing, Quality and Patient Experience of the Shropshire Clinical Commissioning Group and the Chief Constable (or their representative).
- 6.5 The Chair will ensure the KASiSB publish a Strategic Plan for each financial year. This plan will address both short and longer term actions and must set out how it will help adults in its area and what action each member of the Board will take to deliver the plan and protect adults more effectively. When preparing the plan the Board will consult the local Healthwatch and involve the community.

¹ The Director of Adult Social Services has the responsibility within the local authority, in accordance with the Children Act 2004 which makes an amendment to Section 6 of the Local Authority Social Services Act 1970 ("the 1970 Act"). This amendment requires a Local Authority with Social Services responsibility in England to appoint an officer as the Director of Adult Social Services, once a Local Authority exercises its power to appoint a Director of Children Services.

6.6 The Chair must ensure the KASiSB publish an annual report on its activities including an assessment of the effectiveness of local safeguarding arrangements and the challenges for the next year to relevant Statutory Bodies. The annual report must also provide information about any Safeguarding Adults Reviews (SAR's) and how the Board is monitoring progress against its policies and intention to deliver its Strategic Plan. The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles. The report must be submitted to the following:-

- Chief Executive and Leader of Shropshire Council;
- The Chief Constable of West Mercia Police;
- The Chair of the Health and Wellbeing Board;
- The Police and Crime Commissioner and
- Healthwatch Shropshire

Additionally, the KASiSB recognizes the important role played by the democratically elected local leaders of Shropshire Council in scrutinising local safeguarding arrangements. Therefore the annual report will be presented to Health and Social Care Overview and Scrutiny Committee on a yearly basis.

All partners will be expected to ensure the KASiSB Annual Report is acknowledged through their own governance systems.

7. THE ACTIVITIES OF THE BOARD

7.1 In pursuit of its aims the KASiSB will:-

- Adopt the financial year April 1st – March 31st;
- Hold its meetings quarterly;
- Require a quorum of at least two of the three statutory partners present in order to have a fully constituted meeting;
- Review its Constitution on an annual basis at the first meeting of each financial year following a formal consultation process with the membership;
- Review and adopt the Terms of Reference for the sub groups on an annual basis at the first meeting of each financial year following a formal consultation process with the sub groups;
- Keep a written record of all Board meetings and meetings of its Executive Group and Sub Groups which will be circulated within 10 working days;
- Any member of the full Board may submit items to be included on the agenda of a main meeting of the KASiSB supported by a written statement/report to the Chair at least 15 working days before the meeting.

- Agenda and reports will be circulated generally at least 10 working days prior to the meeting;
- The KASiSB are committed to transparency and will, publish its Strategic and Business Plan, Annual Report and findings from Safeguarding Adult Reviews
- Hold regular development sessions to ensure Board members have up to date knowledge regarding adult safeguarding.

7.2 The KASiSB structure is illustrated at appendix 2. and described below.

7.3 The KASiSB will establish an Executive Group that will be responsible for holding the sub-groups to account, monitoring the strategic and business plan of the KASiSB and making recommendations to the KASiSB. The Executive will be chaired by the Vice-Chair of the KASiSB and will be made up of Sub-Group chairs, Officers to the Board and the Independent Chair. People leading short-term pieces of work will be co-opted to the Executive Group until the work is complete. The Executive Group is empowered by the KASiSB to make decisions on its behalf as recommended by sub-groups and task and finish groups subject to its confidence to do so.

7.4 The KASiSB will also operate sub groups which will carry out the day to day operational functions of the KASiSB and will report to the executive group. All sub groups will produce an annual business plan which will form the KASiSB annual business plan and support the delivery of the strategic plan.

7.5 In order to carry out these functions the following sub groups will meet as dictated by their terms of reference:-

- Learning & Development
- Safeguarding Adult Reviews
- Audit and Performance

7.6 The KASiSB delegates power to the sub-groups to:

- a. carry out any work related to the different sections of the Business Plan;
- b. undertake consultation as appropriate;
- c. prepare a response to consultation matters on behalf of the Board;
- d. explore a particular issue;
- e. publish material on behalf of the Board; and
- f. discharge any functions delegated to it from the Board.

8. HOW THE KASiSB MAKES DECISIONS

- 8.1 The KASiSB will always seek to make decisions by achieving a consensus view. If it is not possible to reach a consensus, members will be required to undertake a formal vote on a simple majority basis which will be recorded. Each organisation represented will be entitled to one vote. In the event of a tied vote the Chair will have the casting vote.

