Shropshire Council

Date: Friday, 10 October 2014

Time: 9.30 am

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

Contact: Karen Nixon, Committee Officer
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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

7 Health and Wellbeing Delivery Group Report to Board (For Decision) (Pages 1 - 10)

A report will follow.

Contact Prof Rod Thomson, Director of Public Health, Tel 01743 253934.

9 Annual Safeguarding Report (Quality & Performance) (Pages 11 - 66)

A report will follow.

Contact Stephen Chandler, Director of Adult Services Tel 01743 253704.

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Health and Wellbeing Board
10th October 2014

Health and Wellbeing Delivery Group Report to the Health and Wellbeing Board

Responsible Officer Rod Thomson
Email: Rod.Thomson@shropshire.gov.uk Tel: Fax:

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1. Summary

1.1 Where appropriate the Health and Wellbeing Delivery Group implements decisions, actions and the HWB Strategy and the Better Care Fund as required by the Health and Wellbeing Board. This report aims to highlight issues raised at the Delivery Group either for information, endorsement or decision that have not been addressed as their own item at the Board.

1.2 For Information:

1.2.1 **Peer Challenge –** A peer challenge is a voluntary and flexible process commissioned by a council to aid their improvement and learning. It involves a team of between four to six peers from local government, health or the voluntary sector who spend time onsite at a council to reflect back and challenge its practice, in order to help it to reflect on and improve the way it works. The purpose of the health and wellbeing peer challenge is to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities, by way of a systematic challenge through sector peers.

1.2.2 The Shropshire Peer Challenge will take place from January 19th to 22nd. A scene setting meeting has been diarised on the 19th and a HWB Board meeting has been scheduled for the 20th to ensure that the Peers are able to understand the Shropshire context and processes.

1.2.3 The Health and Wellbeing Board will need to establish a position statement and key areas of focus in advance of the Challenge.

1.3 For Decision:

1.3.1 **Health and Wellbeing Strategy Refresh –** The HWB Delivery Group is seeking agreement from the Board on the process of refreshing the HWB Strategy.

1.3.2 The Board has already agreed that it would like to take some time this autumn update the JSNA, refresh of the Health and Wellbeing Strategy, and update the Terms of Reference of the Health and Wellbeing Board (including Governance). This work could also involve the development of a Health and Wellbeing Communication and Engagement Strategy (working with all our partners in Health & Social Care to develop). Board members have already been interviewed by Charlotte Cadwallader regarding the tools that we use to engage with stakeholders through Shropshire Together – the results of this work are attached (**Appendix 1**) in the form of a SWOT analysis, followed by recommendations. This work will inform a Communication and Engagement Strategy.

1.3.3 The JSNA update is underway and new data, information and evidence, including stakeholder, service user and public (Healthwatch) qualitative information will provide a more complete picture to support the development of services in Shropshire. The JSNA will also incorporate information from the Place Plans (completed through Shropshire Council Planning), Research on Best Practice, and Community Assets (Assets including community groups, buildings, people and places). Although this new data, information and evidence will support planning and service design the high level outcomes will likely remain similar to the current JSNA (for example – ageing population, mental health, access to services).

1.3.4 Through the Stakeholder Alliance and stakeholder meetings and workshops, we have had repeated feedback from stakeholders that they don't understand where their organisation fits within the HWB strategy. It is likely that all special interest groups would like emphasis within the Strategy on their area of interest, and of course this is not possible. However the HWBB needs to consider how it ensures that stakeholders including Acute Services, Primary Care, the Independent Sector, Special Interest Groups and the public understand how the Health and Wellbeing Strategy supports the improvement of Health and Wellbeing in Shropshire for all stakeholders and how organisations and individuals can be involved in shaping services. The Health and Wellbeing Board is asked to agree the following work plan:

1. Working with the Health and Wellbeing Delivery Group, using evidence from the JSNA, Healthwatch and other previous health and wellbeing engagement results to develop the outline of the HWB Strategy Refresh for approval at the next HWBB meeting in November;
2. Engaging with stakeholders including health and wellbeing partners, special interest groups, the public and all other stakeholders on the refreshed HWB Strategy –Update for the January HWB Board;
3. Working with the Better Care Fund Task and Finish Group to Update the HWBB Terms of Reference – including governance structure – November 2014 HWB Board;
4. Working with partners to develop the JSNA and presenting the draft JSNA – March 2015 HWB Board;
5. Development of Final Refreshed HWB Strategy – March 2015 HWB Board;
6. Working with a Communication and Engagement Task and Finish Group (to include Healthwatch) to develop a Health and Wellbeing Communication and Engagement Strategy – January 2015 HWB Board.
7. Developing a HWB Delivery Plan based on HWB Strategy Outcomes – March 2015 HWB Board

1.4 For Decision:

1.4.1 **Working with the Community Safety Partnership –** Following the Community Safety Partnership report to the Health and Wellbeing Board in June 2014, there has been some discussion regarding taking closer working between the two Boards forward. One possibility would be to invite the Community Safety Partnership to a future meeting to discuss key areas of joint interest such as Mental Health and Substance Misuse. An agenda for this discussion might be:

1. Evidence (JSNA and the Community Safety Strategy)
2. Alcohol, drugs, and tobacco - impact on health, services and commissioning
3. Mental Health – impact on anti-social behaviour & parenting; available services; and section 136

1.5 For Information:

1.5.1 **Organ Donation** – As discussed at the Health and Wellbeing Board in August, the recommendation from the HWBB to Shropshire Council will be taken to the next full council

meeting. Letters have also been drafted to Health and Wellbeing Boards (**Appendix 2**) in our region and to the Shropshire MPs.

REPORT

3. Risk Assessment and Opportunities Appraisal

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

3.1 The work of the Health and Wellbeing Board impacts on Health Inequalities; and all work being undertaken by the Board's work streams considers impact on health inequalities.

