



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

Date: 5 September 2014

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

**Date: Monday, 15 September 2014**

**Time: 10.00 am**

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

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  
David Minnery  
John Cadwallader  
Tracey Huffer  
Simon Jones

Heather Kidd  
Pamela Moseley  
Peggy Mullock  
Peter Nutting  
Madge Shineton

Your Committee Officer is:

**Amanda Holyoak** Committee Officer

Tel: 01743 252718

Email: [amandaholyoak@shropshire.gov.uk](mailto:amandaholyoak@shropshire.gov.uk)

# AGENDA

## 1 Apologies for Absence and Substitutions

## 2 Disposable Pecuniary Interests

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

## 3 Minutes of Previous Meetings (Pages 1 - 10)

The minutes of the meetings held on 23 June 2014 and 14 July 2014 are attached for confirmation

## 4 Public Question Time

To receive any questions, statements and petitions of which members of the public have given notice. Deadline for notification is 4.00 pm on Wednesday 10 September 2014.

## 5 Member Question Time

To receive any questions of which Members of the Council have given notice. Deadline for notification is 4.00 pm on Wednesday 10 September 2014.

## 6 Annual Safeguarding Report (Pages 11 - 66)

The Committee to consider the Annual Safeguarding Report (**to follow, marked: 6**), assess performance and assure itself that all necessary action is being taken to keep people safe. This item will also cover an update on the implications of the Mental Capacity Act and Deprivation of Liberty Safeguards Legislation.

Contact: Stephen Chandler, Director of Adult Services (01743) 253704

## 7 Adult Social Care Bill

A presentation will be made on progress in Shropshire in relation to the Adult Social Care Bill

Contact: Ruth Houghton, Head of Social Care Efficiency and Improvement

(01743) 253093

**8 Work Programme (Pages 67 - 68)**

To consider proposals for the Committee's Work Programme, attached marked:  
8

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<u>Committee and Date</u> Healthy and Adult Social Care Scrutiny Committee  23 June 2014  10:00am
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<u>Item No</u>  <b>3a</b>  Public
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## MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE MEETING HELD ON 23 JUNE 2014

**Responsible Officer** Amanda Holyoak  
Email: amanda.holyoak@shropshire.gov.uk Telephone: 01743 252718

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### Present

Mr G L Dakin (Chairman), Mrs P Dee, Mrs T Huffer, Mr S P Jones, Mrs H Kidd,  
Mr D Minnery, Mrs P Moseley, Mrs P Mullock, Mr P Nutting.

#### 1. ELECTION OF CHAIRMAN

Mr G Dakin was elected Chairman.

#### 2. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Mr J Cadwallader and Mrs M Shineton.  
Mrs P Dee substituted for Mrs Shineton.

#### 3. APPOINTMENT OF VICE CHAIRMAN

Mr D Minnery was appointed as Vice Chairman.

#### 4. DISCLOSABLE PECUNIARY INTERESTS

There were no new disclosable pecuniary interests declared.

#### 5. MINUTES

**RESOLVED:** That the minutes of the meeting held on 24 March 2014 be confirmed as a correct record subject to 'Alena Lane' being changed to 'Helena Lane' on page 4 and '£23 in funds' being amended to '£23,000 in funds', also on page 4.

#### 6. PUBLIC QUESTION TIME

There were no public questions.

#### 7. MEMBER QUESTION TIME

There were no Member Questions.

## 8. AUTISM HEALTH ASSESSMENT

The Head of Social Care Efficiency and Improvement presented a report (a copy is attached to the signed minutes) on further developments against the National Strategy for Autism and a Department of Health update to the Strategy published in April 2014.

The Committee commented on the clarity of the report and was particularly pleased to hear of the significant progress made in key areas and that a clear diagnostic pathway funded by the Clinical Commissioning Group was now in place.

In response to questions, the Head of Social Care Efficiency and Improvement also reported on: improvements in the staff training around the needs of individuals with Autistic Spectrum Conditions; development of a community hub model which will be based at Louise House in Shrewsbury from September 2014; and the retendering of the current advice and information contract which would contain a specific focus on providing advice and guidance for those with Autistic Spectrum Conditions on it and be in place by October. She also confirmed that the tender included a requirement for follow up to find out how people had got on after initial signposting was provided.