9. FREEDOM OF INFORMATION

- 9.1 Under the Ministry of Justice extension to the Freedom of Information Act 2000 Local Safeguarding Adults Boards are not deemed as Public Authorities under the Act and therefore will be exempt from requests for the disclosure of information under the Freedom of Information Act 2000.

10. MEMBERSHIP

- 10.1 Schedule 2 of the Care Act 2014 defines which Statutory Board Partners are required to have membership on the Board. In addition, membership of the Board will include those listed below.
- 10.2 Board Partners should designate a particular named person and a deputy to ensure consistency and continuity.
- 10.3 Members will need to be people with a strategic role in relation to safeguarding and promoting the welfare of adults within their organisations. They should be able to:-
- Speak for their organisations with authority;
 - Commit their organisations on policy, practice and resource matters;
 - Hold their organisations to account.
- 10.4 Membership of the KASiSB will consist of representatives from the following who will have a vote (unless otherwise identified).
- Shropshire Council
 - Portfolio holder for Adult Social Care (non-voting member)
 - Director, Adult Social Care
 - Head of Adult Social Care
 - Head of Children and Families (Stephen Chandler following up)
 - Head of Housing Services (Andy Begley following up)
 - Head of Regulatory Services (Paul McCreary)
 - West Mercia Police
 - National Probation Service (Tom Currie)
 - Community Rehabilitation Company (George Branch he is the right person to invite george.branch@wmm.probation.gsi.gov.uk)
 - Clinical Commissioning Group (Commissioning)
 - Shropshire Partners in Care
 - South Staffordshire and Shropshire and Foundation Trust
 - Robert Jones and Agnes Hunt Foundation Trust

- Shrewsbury and Telford Hospitals NHS Trust
- Shropshire Community Health NHS Trust
- Healthwatch Shropshire
- Shropshire Fire and Rescue
- Shropshire Voluntary Sector Assembly
- Department for Work and Pensions
- Inter-Faith group
- General Practitioners (Alan Otter)
- Adult Education (find out from Ann Gribben)

The KASiSB is working on how it achieves service user and carer membership.

A standing membership is also identified. Standing members will:

- Be entitled to any Board meeting
- Receive minutes of Board meetings
- Be able to raise seek clarification from the Board of its position on Adult Safeguarding matters and may be asked to respond to the Board on the same
- On occasion be asked to attend for a specific agenda item.

The following organisations will receive a standing invitation to attend:

- NHS England (Commissioning)
- Care Quality Commission
- The Crown Prosecution service
- West Midlands Ambulance Service
- Staffordshire and Stoke-on-Trent Partnership NHS Trust

The following roles are considered to add value to the work of the KASiSB. On an occasional or thematic basis they will be invited to attend. They are:

- LCSB Independent Chair
- Legal Advisor to the Board
- Officers to the Board (Designated Adult Safeguarding Manager of the local authority and the Head of Adult Safeguarding of the Shropshire Clinical Commissioning Group who will act as “technical advisors” to the Independent Chair and the KASiSB)

- 10.5 The Board will secure the involvement of other relevant organisations, either by inviting them to be representatives of its sub-groups, through invitation for specific issues for discussion of a KASiSB meeting or as and required by the KASiSB.
- 10.6 At the discretion of the Independent Chair, observers can attend Board meetings. Observers are interested individuals who have been invited to attend Board meetings. At the discretion of the Chair of the Board observers can address the meeting but they are not members of the Board and cannot vote.

11. CODE OF PRACTICE

11.1 Members of the Board will operate in accordance with the Constitution, Membership Handbook and relevant Role Descriptions.

11.2 There will be an agreed Induction Programme for all new members.

12. FINANCIAL ARRANGEMENTS

12.1 KASiSB Partners have agreed to the establishment and maintenance of a Pooled Fund (and / or resources committed “in kind”) as suggested in Schedule 2 of the Care Act 2014 which will be managed by the Local Authority on behalf of Board Partners. The Strategic Plan will include the proposed budget and expected contribution from all partners.

13. DISPUTES AND COMPLAINTS

13.1 The Board is intended to be a collaborative, co-operative body and needs to ensure that no particular sector or member is unduly favored. Problems and issues should normally be debated and resolved at Board meetings.

DISPUTES

- 13.2 If no agreement can be reached the matter will be referred to an appropriate resolution mechanism determined by the KASiSB taking account of:
- The type of dispute;
 - The knowledge, expertise and seniority required in resolving the matter.
- 13.3 Where a dispute remains unresolved despite the above arrangements, it will be referred to the appropriate Chief Executives.