4. Financial Implications

4.1 There are no immediate financial implications associated with this report.

5. Background

5.1 The Health and Wellbeing Delivery Group (formerly the Health and Wellbeing Executive) meets monthly – 6 weekly and is responsible for the delivery of the Health and Wellbeing Strategy and the Better Care Fund.

6. Additional Information

n/a

7. Conclusions

n/a

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Karen Calder
Local Member
Appendices **Appendix 1 – Shropshire Together SWOT analysis** **Appendix 2 – Organ Donation Letter**

APPENDIX 1

Shropshire Together and the Health and Wellbeing Board
By Charlotte Cadwallader

Introduction

Over the summer, various members of the Health and Wellbeing Board were asked for their comments around the topics of Shropshire Together, the Stakeholder Alliance, Health and Wellbeing Board communications and the JSNA. Comments have been compiled into a SWOT analysis with main themes identified. Recommendations for development are supplied.

ST = Shropshire Together, SA = Stakeholder Alliance, HWBB = Health and Wellbeing Board

HWBB members consulted:
Karen Calder, Ann Hartley, Jane Randall-Smith, Karen Bradshaw, Paul Tulley, Rod Thomson, Bill Gowans, Helen Herritty, Lee Chapman, Stephen Chandler, George Candler, Caron Morton, Jackie Jeffreys, Mark Donovan.

Shropshire Together

Strengths	**Weaknesses**
• ST has a role in making information understandable. • ST has a role in providing the public with a general message that we are working together and info about our flagship pieces of work. • ST was good at telling people what the HWBB is/does. • The idea of the 'hot seat' was good and well-received.	• ST's objectives were not clear. Views were collected and shared without clarification for what they would be used. • Might be better to put resource into promoting the HWBB. • The same people/organisations involved in ST are already involved in other groups; better to use existing forums. • Difficult to distinguish difference between ST and SA.
Opportunities	**Threats**
• Role in promoting the work of the HWBB and making people feel they can approach the Board. • Provide a place where all info is pulled together with ST then promoted. • Explain to people how Shropshire works. • Co-ordinating updates from other agencies and supporting organisations without skills to transmit their messages. • More proactive about telling Shropshire what we do.	• Need to improve communications and consult each other before beginning projects to ensure there is no duplication. • Need to ensure we are connecting at a 'real' level as well as at an high, strategic level. • Once the HWBB has its own branding, ST will 'fall away'. • Recreating what is already there; brings little value.

Board members had differing views on the previous and potential effectiveness of Shropshire Together in its current form. In large, the majority felt that Shropshire Together brought benefit; it provided continued engagement, facilitated partnership working and helped to share information across organisations during a time of upheaval and organisational change. However, there was a feeling that the health and wellbeing landscape has now developed and that there are other organisations now fulfilling certain aspects of Shropshire Together's previous role.

It was felt that there is still a need to ensure that duplication of work across agencies is minimised. There is potential for something similar to Shropshire Together to take a role in co-ordinating that which is already in place amongst organisations and for providing support to organisations that do not have suitable networks for information sharing and engagement. It was suggested that Shropshire Together could do this as a virtual agency. This topic is further discussed under 'Website'.

Stakeholder Alliance

Strengths	Weaknesses
• Sharing platform is important. • Opportunities for people to see what is going on/how to give feedback. • Online presence is good – we're required to have info available online by the Care Bill. • Useful method of finding out what people think/a place where people can ask questions. • When we share info with the public they are more satisfied.	• Not maximised to its full potential – collaborative space for work. • Not open (log-in). • Terminology 'stakeholder'. • Existing, established forums for stakeholders. All organisations have public-facing elements. • Felt like a HWBB space, not for taking other things. • SA Communications have become less professionally relevant over time. • Needs to be strategy at the heart of SA. • One size fits all. • Behaviour needs to be managed so that individuals get involved without prompt.
Opportunities	**Threats**
• Needs to be live and functional – invite response but also to respond back to people. • Harness power of social media. • Closed area for board members. • Need to make involvement obvious, 'have your say'. • Online concerns need to be given same weight as comments made in person. • Real-time feedback is important.	• Shropshire's digital exclusion – we need both. • Need to ensure not duplicating work of Healthwatch. • Would need to be bottom-up, do people want it? Needs-based assessment. • Unintended consequence; 300 different voices • Need to be sure what for what the feedback is being used. • The HWBB has a stakeholder alliance. • Do the people on the list want to be involved?

In general, board members felt that an online sharing and collaborative space was useful, but that the Stakeholder Alliance had been underutilised and not used as was intended. They felt that it was important to keep the facility, but that any engagement and feedback should only be requested if there is a clear purpose for doing so, and that information received should be treated with the same substance as comments made in person. However, it was emphasised that any engagement should consider how it can connect with Future Fit.

Some made comments asserting that there needs to be a clear request from stakeholders to have the Stakeholder Alliance, however, all saw the benefit of sharing information. It was clear that there needs to be other methods for those without internet to participate.

Website

Strengths	Weaknesses
• Things work best when people self-select or find the info for themselves. Important to give people the opportunity to browse.	• Cannot be the only medium. • Not meeting expectation.
Opportunities	**Threats**
• Create a Shropshire Link/Gateway/'What is it like to live in Shropshire?'/Welcome to Shropshire. • Could highlight different themes each month: road safety etc. Topical. • Provide engagement and two-way dialogue. • Option to sign up to alerts but also make info clear and accessible.	• Other organisations have their newsletters, what does this add? • What is the difference between the SA and ST website?

Few members mentioned the current Shropshire Together website directly, but those who did felt that it was more a space for the HWBB. Several individuals made suggestions for how the website could be better used by broadening the types of information or messages that it covers

and including a wider range of partners. It was felt that the website needs to be kept more up-to-date and to include topical messages or discussion, for example theming the information around events such as fire safety around Bonfire Night etc.

Three board members mentioned how the website could be revamped to act as a ‘Welcome to Shropshire’ type gateway, telling residents how they can access the services they need and broadening the health and wellbeing aspects of the website.