A Member who was aware of two severely autistic people living in her Electoral Division referred to the closure of the Independent Living Fund and asked what arrangements would be made in the light of this. The Committee heard that there was some guidance available but the future of the Fund was not clear, following a challenge to government on the decision to close it. Independent Living Fund assessors were meeting individuals and arranging interviews with social workers where necessary

The Chairman said he understood that as many as 1 in 10 people might have an Autistic Spectrum Condition and enquired about the likely numbers of people in Shropshire who might be in need of support. Officers reported that it was not possible to estimate how many people might need support who were not already service users of the Council but as the hub developed it would help triangulate figures.

Members of the Committee asked how performance against the Strategy would be assessed and whether it was possible to develop a dashboard. The Head of Social Care Efficiency and Improvement said she would look into what information was collected and how it could be presented.

The Committee agreed that as a Commissioning Council, the needs of those with autism would need to be considered in all re-commissioning activity.

### **RESOLVED:**

To endorse the view that autism is an issue that needs to be responded to as a whole Council, ensuring all services are available to all with autism

That the Head of be asked to consider ways to measure and present performance against the Autism Strategy Action Plan.

## 9. SOCIAL CARE BRIEFING

The Committee considered its third briefing paper (copy attached to the signed minutes) on the Adult Social Care Bill, focusing on the sections relating to Continuity of Care when moving between areas, protecting adults from abuse or neglect, and the laws for carers. The Head of Service: Improvement and Efficiency also reported on the work being undertaken locally and tabled a chart showing the proposed programme structure to implement the new legislation within Shropshire (copy attached to the signed minutes).

Members heard that Continuity of Care ensured that when an adult who was receiving care and support in one area of England and moved home that they would continue to receive care on the day of their arrival in their new area. The Head of Service Improvement and Efficiency explained in which circumstances this would apply and how it would work.

She also referred to the current consultation, a regional submission would be made as well as one from Shropshire Council with specific comments about impact on circumstances within Shropshire.

Members asked whether there was an appeal system in place if the assessment conducted by a second authority determined that an individual was entitled to less than they had received in their originating authority. Members felt that such a process should be put in place and suggested that this be fed into the consultation response. Members also asked how individuals would self-refer and felt that the lack of clarity around this should also be fed into the consultation response.

With regard to Protecting Adults from Abuse or Neglect, the Head of Social Care Efficiency and Improvement explained that Shropshire already had a Safeguarding Adult Board which was already meeting most of the demands of the Bill. She reported that for the first time the Care Bill would confirm in law that abuse included financial abuse.

Members discussed ways to strengthen confidence in care settings in the light of recent national scandals. Officers reported on investment made through Shropshire Partners In Care for training for those working in domiciliary care and care homes, and new support was available for managers and leaders in these environments. The Chairman also reported that Healthwatch had the ability to make unannounced visits to Care Homes.

Officers answered questions regarding how to report concerns, how social workers were being trained to identify abuse, and about feeding back to complainants. Officers also explained arrangements for cross border working and confirmed that there was a number of way to report concerns in addition to the website. Officers were working with the Senior Citizens Forum and Learning Disability Partnership Board on raising awareness. A Member encouraged officers to consult Local Members regarding appropriate mechanisms to use in different parts of the county.

Officers also explained that for the first time carers would be recognised in law and have their support needs assessed in their personal contexts. Members enquired about the number of carers in Shropshire and on the extent of the financial impact stemming from this change. It was estimated that there were about 34,000 carers

in Shropshire and triangulation of records with other sources was expected to produce a more exact figure in September. Clear data was required to assess potential financial impacts of the change. It was confirmed that the Council would be aware of cross border issues in carrying out this work.

The Committee asked to be appraised of the impacts of the changes at a future meeting when more information was available and financial modelling further advanced.

**10. PEER REVIEW OF ADULT SERVICES**

The Director of Adult Services gave a presentation (copy attached to the signed minutes) on the findings of the Shropshire Adult Social Care Peer Challenge which took place in May 2014. He explained the context for the peer reviews and how the scope for each review was determined. The scope in Shropshire had included whether early intervention and prevention was adequate and effective, and how the Better Care Fund supported the integration of Health Social Care, local communities and the voluntary and community sector whilst protecting adult social care.

The Peer Reviewers had been impressed by the clear vision of officers at all levels with a clear focus on early intervention and prevention. The strengths and the areas for consideration were highlighted in the presentation and in discussion Members asked questions including about the definition of 'community' particularly in the context of the rural areas of Shropshire.