COMPLAINTS

- 13.4 The Board shall refer all complaints from members of the public in relation to the provision or performance of any function of a member organisation to the Board Partner's own internal complaints handling process.
- 13.5 Complaints regarding the operation of the Board should be addressed to the Chair who will investigate and attempt to reach satisfactory resolution with the complainant.

14. NON COMPLIANCE OF ACTIVITIES

- 14.1 The work of the KASiSB will be set out in the Strategic and Business Plan. All members agencies will sign this constitution reinforcing their commitment to fulfill their obligation to safeguard and promote the welfare of adults. This will include a commitment to fulfilling their role within the KASiSB.
- 14.2 Issues of non-compliance will, in the first instance, be referred to the Independent Chair of the Board who will investigate and attempt to reach satisfactory resolution through discussion with the representative of the agency concerned. In the event of satisfactory resolution not being reached, the matter will be referred back to the Chief Officer within the agency, to the relevant inspectorate, and if necessary, to the relevant government Department.

15 MONITORING AND INSPECTION

- 15.1 The SAB's role is to ensure the effectiveness of work to safeguard and promote the wellbeing of adults at risk of abuse or neglect by member organisations and as such the SAB will monitor and evaluate this through its work. The SAB will publish performance against objectives set out in the business plan within the Annual Report.

16. OVERVIEW AND SCRUTINY

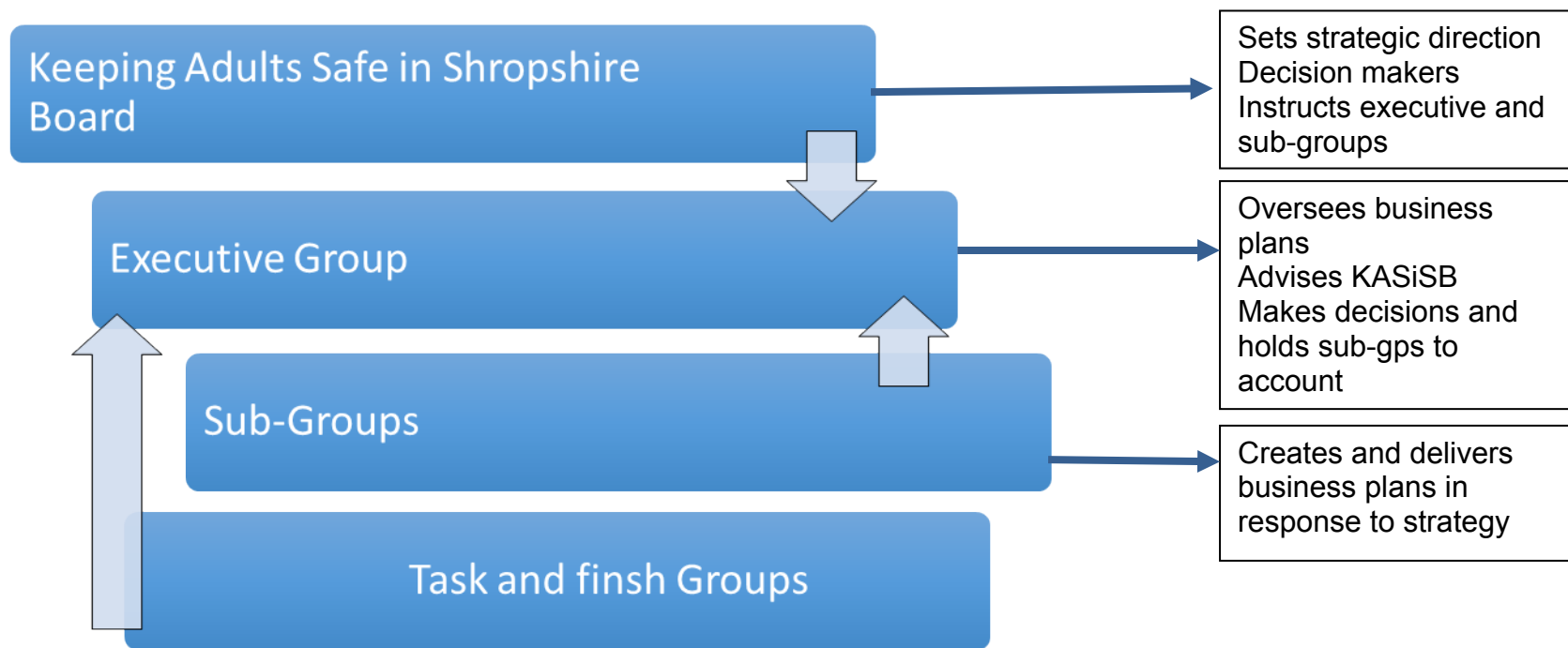
- 16.1 The KASiSB and its members will co-operate with any reasonable request by the Council in respect of its Overview and Scrutiny functions under Section 21 Local Government Act 2000.