Health and Wellbeing Board Communications

Strengths	Weaknesses
• Comms have improved because of the BCF. • A few individuals felt that the comms was appropriate, partly because of the CCG and its PPGs. • Communicate message that we are working together, across agencies (ST did this well).	• Awareness of HWBB is low. • HWBB needs to be more ‘user-friendly’. • Residents need to understand how Shropshire works. • Info needs to be able to be understood by professionals and public. • Need clarification of the HWBB’s role. • Any info needs to be simple and clear – current info is too wordy. Current info is neither light enough nor formal enough. Provide summary reports of documents. • Need to be proactive in telling people what we do, not waiting to be asked.
Opportunities	**Threats**
• Raise HWBB’s profile. • Can learn from other areas such as S. Yorkshire. • Healthwatch could act as the mechanism for everyone to feed into the HWBB. • HWBB could come under the banner of ST? • Public should be able to find out what are the health concerns for Shropshire. • People will want to get involved at particular times, over particular issues. • Difference between what we communicate regularly/on particular occasions. • An onus upon HWBB to share info and ensure it filters through organisations. • Ask organisations how they want to receive information. • Designing needs individuals getting together. Finishing/finesse can be done remotely. • Promote the fact that the HWBB gives the public access to a representative from NHS England. • Need a dedicated, shared resource for comms for all members of the HWBB. • Could test the comms with a PPG.	• Need to ask members of the SA what they are getting out of their membership/the information? • People are not aware of the wider context of how the HWBB affects the public. People do not know what it does. • HWBB is not given the same status as other Council committees. • Many people are happy to let bodies ‘get on with things’. • Cannot just communicate plans they are already being developed, but equally can’t give a blank sheet. • Need to communicate when something is finished (how to use etc.) not just asking for comment on a finished product. • Any info needs to be of interest and needs to provoke discussion. • Need to think – who are we engaging? Why? What are we going to do with the information? • Public might not need to understand the HWBB’s processes and functions – others might want to know.

There was debate over whether or not the HWBB has its own brand. While some board members considered the HWBB to have a strong brand (and should be working to become an entity in its own right), others felt that the HWBB was not sure of its own role, and that as a result it does not have a brand, nor can it be promoted. Some board members felt that the HWBB could have a more statutory function if ST was completing the communications/information sharing, allowing it to develop its role.

Most respondents agreed that there is a distinction between the type of information, as well as the degree of communication, that the public and professionals require. Any information needs to be clear and simple. There should be the general type of information that we communicate on a semi-regular basis and then the more in-depth information, indicating how the public can get involved, with the other issues.

There was a strong feeling that before any engagement that encourages response or consultation is published, there needs to be a clear and precise reasoning for the discussion and a well-defined plan for what the HWBB will do with information that is gathered. Healthwatch was seen as a key partner for sharing information with the public.

JSNA

Strengths	Weaknesses
• Very good at drilling down to simple messages (but sometimes we need to see the detail) • Should be online. • Does not need to be updated annually (our demographics don't change). • Executive summary with direction for further information. • Everything should reference the JSNA as evidence (but not use it as a strategy). • The data is made to feel 'live' which helps to show its value.	• Under-utilised across the Council and by partners. • Sometimes more detail is needed. • Hoped it would be a 'live' online space where info is regularly updated by PH and other agencies. • Not obvious how and when it is being updated. • Needs to be more user-friendly. • Raw data sets are not useful for people who do not have the understanding. • Difficult to know how you influence it. Want more qualitative, lived experiences (subjective and objective).
Opportunities	**Threats**
• More people need to know what it is and why it is there – it should inform what we do. • Want to be told about changes to the JSNA. • Two formats: high level figures with enough insight for most and a more detailed version for those who need more info. • Include strategic needs as well as assets. • Join the JSNA with our local commissioning needs. • Make available on Share Point. • Needs to be something that the public can shape – everyone to feed into it (esp. VCSA). • Consultation on a draft.	• Some staff would go directly to the Health Intelligence team rather than using the JSNA.

The majority of board members felt that the JSNA was under-used across the Council and by other partners. They felt that it had a lot to offer but that it needed more promotion, as a result it was not embedded in decision making.

Suggestions were made to have the JSNA in two forms; one being fairly high-level which would include enough information for most needs, and a second that included more in-depth, supporting information including more complex data for those who are able to utilise this information. The executive summary was highlighted as useful, particularly as it is suitable for use by non-professionals.

There was also a feeling that partners and the public should be more involved in its creation. Individuals wanted to know when it was going to be updated, and how they could have an influence on its content.

Several board members mentioned by-passing using the JSNA to go directly to the Health Intelligence team to get the data that they need. This may be creating unnecessary work for the Health Intelligence team if this data is already available via the JSNA.

Consultation Portal

Strengths	Weaknesses
• Saves the public having to look across organisations. • Potential effective use of resources.	• 40% of CAB's clients do not have internet access
Opportunities	**Threats**
• Would want to show who is behind the	• Not clear who is running the consultation.

consultation. • Information would need to back to the consultation host (i.e. SaTH, CCG etc.).	

Most respondents felt that Shropshire Council's consultation portal could be used successfully and effectively by other organisations, with the premise that it would be clearly indicated to which organisation the consultation belonged and that the data should be returned directly to the organisation.

Health and Wellbeing Board Other

Strengths	**Weaknesses**
• Strong Chair with comprehensive knowledge/understanding and good leadership.	• HWBB needs powers mandated to it.
Opportunities	**Threats**
•	• Needs a whole-system plan. • Issue of continuity with members.

Recommendations

Communications and engagement:

1. To develop a health and wellbeing communication and engagement plan that encompasses all areas of health and wellbeing and incorporates all health and social care partners. We recommend that a working group could resolve the detail of how this would work in practice and return to the Board with a proposal for action.