The Head of Adult Social Care explained that the Council did not have a single approach but did have a commitment to design services at the lowest possible level. Market Town delivery would work for some areas but not all and he emphasised that there was not a prescribed model. Improvements were needed in measuring impacts and outcomes and the Head of Social Care Operations would be looking at this with the Committee at a future meeting.

**RESOLVED:**

That the Head of Adult Social Care Operations be asked to attend a future meeting to provide a briefing on Adult Social Care Transformation to cover outcome measures and performance management.

Chairman:.....

Date:..... 15 September 2014.....



**MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE  
MEETING HELD ON 14 JULY 2014**

**10.00 AM – 12.06 PM**

**Responsible Officer** Amanda Holyoak  
Email: amanda.holyoak@shropshire.gov.uk Telephone: 01743 252718

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**Present**

Mr G L Dakin (Chairman), Mr J Cadwallader, Mrs P Dee, Mrs T Huffer, Mr S P Jones, Mrs H Kidd, Mrs P Moseley, Mrs P Mullock, Mr P Nutting.

**11. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies for absence were received from Mr D Minnery and Mrs M Shineton. Mrs Dee substituted for Mrs Shineton.

**12. DISCLOSABLE PECUNIARY INTERESTS**

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a disclosable pecuniary interest and should leave the room prior to the commencement of the debate.

**13. MINUTES**

The Chairman reported that the minutes of the meeting held on 23 June 2014 would be presented for confirmation at the following meeting.

**14. PUBLIC QUESTION TIME**

There were no public questions.

**15. MEMBER QUESTION TIME**

There were no Member Questions.

**16. Relocation of Monkmoor Walk-In Service to Accident and Emergency, Royal Shrewsbury Hospital**

The Committee received a paper (copy attached to signed minutes) which sought support for Commissioner plans to re-locate the Shropshire Walk-in Centre based

in Monkmoor, Shrewsbury, to Accident and Emergency at the Royal Shrewsbury Hospital.

The Chairman welcomed the following representatives to the meeting who were present to support and answer questions about the proposed re-location: Paul Tulley, Chief Operating Officer, Clinical Commissioning Group, Dr Peter Clowes, Clinical Lead for Urgent Care CCG, Emma Pyrah, Urgent Care Commissioner, Dr Steve James – Medical Director for Walk In Centre, Dr Kevin Eardley – Consultant, SATH, Graham Shepherd – Shropshire Patient Group Representative, Liz Welsh – NHS England, Primary Care Lead Shropshire & Telford, and Rebecca Woods – NHS England, Head of Primary Care Commissioning.

The Chief Operating Officer reported that the Walk In Service had now been in place for five years and was a well-regarded service with 34,000 users every year. It was currently located at Monkmoor, Shrewsbury, alongside a GP Practice with 3,000 registered patients and it was now proposed to split the Walk In element from the GP practice, extend the contract for up to another five years and locate the Walk In element alongside Accident and Emergency at the Royal Shrewsbury Hospital.

There was both national and local consensus that co-location of such walk in services with A&E would create major benefits, including: better workforce integration; creation of new pathways; avoidance of duplication; avoidance of hospital admissions; quicker problem solving; availability of the right clinicians and skills available for first contact; skills available to manage urgent need; and allowing just one examination then referral for tests. The registered practice would remain at Monkmoor.

The Local Member for Underdale commented that he had not been aware of the proposal until he had seen the item featured on the agenda for the meeting. He reported that the service was much valued by local people who would find it difficult to access the hospital site by bus. This could leave many struggling on rather than seeking medical help. He also expressed concern that the Registered Doctors practice might not be viable on its own.

Some Members of the Committee felt that the proposals made good sense but drew attention to the already pressured car parking at the Royal Shrewsbury Hospital Site. They felt that commitment to solve the parking problem was essential and that pressure should be exerted on the Shrewsbury and Telford Hospital Trust (SATH) to do so.

In response, the Chief Operating Officer apologised for not making contact with local members before the meeting. He reiterated that the Registered List would continue and reported that engagement work had started and would continue until a final decision was made by the CCG Board in September. Dr Clowes emphasised that the Walk In Centre was a facility for the whole of Shropshire and not just the immediate area it was located within and it was felt that the clinical benefits would outweigh the disbenefits of the parking issues. He referred to the relocation of Women and Childrens Services to the Princess Royal Hospital which would release some demand on parking spaces. Mr Tulley confirmed that he had clearly received the message regarding car parking concerns and the CCG would ensure that these would be fully explored. He also confirmed that hours of operation would remain as they currently were for the Walk In Centre.