Appendix 1.

Signatories

Name of organisation	Role of Signatory	Name of signatory	Signature
Adult Education			
Clinical Commissioning Group			
Community Rehabilitation Company			
Department for Work and Pensions			
General Practitioners Crown Prosecution Services			
Healthwatch Shropshire			
Inter-Faith Representatives Group			
National Probation Service			
Robert Jones and Agnes Hunt Foundation Trust			
Service User Representatives			
Shrewsbury and Telford Hospitals NHS Trust			
Shropshire Council			
Shropshire Partners in Care			
Shropshire Fire and Rescue			
South Staffordshire and Shropshire and Foundation Trust			
Shropshire Community Health NHS Trust			
Shropshire Voluntary Sector Assembly			
West Mercia Police			

Keeping Adults Safe in Shropshire Board Structure



This page is intentionally left blank

Report to:	Shropshire Council - Health and Adult Social Care Scrutiny Committee Monday 8th February 2016
Title:	Non-Emergency Patient Transport (NEPT) - Assessment for Eligibility
Sponsor:	Dr Julie Davies, Director of Strategy and Service Redesign <i>Shropshire Clinical Commissioning Group</i>
Author:	Mandy Gatt, Commissioning Manager <i>Shropshire Clinical Commissioning Group</i>
Purpose:	<p>This paper sets out plans for communication and engagement work and timescale for the implementation of a consistent approach to assessment for eligibility to access the non-emergency patient transport service. This proposal covers Shropshire and Telford and Wrekin GP registered patients.</p> <p>It should be noted that patients with a medical condition which prevents them from travelling by any other form of transport will continue to be eligible for free NHS transport if they have been referred for further treatment. The scope of this service covers appointments for referred investigative appointments or treatments only and does not apply to general primary care appointments e.g. GP, Dentist.</p>
Recommendation or Action required of the Committee:	The Health and Adult Social Care Scrutiny Committee is asked to review and support the plans for the work and the proposed phased timescale for the implementation of a consistent approach to assessment for access to the non-emergency patient transport service.

1. Summary

NEPT services are typified by the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers. The service encompasses a wide range of vehicle types and levels of care consistent with the patient's medical need.

NEPT should be seen as part of an integrated programme of care which can enhance the efficiency of the local health economy by providing support to patient flow processes as well as allowing more appropriate use of emergency ambulance services. A non-emergency patient is one who, whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate or urgent response.

Assessment for eligibility to use this service is based on guidance provided by the Department of Health. It should take effect on all NEPT journeys to provide a standard approach whilst ensuring patients receive a consistent response to requests for assistance with transport needs.

The NHS has limited resources and provision of non-emergency patient transport must be reserved only for those whose medical condition means they are unable to use private or public transport. NEPT is not provided for social or financial reasons and the expectation is that wherever possible patients should make their own transport arrangements. The process should ensure that enquiries have been made to determine whether the patient is able to make their own way or alternative arrangements via friends and family.

2. Background

The previous NEPT contract which covered Shropshire and Telford & Wrekin was awarded in 2006 and had rolled forward for a number of years prior to the introduction of Clinical Commissioning Groups. A new provider, Medical Services, was successful in a competitive tender process and a new contract commenced at the end of 2014. Prior to the commencement of the current contract there had been no patient assessment by the previous provider to identify eligibility for this service.

3. Current Position

Commissioners have asked Medical Services not to apply criteria at this time to allow for processes to be developed which will provide equity across the service and to enable communication and engagement work to be carried out in a managed way. The contract with the Provider does however already include eligibility criteria as shown below:

- a) The service user requires a stretcher for transportation.
- b) The service user is on continuous intravenous support/infusion pumps.
- c) The service user is an incubated baby.
- d) The service user has been identified as requiring specialist handling.
- e) The service user is unable to walk.
- f) The service user requires oxygen.
- g) The service user has seriously impaired vision.
- h) The service user is medically unfit to travel by any other means.
- i) The service user is being transferred to a community hospital or step down facility- could be nursing or residential home
- j) The service user can only get around in a wheelchair.
- k) The service user has psychiatric or learning difficulties and is unable to use public transport.
- l) The service user has a medical condition that would compromise their dignity or cause a public concern.
- m) The service user is unable to walk without the continual support of another person or walking aid e.g. zimmer frame.
- n) The service user will experience a side effect sufficient to require transport as a result of the treatment they will receive.