   This plan would be able to use the current tools such as the website, Stakeholder Alliance, the Health and Wellbeing newsletter and include appropriate links to the JSNA and Shropshire Council consultation portal.

2. Keep the branding of 'Shropshire Together' as a strap line for the Health and Wellbeing Board and work with a Health and Wellbeing comms and engagement task and finish group to consider using the available tools (the engagement, website, Stakeholder Alliance) under the title of 'Health and Wellbeing'.

APENDIX 2

Shropshire Council
Shirehall
Abbey Foregate
Shrewsbury
Shropshire SY2 6ND

Date: 1st October 2014

For the attention of the Regional Chairs of the Health and Wellbeing Boards

Dear Chair,

During the summer of 2014, Shropshire Council's Public Health Department undertook a research project to gather the views of Shropshire residents in regard to organ and tissue donation. The research project came as a result of a Full Council debate about organ and tissue donation during late 2013. During this debate, the merits of the current England 'opt-in' policy and Welsh 'opt-out' policy (to commence from December 2015) were discussed.

The survey was completed online through the consultation pages of Shropshire Council's website and also made available as a paper copy. The survey was open for six weeks between the period 1st June and 14th July 2014. The consultation period coincided with the NHS Blood and Transplant's (NHSBT) 'National Transplant Week' campaign. Significant publicity was undertaken via social media in addition to promotion through partner agencies.

The results of the survey were presented to Shropshire's Health and Wellbeing Board on 29th August 2014. Please find a copy of the full report attached.

Main results:

- We received 1,179 responses to the survey.
- 76% of respondents were in favour of an 'opt-out' policy or an 'opt-out policy if certain measures were in place'.
- Qualitative responses indicate what is important to Shropshire in regard to organ donation: the topic of family members having/not having 'the final say', ethical considerations and robust arrangements, and the ability to specify the organs for donation.
- Respondents felt there was a need to increase awareness around organ donation in the wider public, particularly within schools.

After discussion, the Shropshire's Health and Wellbeing Board agreed on a number of areas for further action:

- Monitor the implementation of the change in policy in Wales.

- For the report to be sent to local MPs and Jeremy Hunt, in order to encourage a national debate on organ donation policy.

- Disseminate the report through the Health and Wellbeing Board regional networks in order to encourage conversations at a regional level.

We ask for the regional Health and Wellbeing Boards to consider the findings of Shropshire's survey and report and to consider the implications of the respondents' preference for an 'opt-out' system for organ donation.

We would be interested to hear your thoughts on the findings and suggestions as to how this can be brought to attention on a national scale, or if you would consider completing similar research within your local authority area.

Yours sincerely,

Karen Calder
Cabinet Portfolio Holder for Health and Wellbeing

Agenda item 9

Shropshire Clinical Commissioning Group

Health and Wellbeing Board
10 October 2014

ANNUAL SAFEGUARDING REPORT

Responsible Officer: Stephen Chandler, Director Adult Social Care Services
e-mail: Stephen.chandler@shropshire.gov.uk Tel: 01743 252421

Summary

This report provides introduction and context for the Shropshire and Telford & Wrekin Safeguarding Adults Board Annual Report 2013-14.

Content

a) Introduction & Context

b) Deprivation of Liberty Safeguards (DoLS) (summarised content taken from the Safeguarding Adults Board Annual Report 2013-14).

Recommendations

It is recommended that the content of this report is noted alongside the Safeguarding Adults Board Annual Report 2013-14. Particular attention should be paid to the information highlighted in this report concerning the Supreme Court's decision in March 2014 concerning Deprivation of Liberty Safeguards (DoLS).

1. Introduction and Context

During 2013/14, Shropshire Council and its partners have continued to build upon the strong adult safeguarding foundations developed during the preceding years. Collaborative working is at the core of effective safeguarding, and the positive engagement with partner agencies operationally, and strategically through the Board, has ensured that safeguarding remains an organisational priority for all. The Safeguarding Adults Board continues to demonstrate its commitment to making sure that everyone in the community stays as safe and healthy as possible, with the agreed common aim of protecting adults at risk from harm.

2. Deprivation of Liberty Safeguards (DoLS)

The deprivation of Liberty Safeguards were introduced in April 2009. These are essentially a way to keep someone in a hospital or in a care home when the person needs to receive care and treatment but they are unable to make this decision themselves.

The process is complex and time consuming to grant an authorisation and requires six assessments that are completed by the Council (the supervisory body).
The Supreme Court issued a decision in March 2014 on 3 cases (2 different people). That decision changed the face of Deprivation of Liberty Safeguards (DoLS) and has significant implications for local authorities as supervisory bodies.

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

The person is under continuous supervision and control and is not free to leave.

This ‘acid test’ has significant implications in terms of the increase in numbers of people who will require assessments and the settings in which deprivation of liberty becomes applicable.

Most Local Authorities in the West Midlands report having carried out their previous full year’s number of assessments in the first 10 weeks of this year. Last full year Shropshire did **165** assessments, however, have received over 500 requests so far in 2013/14.

Shropshire figures to date

Last three months	Referrals
March 14	15
April 14	41
May 14	92
June 14	85
July 14	148
August 14	200

Looking more widely the implications extend to settings outside of care homes and hospitals where the acid test is met. This includes supported living, foster care, shared lives schemes and domiciliary settings. These are cases which will now need to go to the Court of Protection for authorisation of deprivation of liberty.

There is an ADASS led task force which has been set up to consider the impact of the Supreme Court judgement, this group contains DoLS Leads from most regions in England and members from NHS England and CCG’s. The MCA/DoLS Manager from Shropshire (a jointly funded post) has a lead role with this task force.