A Member of the Committee said that they felt unable to support the proposals without data about the 34,000 users of the service. Another Member pointed out that the current location of the Walk In Service was within an area of deprivation, residents of which could have particular difficulties getting to Copthorne to access the Walk In Service due to of access difficulties, transport costs or parking costs. She also referred to the Monkmoor Project which had the aim of 'giving children the best start in life'. Other Members referred to the late paper and lack of time to consider the proposals.

Other Members of the Committee pointed out that the service was for all in Shropshire, not exclusively for the Monkmoor area and others reported that they had not been aware of its existence.

In response to comments and questions, the Chief Operating Officer stated that the proposals were not based on reducing costs but to improve the urgent care service which would be improved by co-location with A&E. Dr James explained that clinically, many who currently attended A&E could have attended the Walk In Service. Waiting times were usually around half an hour with only a very small number ever having to wait for more than 2 hours.

In addressing the proposal by some Members to defer making a decision whether to support the re-location or not, the Chief Operating Officer explained that there were critical timing issues. The potential to relocate had only arisen recently and it was hoped to make arrangements in time for the coming winter. This would involve refurbishment and extension of the A&E waiting area and to allow this to happen, the CCG Board needed to make a decision at its meeting on 9 September 2014.

He said it would not be possible to commit to dedicated parking for any services based at the Royal Shrewsbury Hospital but emphasised that clinically the relocation of this service was the right thing to do. Most patients could be streamed from the outset and waiting times overall would be reduced. He reiterated that the issues related to parking would be put to the Acute Trust to identify possible solution but this might need to be dealt with on a different timescale-

A representative from Shropshire Patients Group said that anticipated objections were related to parking difficulties, paying for parking and distance from Monkmoor for those who were used to the Centre being located there. He reported that the Patients Group were in support of the proposals and were of the view that they would be of benefit of all patients in Shropshire. He also agreed that pressure should be brought to bear on the parking situation.

The Urgent Care Commissioner reported on engagement work undertaken so far with the Patients Group, clinicians and patients. An engagement exercise had commenced on 30 June 2014 involving facilitated interviews with patients, and questionnaires. Results to date had been a fairly equal split of views on relocation. She also confirmed that an Equality Impact Assessment would be carried out.

The Committee rejected a proposal to defer the decision and agreed to support the proposal as long as the parking issue was addressed with the Acute Trust. The CCG was also requested to consult Local Members as appropriate and as early as

possible as they were a source of valuable knowledge about their electoral divisions.

**The Committee RESOLVED:**

To support the proposal for re-locating the current Walk-in Service from Monkmoor to A&E at the Royal Shrewsbury Hospital on the proviso that a commitment is made to address car parking issues with Shrewsbury and Telford Hospital Trust.

To request that the CCG and other NHS bodies be asked to ensure early consultation with Local Shropshire Councillors if change is proposed in their Electoral Divisions.

**61. ADULT SOCIAL CARE TRANSFORMATION**

Andy Begley, Head of Social Care Operations, provided a report and presentation in response to a request from the Chair of the Committee to provide an oversight of activity across Adult Social Care. He described the change to the way front line services were being delivered, impacts and outcomes were being measured currently and how overall performance would be monitored and managed going forward. The report and presentation are attached to the signed minutes.

Members heard about and considered the pattern of Adult Social Care activity and future demand; principles underpinning the transformation of Adult Social Care, what the new operating model looked like, and ways of identifying how it was working.

The Head of Social Care Operations addressed questions and points raised by Members relating to: the 'Let's Talk' Drop In Sessions; the findings of the RAG Groups on Personalisation and the New Operating Model which had particularly flagged issues around communications; changing expectations; the degree of follow up after an initial signposting service was provided; the rise in demand for advocacy services; the implications of the Independent Living Fund coming to an end and the Adult Social Care Bill; transition into adult services; Locality Commissioning, particularly in very rural areas; and the need for consistent messages with frontline staff and service users.

During discussion about measurement of quality and performance, the Committee acknowledged that it was much harder to measure and assess quality of services compared to quantitative data, especially in the light of large numbers of service users.

The Portfolio Holder for Performance explained that a vast amount of data was collected and reported in different ways and that ways to simplify this needed to be identified.