4. Reasons for Change

A consistent assessment for eligibility criteria will ensure NHS resources support patients with a genuine medical need for transport assistance. The impact of the use of an eligibility assessment is expected to reduce inappropriate activity; however, the aim of this work is also to ensure those who are eligible are aware of the scope of this service.

Any reduction in activity will also provide the capacity for the NEPT service to better support emergency transport services e.g. the conveyance of Shropdoc/Care Coordination Centre GP 4 hour urgent referrals. The NEPT service is able to provide a clinically safe conveyance for appropriate patients which not only offers additional capacity for West Midlands Ambulance Service to attend to more urgent calls but is also better value for money without increasing any clinical risk to patients.

5. Potential Impact

There are a number of recognised transport categories to ensure the correct level of support is offered to patients. It is believed the C1 transport category will be most affected by the consistent application of eligibility assessment criteria. This category is explained below:

- Patients can walk without assistance and have no problems with getting in and out of low access vehicles
- For walking patients unable to use public transport due to their medical condition
- Patients able to get into a car with the assistance of a voluntary care driver; or
- Patients able to travel by car but who need to take their own folding wheelchair

The C1 category represents 76% of all journeys carried out across Shropshire and Telford & Wrekin. It has been established that in November 2015 there were 5160 individual service users of the C1 category registered to Shropshire GPs and 2901 for Telford and Wrekin GPs. It is estimated that the implementation of criteria could affect approximately 10% (850) of these patients.

An Equality Impact Assessment (EIA) has been completed which has established that although some patients will be affected this is not specifically reflected in any of the protected groups. Any patient meeting the eligibility criteria will be provided with appropriate transport for their needs.

6. The Process Moving Forward

Shropshire and Telford and Wrekin Clinical Commissioning Groups (CCGs) will be aligned in this work. Communication and engagement work will embed the message that if a patient has a medical condition which prevents them from using any other form of transport the service will be available to them. The Communications Plan is shown at Appendix 1 this paper.

A phased approach has been identified and agreed across both CCGs and with the service Provider. This has been established to reduce impact on the service and enable the approach to be more embedded as it progresses.

Table 1

Patient Group	Timescale	Rationale
New Patients registering with the service	Phase 1 From 1 st March 2016	This Group will be least affected by the changes as they will not have accessed the service before. This phase will give call handlers the opportunity to properly embed processes and address any issues which may not have become apparent through the testing stages. It will also allow Commissioners to address any issues which may be raised.
Existing Service Users	Phase 2 From 1 st April 2016	The greatest impact will be on this Group of patients. Call handlers are trained to provide signposting options for other services. Following the first assessment should a patient fail and question the outcome, further assessments will be carried out by supervisors and then by a trained clinician as appropriate. The CCGs have agreed that under no circumstances will a patient's request be turned down for transport for appointments which are imminent and the patient has no other way of travelling to the appointment. The opportunity will be taken to advise that the transport request will be granted for that specific journey only and call handlers will provide information of alternatives which may be used in the future. An appeals process will be in place within the CCGs should it be required.
Discharges (inc A&E)	Phase 3 From 1 st June 2016	In order to support the Local Health Economy as much as possible during the winter period it has been decided to implement consistent assessment to discharges from 1 st June 2016. To implement this beforehand may result in patients who are fit for discharge being delayed. The CCGs are keen to support hospital staff with the discharge process as far as possible.

7. Risk and Assurance Issues

Medical Services (the provider) has recently implemented a similar approach in another area of the country. Lessons from this work have been used to inform local plans. The main issue identified was that a lack of communication work and phasing of implementation resulted in an overwhelming number of patient queries needing to be managed through the call centres.

Shropshire and Telford & Wrekin CCGs have taken the following actions to mitigate the risks relating to these particular areas. The Provider is in full support of the planned work and is working very closely with both CCGs to ensure a smooth transition.

Communication and Engagement:

The attached Communication Plan (Appendix 1) has been developed which will be used to inform all stakeholders. Communication materials will be provided which include contact details for patients requiring more information as well as signposting options to alternative services which may be able to provide transport. This includes details for the Provider and PALS teams.

Other services which may be impacted have been contacted by the communication team to ensure they are happy for their details to be included. To date there have been no particular concerns raised by those who have been contacted.

Engagement activities have been planned and information flyers and posters developed these are shown in Appendices 2 and 3 for information. A flyer and covering letter will be sent to all registered service users within the C1 category by way of a direct mailing exercise.