A formal approach for funding for this new cost burden has been made to DH to the treasury by ADASS and the LGA.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllrs Karen Calder & Lee Chapman

Local Member
Appendices Appendix 1 – Shropshire and Telford & Wrekin Annual Safeguarding Report 2014_15

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Shropshire and Telford & Wrekin
Safeguarding Adults Board

Annual Report
2013 - 14

No more secrets
'Keeping people safe from harm'

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2. Foreward by Joint Chair Paul Taylor & Stephen Chandler

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

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

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

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

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

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

3. Summary of achievements and trends 2013/14

3.1 Sub Groups:

3.1.1 Performance

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

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

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

4. Public Awareness & Prevention

4.2 Service user Communication and Community Engagement Group

4.2.1 This is a newly formed sub group. It is a multi-agency sub group which exists to enable Shropshire and Telford & Wrekin Safeguarding Adults Board to:

- Raise the profile of adult safeguarding across Shropshire and Telford & Wrekin with individuals and communities
- Improve the engagement of individuals and communities with promoting and informing the children's and adult's safeguarding agenda

4.2.2 It has a broad membership across all partner organisations including voluntary and advocacy services. It met once in 2014 and has intentions of developing an action plan in 2014/15 with its first focus being on developing advocacy support, information and services in safeguarding.

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

4.3.1 **Telford & Wrekin**

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

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

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

4.3.2 **Shropshire**

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

4.4 Large Scale Investigations Procedures

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

4.4.1 **Telford & Wrekin**

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

4.4.2 **Shropshire**

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

4.4.2.1 Case study

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

4.5 Serious Case and Domestic Homicide Reviews

4.5.1 **Telford & Wrekin**

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

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

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

4.5.2 **Shropshire**

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

5. Activity and Performance

5.1 Telford & Wrekin

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

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

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

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

5.1.2 Referral data 2013/14

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

5.1.3 Type of abuse (For all Referrals)

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

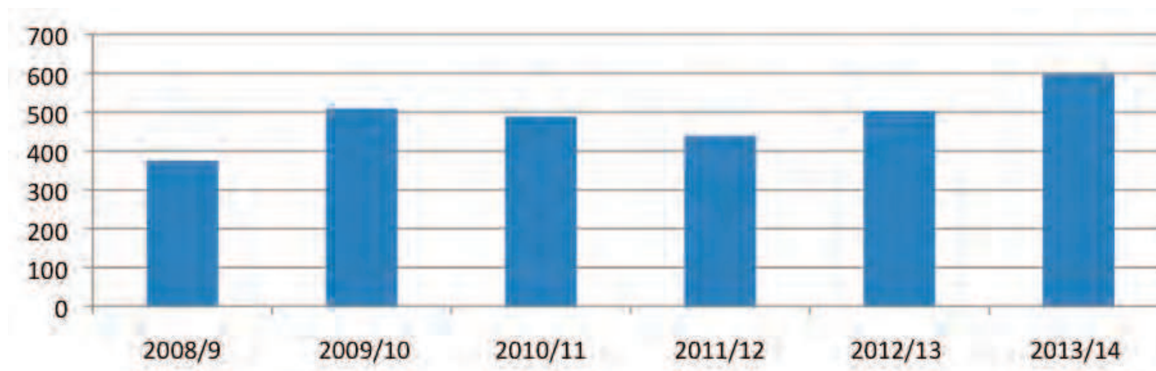
5.1.4 **Case conclusion**

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

5.1.5

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

5.1.6 **Number of Referrals**



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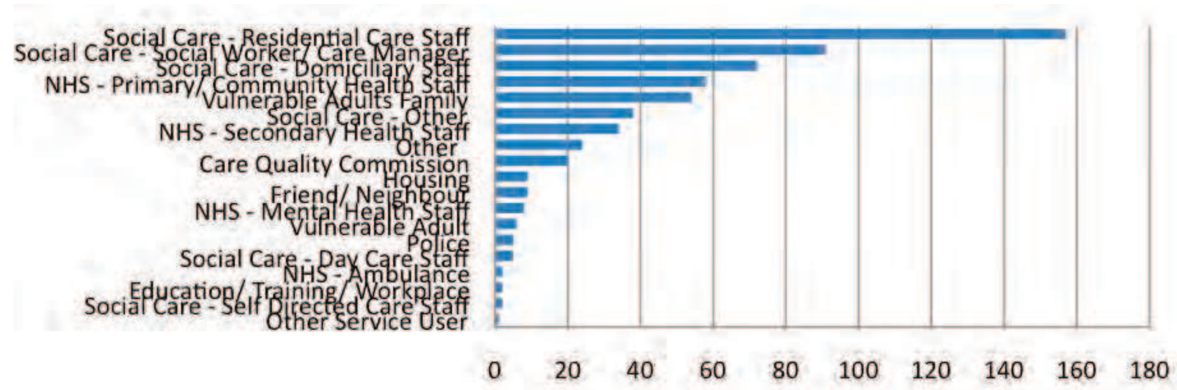
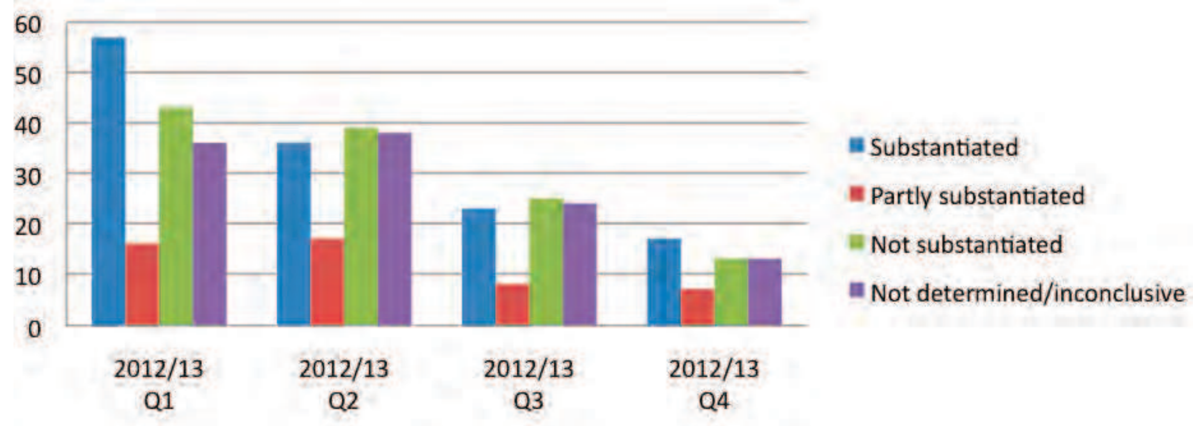
5.1.7 Source of Referrals