It was suggested that a small Working Group be formed from Membership of the Committee to look at development of performance measures with the Head of Social Care Operations, the Portfolio Holder for Performance and members of the Performance Team. Any Member wishing to take part in this work was asked to confirm this with the Committee Officer outside of the meeting. The Portfolio Holder for Performance welcomed this suggestion.

**RESOLVED:**

that a small Group of Members of the Committee meet to consider the collation and analysis of wider outcome measures and how best to report these.

That the Adult Social Care Transformation Plan be subject to further review and scrutiny following formal ratification of Q1 and Q2 finance reports and collation and analysis of wider outcome measures.

Chairman:.....

Date:...15 September 2014.....

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<u>Committee and Date</u> <b>Health and Adult Social Care Scrutiny Committee</b>  Monday 15 September 2014	<u>Item</u>  <u>Public</u>
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## **Health and Adult Social Care Scrutiny Committee Shropshire and Telford & Wrekin Annual Safeguarding Report 2013-14**

Responsible Officer: Stephen Chandler, Director Adult Social Care Services

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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.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b>
Lee Chapman – Portfolio Holder for Adult Services and Commissioning (South)
<b>Local Member</b>
<b>Appendices</b>
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 required, as well as clear steerage from the Board in regard to priorities.

## 4. Public Awareness & Prevention

### 4.2 Service user Communication and Community Engagement Group

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

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

#### 4.3.1 **Telford & Wrekin**

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

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

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

#### 4.3.2 **Shropshire**

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

### 4.4 **Large Scale Investigations Procedures**

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

#### 4.4.1 **Telford & Wrekin**

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

#### 4.4.2 **Shropshire**

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



#### 4.4.2.1 Case study

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

## 4.5 Serious Case and Domestic Homicide Reviews

### 4.5.1 Telford & Wrekin

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

### 4.5.2

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

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

### 4.5.2 Shropshire

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

## 5. Activity and Performance

### 5.1 Telford & Wrekin

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

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

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

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

5.1.2 **Referral data 2013/14**

<b>Source Of Referral</b>	<b>Total</b>
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)**