Phased Approach:

The information shown in *Table 1* of Item 6 of this paper explains the planned phasing and the rationale which supports this approach. It is expected that this phased approach will provide time for processes to become fully embedded in a more managed way. It also aims to provide continued support to assist with patient flow during the busy winter period preventing delays in discharges which could be caused by any transport issues.

8. Action Required by the Committee

The Health and Adult Social Care Scrutiny Committee is asked to review and support the plans for this work and the proposed phased timescale for the implementation of a consistent approach to assessment for access to the non-emergency patient transport service.

Appendix 1 – Communications Plan

Appendix 2 – NEPT Flyer

Appendix 3 – NEPT Poster

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
HOSC Shropshire : Amanda Holyoak/Gerald Dakin Telford and Wrekin : Fiona Bottrill/Andy Burford	Julie Davies T&WCCG	Informal chat/formal briefing (if required)	November 2015	Shropshire – meeting date 8 th February 16	
Healthwatch Shropshire : Carole Hall/Jane Randell-Smith Telford and Wrekin : David Bell/ Jane Chaplin/Kate Ballinger	Sarah/Gareth T&WCCG comms	Written briefing/FAQs Written briefing/FAQs	December 2015		Electronic copy of flyer and written briefing to be emailed to by w/e 29 January
Key Patient Groups : PPEC/SPG (Shropshire) Health Roundtable (T&W) *All NEPT patients *potential NEPT patients Outpatients Regular users e.g. chemo/renal	Sarah Sharon Smith Sarah via MSL Sarah/provider comms/clinicians	Verbal/meeting Mailshot to current users (C1) – letter and flyer/Drivers give out flyers and verbal Verbal/flyers/posters in GP surgeries and key public places Verbal/flyers/posters in key hospital departments FAQs	January/February 2016		Posters and flyers have been designed and signed off. Letter to be signed off w/e 22 January (same for FAQs?) Engagement Comms plan has been produced, with a series of meetings taking place throughout January and February. Electronic copies of flyers and posters to

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
					be emailed to relevant groups
CCG staff <ul style="list-style-type: none"> • Shropshire • Telford and Wrekin 	J Stevenson T&WCCG comms	Newsflash/Website/Shropshare/Staff Briefing Telnet FAQs	January/February 2016		Shropshire – Information to go in February staff newsletter
GP membership/practice managers <ul style="list-style-type: none"> • Shropshire • Telford and Wrekin 	J Stevenson T&WCCG comms	Newsflash/AO briefing/GP newsletter Practice managers' meetings/GP forum/PLT sessions FAQs Via governing body meetings Attendance at locality meetings	January/February 2016		Shropshire – Written briefing to go in February newsletter.
Shropshire MPs <ul style="list-style-type: none"> • Philip Dunne, Ludlow • Owen Paterson, North Shropshire • Daniel Kawczynski, Shrewsbury & Atcham Telford and Wrekin MPs <ul style="list-style-type: none"> • Mark Pritchard • Lucy Allen 	Sarah/JP (BS) T&WCCG comms	Written briefing/FAQs Verbal update as part of regular AO briefings with MPs Written briefing/FAQs Verbal update as part of regular AO briefings with MPs	January/February 2016		
Shropcom <ul style="list-style-type: none"> • Jan Ditheridge (CEO) • Clinicians • Discharge co-ordinators 	Sarah/provider comms	Written briefing/FAQs Internal engagement via comms lead	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
SaTH <ul style="list-style-type: none"> • Simon Wright (CEO) • Ian Donnelly • Sarah Biffin • Clinicians • Discharge co-ordinators 	Sarah/provider comms	Written briefing/FAQs Internal engagement via comms lead	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
SSSFT	Sarah/provider	Written briefing/FAQs	January/February		Written briefing