5.1.8 Case Conclusion



5.2 Shropshire

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

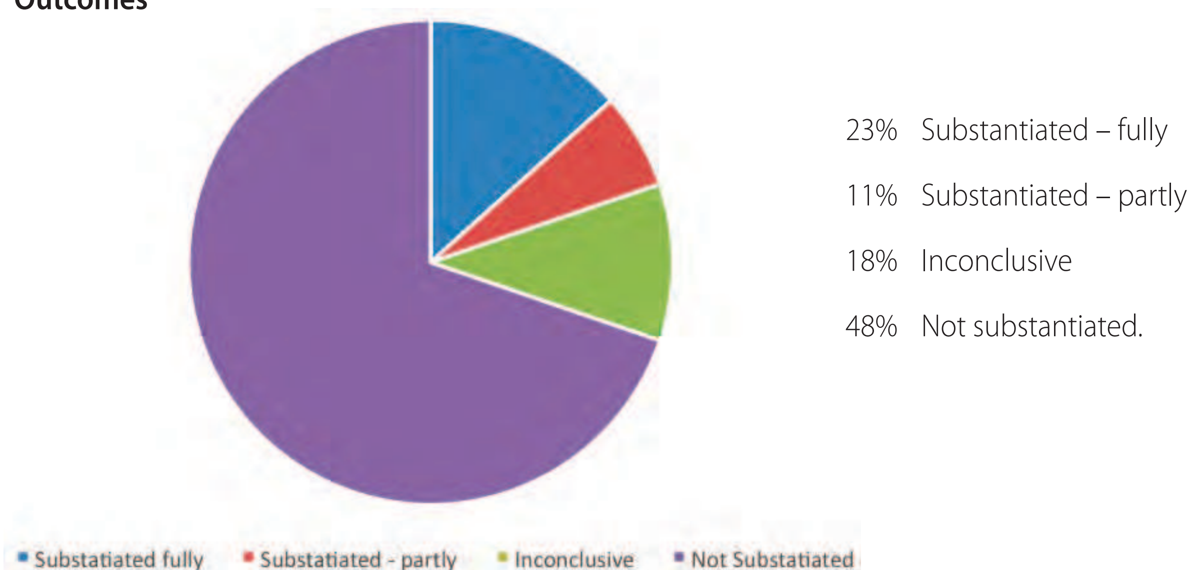
Of these 388 were already known to the Local Authority. Over 90% were white by ethnicity. The primary client group for referrals was physical disability/Frail and sensory impairment (collectively as one group) around 12% of referrals were for adults with a learning disability.

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

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

The breakdown of closed cases by outcome was as follows:

5.2.1 Outcomes



23% Substantiated – fully

11% Substantiated – partly

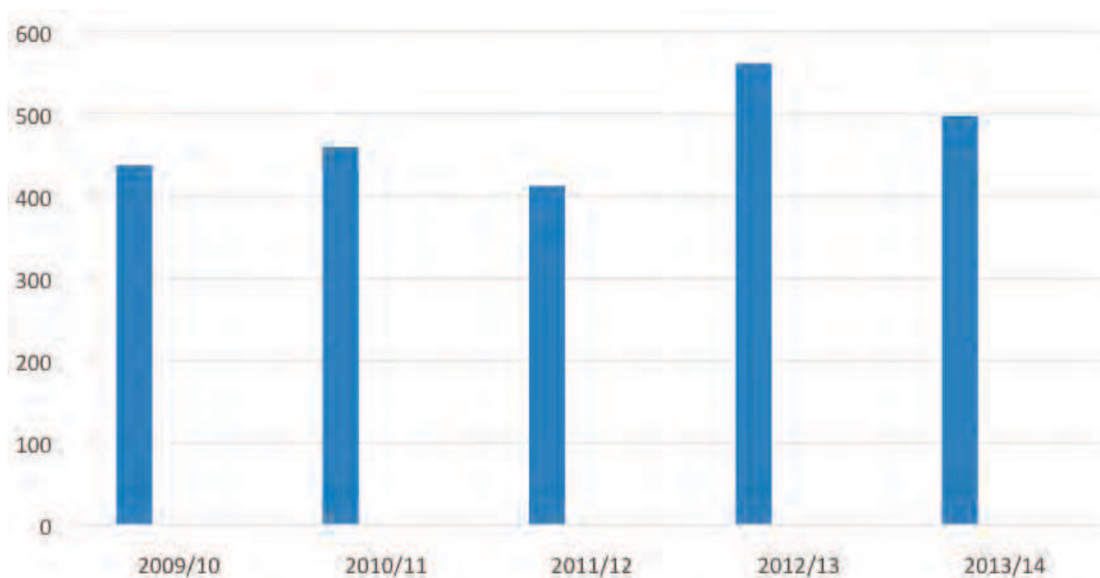
18% Inconclusive

48% Not substantiated.

Additional outcomes were introduced through the year 2013/14 for collection but have not fully been incorporated or reported on. One of these relates to the numbers of people who lacked capacity to make informed decisions about their safety this will be a welcome addition for 20014/15.