	<b>Total</b>
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

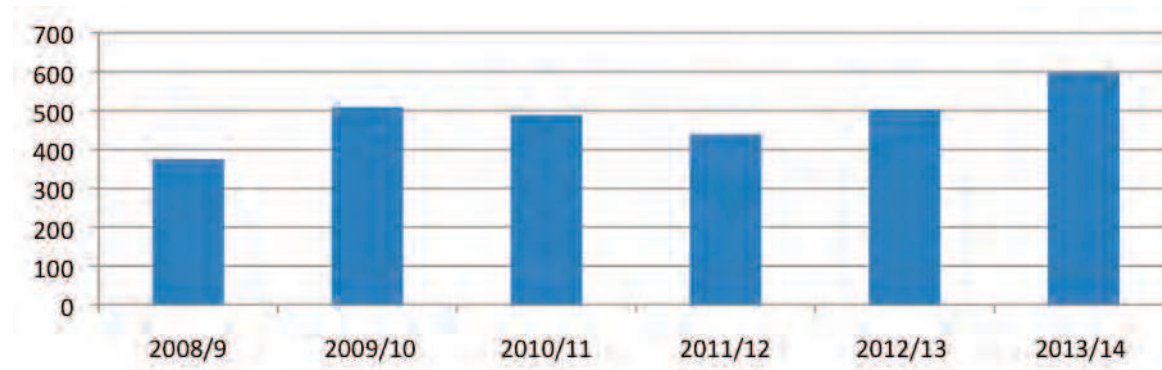
5.1.4 **Case conclusion**

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

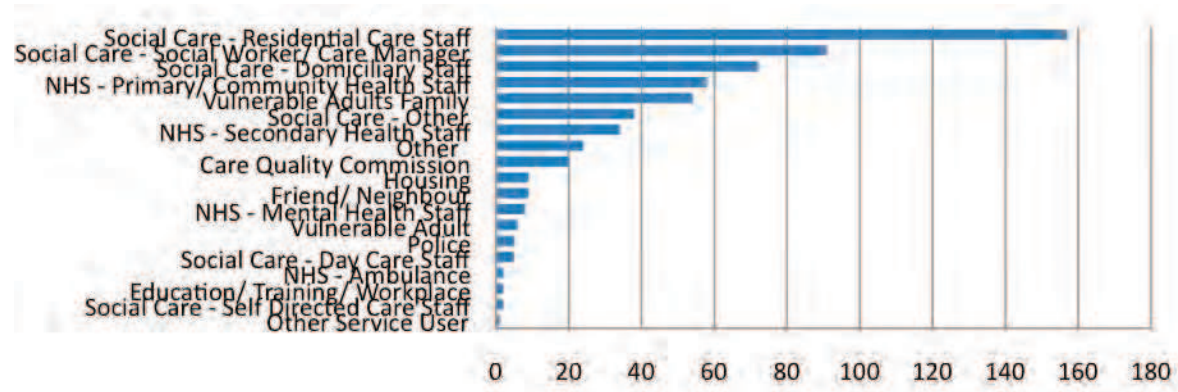
5.1.5

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

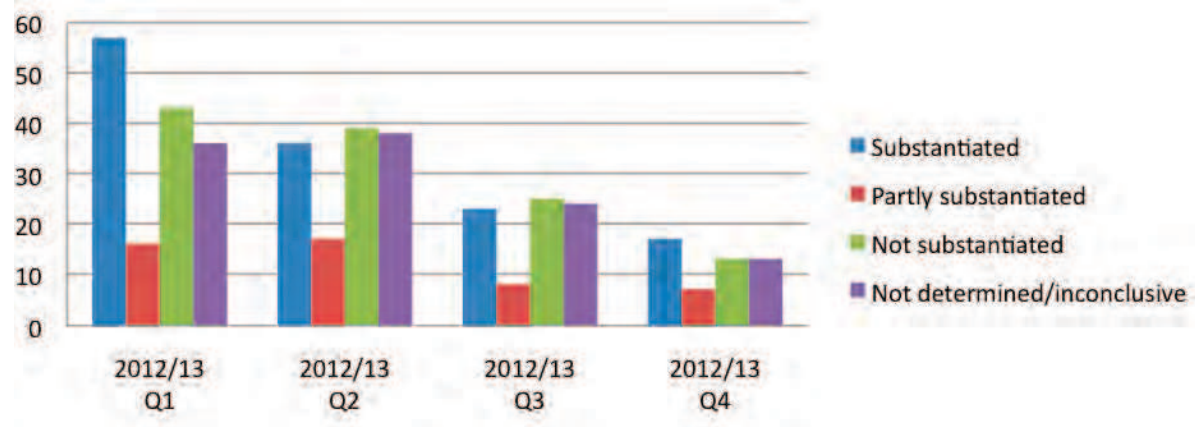
5.1.6 **Number of Referrals**



5.1.7 Source of Referrals



5.1.8 Case Conclusion



## 5.2 Shropshire

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

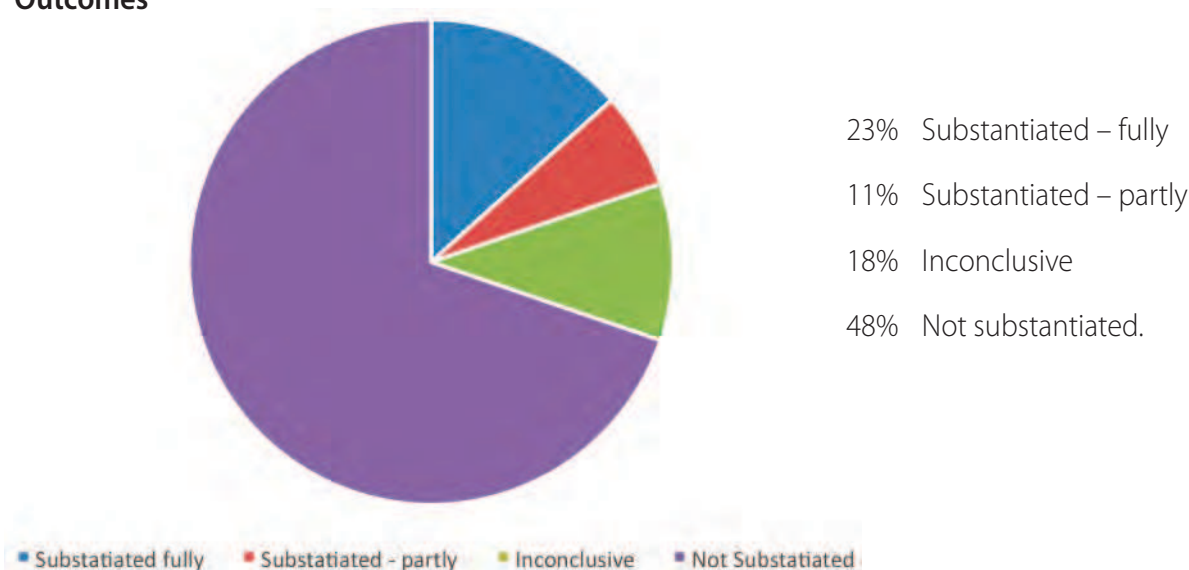
Of these 388 were already known to the Local Authority. Over 90% were white by ethnicity. The primary client group for referrals was physical disability/Frail and sensory impairment (collectively as one group) around 12% of referrals were for adults with a learning disability.