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
<ul style="list-style-type: none"> Neil Carr (CEO) Clinicians Discharge co-ordinators 	comms		2016		drafted and to be issued by w/e Friday 12 Feb
RJAH <ul style="list-style-type: none"> John Grinnell (acting CEO) Clinicians Discharge co-ordinators 	Sarah/provider comms	Written briefing/FAQs Internal engagement via comms lead	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
Care co-ordination Centre	Lynne Breakell	Written briefing/FAQs	January/February 2016		
*MSL (drivers and call handlers)	MSL	Written/verbal briefing/FAQs Internal engagement via comms lead	January/February 2016	<ul style="list-style-type: none"> Priority group Sarah spoken to MSL comms lead 	
WMAS	Sarah/WMAS comms	Written briefing/FAQs	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
Residential/nursing home staff <ul style="list-style-type: none"> Shropshire Telford and Wrekin 	Sarah via Nicky Jacques at SPIC	Written briefing/FAQs Written briefing/FAQs Press releases, invitation to attend events	January/February 2016	Nicky Jacques <njacques@spic.co.uk>	Nicky happy to distribute information on our behalf and has emailed list of day centres for Shropshire visits
Health and Wellbeing Board Karen Calder (Chair Shropshire) Richard Overton (Chair Telford and Wrekin)	Julie Davies/ Julian Povey T&WCCG	Written briefing/FAQs	January/February 2016		
Councillors <ul style="list-style-type: none"> Telford and Wrekin Council Shropshire Council 	T&WCCG via Nigel	Written briefing/FAQs	January/February 2016		

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
<ul style="list-style-type: none"> SALC 	Newman/Jon King Sarah via Maria Jones Sarah				
Shropdoc	Sarah	Written briefing/FAQs	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
LMC	Sarah	Written briefing/FAQs Attendance at meeting (if required)	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
Page 44	Sarah	Written briefing/FAQs	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
LOC	Sarah	Written briefing/FAQs	January/February 2016		Written briefing drafted and to be issued by w/e Friday 12 Feb
Voluntary sector: <ul style="list-style-type: none"> VCSA Community transport Age UK Shropshire Disability Forum 	Sarah via Rachel Wintle Sarah Sarah Sarah	Written briefing and invitation to attend events/FAQs	January/February 2016		VCSA – Information circulated in newsletter on 18/01 Age UK – Information sent for inclusion in newsletter.
Comms and Engagement leads for	Sarah Makin	Email/Weekly comms conference	November 2015	Discussion and updates provided	Ongoing

STAKEHOLDER	WHO	HOW	WHEN	ADDITIONAL INFORMATION	STATUS
Shropshire Telford and Wrekin (AO/AR/TP/ME/Siobhan Price) T&W Council??		calls and monthly face-to-face meetings	onwards	weekly at Local Health Economy communications conference calls.	
Media – all local media across Shropshire, Telford and Wrekin	Richard Caddy	Press releases to advertise survey and events and a reminder	January 2015 February 2015		

This page is intentionally left blank

If you are not eligible for NEPT service, there are a number of other travel options for patients. These could include friends and family, public transport and community transport.

If you live in Shropshire, for more information about local transport options, please see the Shropshire Council website: www.shropshire.gov.uk/public-and-passenger-transport or call: 0345 678 9000.

You can also call this number for more information about bus passes; and about blue badges if you have difficulty in walking or seeing.

If you live in Telford and Wrekin, travel and transport information can be found on your local council's website at: www.telford.gov.uk/info/1019/transport_and_travel or by calling: 01952 380000.

There are also some local charity and voluntary organisations that might be able to help you with transport to and from healthcare appointments. Some of these services are only available to certain groups of people living in certain areas. You can find information about this by calling

your local councils on the numbers above or on your local council websites, depending on where you live:

www.shropshire.gov.uk/public-and-passenger-transport/community-and-voluntary-transport/

www.telford.gov.uk/info/1019/transport_and_travel/136/community_transport

If you are a patient and need help with the costs of travelling to hospital, you may be able to claim a refund under the Healthcare Travel Costs Scheme. For more information, please go to: www.nhs.uk/nhsengland/Healthcosts/pages/Travelcosts.aspx or call: 0300 330 1343 (NHS – Help with Medical Costs)

To find out if you are eligible for Non-Emergency Patient Transport Services, please contact Medical Services on: 01743 762650

If you require any additional information about these services or have any concerns about them, please call:

Telford and Wrekin - enquiries@telfordccg.nhs.uk or 01952 580407
Shropshire - customer.care@shropshireccg.nhs.uk or Freephone 0800 032 0897



**Non-Emergency Patient
Transport Services in
Shropshire, Telford and Wrekin**

A Non-Emergency Patient Transport (NEPT) Service is provided for **patients who have a medical condition which prevents them from using other forms of transport** to travel to and from healthcare appointments. The service is not provided to people who want transport for social or financial reasons, or for those who are able to travel on public transport or by other means to get to their healthcare provider. The service is totally separate to emergency ambulance services.