5.2.2 Total referrals received by Shropshire

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



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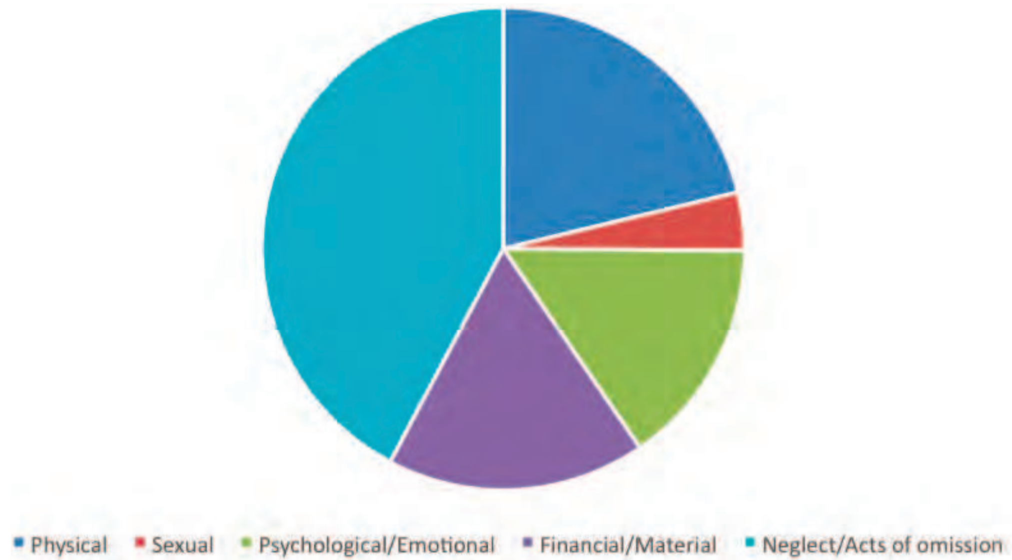
5.2.3 Type of abuse

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

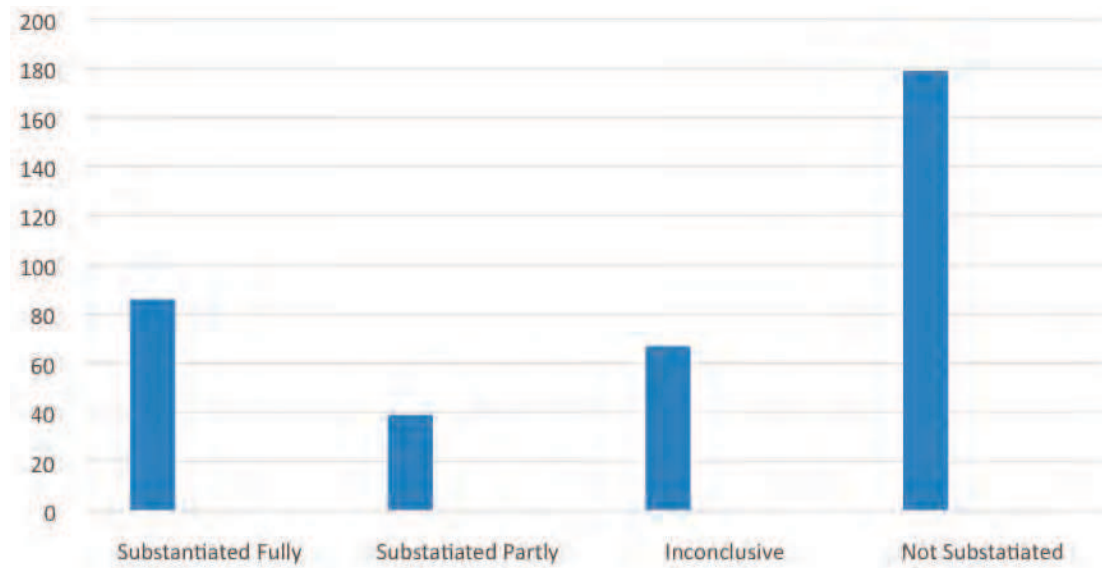
5.2.4 Number of referrals by type



5.2.5 Case Conclusion

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

Outcome of Investigation



6. Learning and Development

6.1 Telford & Wrekin

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

6.2 Shropshire

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

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

6.3.1 Total training figures from the returns received:

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

6.3.1 Independent and Voluntary Sector 2013-2014

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

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6.3.1 Independent and Voluntary Sector 2013-2014 cont.

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

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6.3.3 ACUTE Settings

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

6.3.3 ACUTE Settings cont.

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

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Any other Comments:

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

6.3.4 Shropshire Fire and Rescue Service

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

6.3.5 Robert Jones & Agnes Hunt

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

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

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

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

6.3.6 Community Trust

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

6.3.6 Community Trust cont.

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

Any other Comments:

Note 1 - The total number of staff required to attend training is based upon the number of active, permanent members of staff who have taken this type of training before and currently have a training competence in this area, or according to their training record need to renew their competence. Under development is Role Specific Training. Identification of individualised requirements for each staff group/post holder.
Note 2 – All training and education is Protected Learning Time.
Note 3 – DoLs training in the process of being organized in light of recent judgement.

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

6.3.7 South Staffordshire & Shropshire Healthcare NHS Foundation Trust

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

6.3.7 South Staffordshire & Shropshire Healthcare NHS Foundation Trust cont.

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

Any other Comments:

*MCA and DOLS delivered together in one session

6.3.8 Telford & Wrekin Council

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

6.3.9 Shropshire Council

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

6.3.9 Shropshire Council cont.

Any other Comments:

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

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

Shropshire CCG 43

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

6.3.10 WM Ambulance Service

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

6.3.10 WM Ambulance Service cont.

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

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Any other Comments:

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

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

7. Deprivation of Liberty Safeguards

7.1 Shropshire

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

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

7.2 Telford & Wrekin

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

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

7.3 National DoLs

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

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

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

7.4 Case Summaries

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

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

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

All were held to be deprived of liberty

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

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

7.6 Implications

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

7.6 Number of cases

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

7.6.1

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

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

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

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

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

8. Priorities for 2014/15

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

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

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

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

9. Agency statements

9.1 Telford & Wrekin Council

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

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

9.2 Shropshire Council

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

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

9.3 Telford and Wrekin Clinical Commissioning Group

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

The safeguarding of adults in Telford and Wrekin is one of the key responsibilities of the CCG Board and to this end an accountability structure within the organisation was quickly established, ensuring the highest priority for safeguarding vulnerable adults, working in partnership with all other agencies in both Telford and Wrekin and Shropshire. The CCG Executive Nurse Lead for Quality and Safety is the delegated responsible officer with the Clinical Chair as Lead. The Chief Officer holds the overarching accountability for this area.