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

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

The breakdown of closed cases by outcome was as follows:

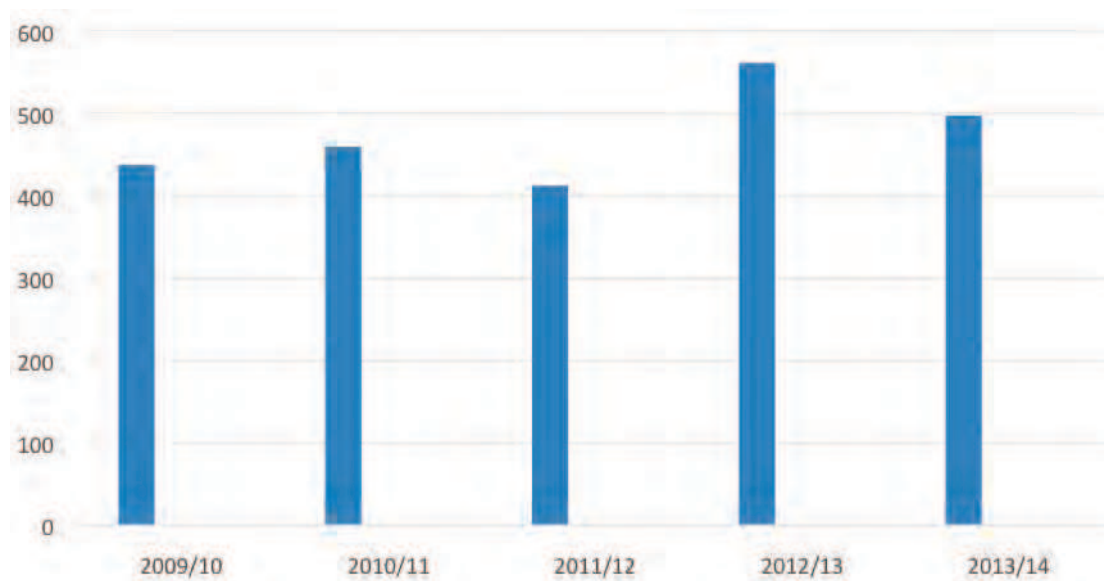
### 5.2.1 Outcomes



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

5.2.2 **Total referrals received by Shropshire**

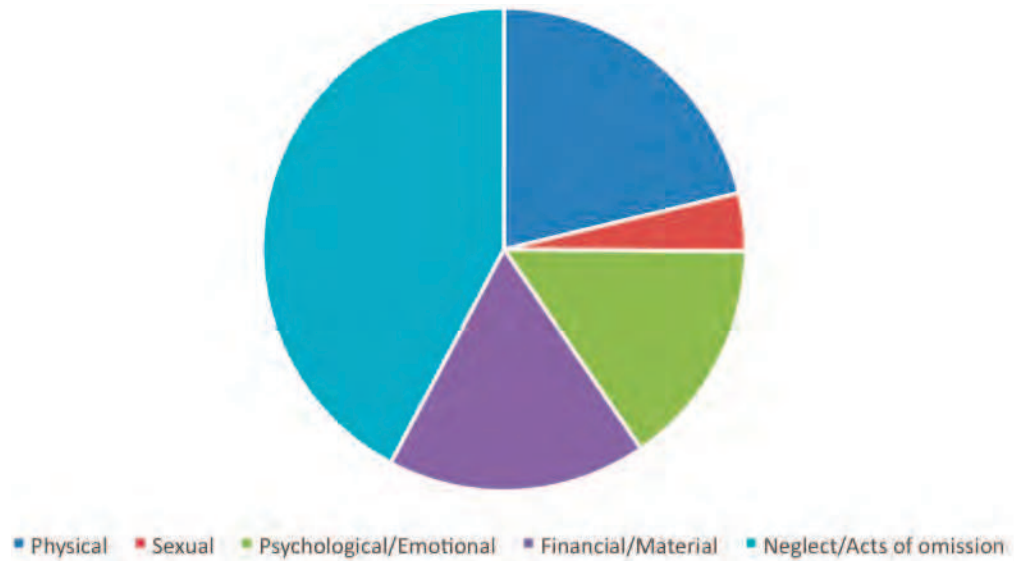
Period	2009/10	2010/11	2011/12	2012/13	2013/14
Number	437	459	412	561	497