Page 48

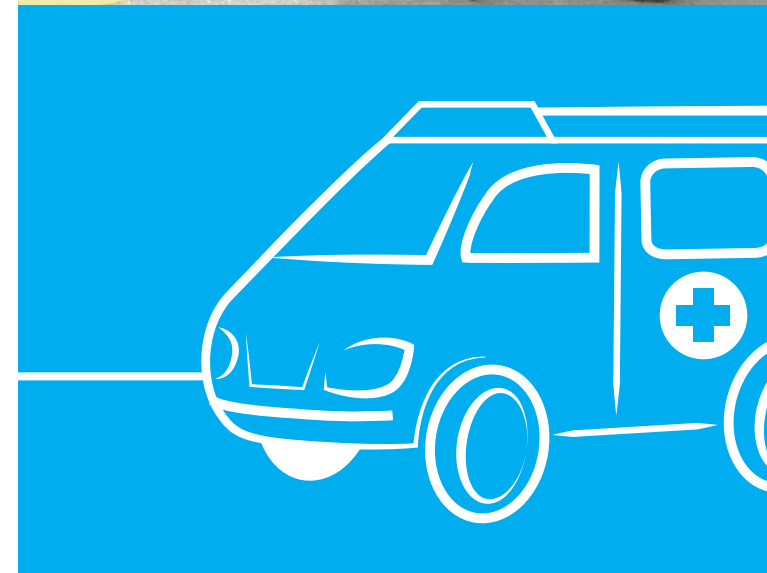
You could be entitled to use the service if **you are registered with a GP in Shropshire or Telford and Wrekin** and have been referred for a hospital or another medical appointment. Patients will be assessed on their suitability using a short and simple series of questions to ensure fair and consistent access to the service.

The questions will be based on the following:

- Is the patient able to travel with friends/family or on public transport?
- Does the patient need skilled assistance to transfer them to and from a vehicle?
- Does the patient have a condition where there could be the need for skilled assistance when travelling?
- Does the patient have a disability or condition that could cause a risk to themselves or others if travelling by alternative transport?

If following this assessment you are eligible for the NEPT service, transport will be arranged for you.

The provider of NEPT services in Shropshire is Medical Services. If you want to contact Medical Services direct, please call: **01743 762 650**.





Transport options for patients in Shropshire, Telford and Wrekin

Do you have a medical condition which prevents you from using other forms of transport?

If you are registered with a GP in Shropshire or Telford and Wrekin and have been referred for a hospital or another medical appointment, you might be eligible for help with non-emergency patient transport (NEPT.)

To find out if you are eligible, please call: 01743 762650.

The NEPT service in Shropshire, Telford and Wrekin is provided by Medical Services.

This page is intentionally left blank

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE FEBRUARY 2016
PROPOSED WORK PROGRAMME**

DATE	ITEM	REASON FOR UNDERTAKING
8 February 2016 Deadline for reports: <u>Noon</u> Thurs 28 Jan 16	Annual Adult Safeguarding Report 2014 - 2015 Non-Emergency Patient Transport - Assessment for Eligibility	To consider the Annual Safeguarding Report which will include the impact of new responsibilities arising from the Care Bill Briefing from Dr Julie Davies, Director of Strategy and Service Redesign, at Shropshire CCG
21 March 2016 Deadline for reports: <u>Noon</u> Thurs 10 March 16	Integrated Community Services	Report from small working group set up 14 th December setting out: <ul style="list-style-type: none"> • ICS and the different factors which impact on this service, • The level of activity, quality and impact of the service Committee to decide if any further Scrutiny work is required.
June 2016		
July 2016		
September 2016		
November 2016	Support for Carers	Consideration of Shropshire Council's support for Carers (related to the Duty of Care made under the Care Act)
January 2017		
March 2017		

**HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE FEBRUARY 2016
PROPOSED WORK PROGRAMME**

Future Information Requests / Potential Items for the Work Programme:

- **Regular updates from CCG on finances**
 - **Performance - Adult Social Care Dashboard and Complaints**
 - **The Health and Wellbeing Board has asked the Committee to look into measuring the outcomes of the ‘Year of Physical Activity’ launched in April 2015 – to be added to the Work Programme in 2016**
 - **Potential for Fire Service to work with West Midlands Ambulance Service in rural areas**
 - **Annual Report of the Director of Public Health**
 - **Monitoring of new burdens and implications of implementation of Care Bill – ongoing into 2016**
 - **Availability of physiotherapy and occupational health services**
 - **Extent of and role of Frail and Elderly co-ordinators in GP surgeries**
 - **Adult Social Care Annual Account 2015 – 2016**
-
- The Cabinet Forward Plan is available from : <http://shropshire.gov.uk/committee-services/mgListPlans.aspx?RPId=130&RD=0>