The CCG maintained the safeguarding structure of a Lead and Associate Nurse for adult safeguarding under a "hosting arrangement" with Shropshire CCG. This arrangement ensures appropriate resources and joint working across common providers.

The CCG works with all healthcare providers to ensure that commissioned care is safe and effective, meeting national guidance in relation to safeguarding adults. This work is shared as appropriate with the Safeguarding Adults Board, in which the CCG plays an active role with effective and established links into the Quality Surveillance Group which spans Shropshire and Staffordshire chaired by NHS England.

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

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

9.4 Shropshire Clinical Commissioning Group

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

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

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

> *To have the courage to develop a health system that empowers the delivery of excellent outcomes founded on individual relationships which nurture compassion, respect and dignity.*
>
> Principle 1 – Striving to constantly improve the quality and safety of care for patients
>
> *Treating and caring for people in a safe environment and protecting them from harm*

Some priority areas identified:

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

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

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

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

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

Linda Izquierdo
Director of Nursing, Quality, Patient Safety and Experience

9.5 Shrewsbury and Telford Hospital NHS Trust

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

Jo Banks
Associate Director Patient Safety

9.6 Shropshire Community Health NHS Trust

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

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

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

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

Safeguarding Adults

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

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

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

Table 5. Adult Safeguarding Alerts by Team

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

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

Training & Education

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

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

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

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

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

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

Learning Disability

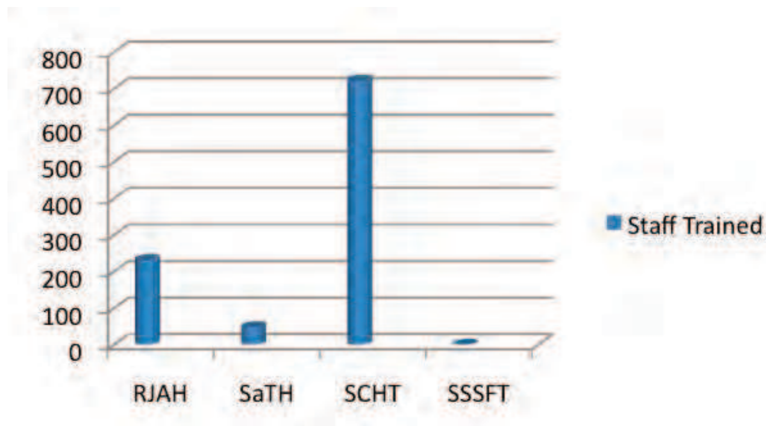
Monthly Performance Reporting (MPR) continues and demonstrates high levels of satisfaction with provided services (survey returns are Adults – 31.9% and Children - 24.7%). The MPR is used to monitor Reasonable Adjustments. There were no events reported. Each event undergoes a Root Cause Analysis (RCA)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

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

Prevent

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

Table 6: Prevent programme



9.7 The Robert Jones & Agnes Hunt NHS Foundation Trust

9.7.1 Introduction

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

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

9.7.2 Actions undertaken during 2013-14

9.7.2.1 Adult Safeguarding Link Nurses

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

9.7.2.2 Information dissemination

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

9.7.2.3 Training Developments

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

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

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

9.7.2.4 CQC Standards Outcome 7

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

9.8 Policy Review

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

9.9 Safeguarding Committee

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

9.10 Adult Safeguarding Training

The Trust provides mandatory training for clinical staff with direct patient contact which needs to be completed every 3 years by staff identified within the Trust Training Needs Analysis.

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

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

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

- **Mental Capacity Act 2005 Awareness**
  This is provided as a facilitated session delivered by an external training company.
- **Deprivation of Liberty Safeguarding Awareness (DOLS) Training**
  This is provided as a facilitated session delivered by an external training company.
- **Learning Disabilities Awareness Training**
  This is provided as both an e-learning module and a facilitated session delivered by Shropshire County Training and a service user. .

9.11 Actions Planned for 2014-15

The Trust has identified a range of actions to take forward, including ongoing actions to take forward from 2013-14. Listed below are the Trust's priorities for adult safeguarding in 2014-15:-

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

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

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

9.12 West Mercia Police

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

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

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

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

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

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

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

9.13 Shropshire Partners in Care

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

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

Training, Signposting and Raising Awareness

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

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

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

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

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

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

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

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

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

9.14 Shropshire Fire and Rescue Service

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

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

John Redmond
Chief Fire Officer

9.15 South Staffordshire & Shropshire Healthcare NHS Foundation Trust

The Trust continues to be positively committed to working in partnership to ensure that the most vulnerable are safeguarded. We have valued the support and guidance provided through inter-agency arrangements and fully recognise the importance of working in an open and collaborative way to safeguard our service users. Over the past year we have continued to strive to improve our service to vulnerable people.

- We have continued to be an active partner in the Shropshire and Telford & Wrekin Safeguarding Adults Board.
- Safeguarding Adults Awareness training remains mandatory and compliance is rigorously monitored. Staff are trained in Safeguarding Adults at induction and must update every three years. We have increased our compliance to 84% in April 2014.

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

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

Alison Bussey, Director of Nursing
South Staffordshire and Shropshire Healthcare NHS Foundation Trust

No more secrets

‘Keeping people safe from harm’

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

www.shropshire.gov.uk
0845 678 9044

www.telford.gov.uk
01952 381280

Shropshire and Telford & Wrekin
Safeguarding Adults Board

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