5.2.3 **Type of abuse**

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

5.2.4 **Number of referrals by type**

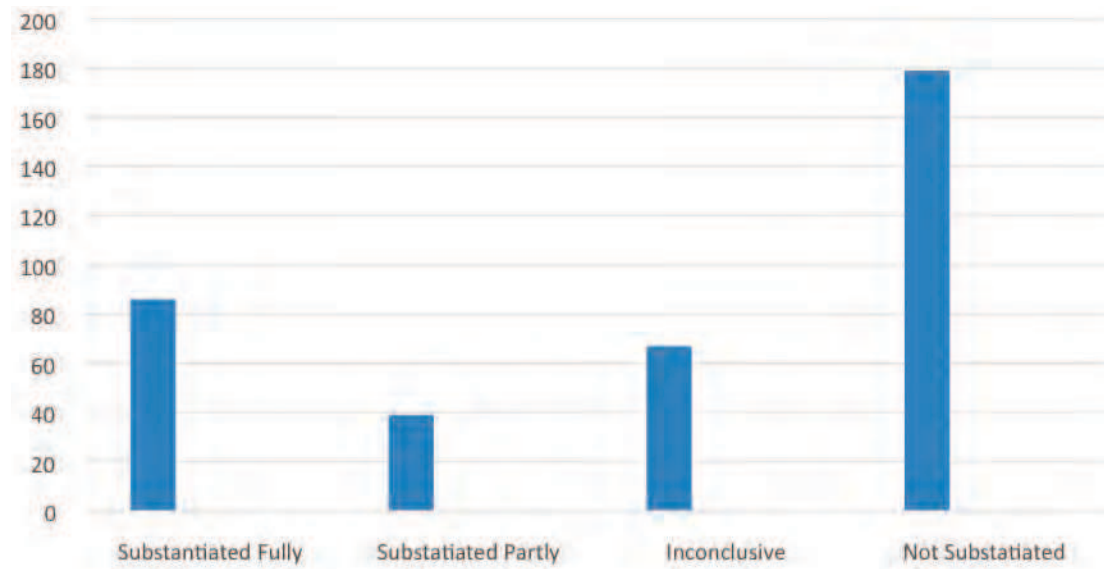




5.2.5 **Case Conclusion**

	<b>Total</b>
Substantiated – fully	86
Substantiated – Partly	39
Inconclusive	67
Not Substantiated	179

**Outcome of Investigation**



## 6. Learning and Development

### 6.1 Telford & Wrekin

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

### 6.2 Shropshire

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

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

6.3.1 Total training figures from the returns received:

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

### 6.3.1 Independent and Voluntary Sector 2013-2014

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

### 6.3.1 Independent and Voluntary Sector 2013-2014 cont.

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

### 6.3.3 ACUTE Settings

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

### 6.3.3 ACUTE Settings cont.

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

**Any other Comments:**

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

### 6.3.4 Shropshire Fire and Rescue Service

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

### 6.3.5 Robert Jones & Agnes Hunt

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

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

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#### 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

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### 6.3.10 WM Ambulance Service

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

### 6.3.10 WM Ambulance Service cont.

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

**Any other Comments:**

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

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

## 7. Deprivation of Liberty Safeguards

### 7.1 Shropshire

The deprivation of liberty safeguards referrals were increased in the year 2013/14 against previous years. The total number of requests for authorisation was 165. Of these 117 were from care homes and 448 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 <sup>1</sup> 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

<sup>1</sup>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 sparsity. At executive level the Director of Nursing, Quality, Patient Safety and Experience is accountable for safeguarding and sits on the Safeguarding Adults Board, with all CCG Board members having a shared responsibility for the adult safeguarding agenda.

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

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

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

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

Some priority areas identified:

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

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

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

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

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



**Linda Izquierdo**

Director of Nursing, Quality, Patient Safety and Experience



## 9.5 Shrewsbury and Telford Hospital NHS Trust

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

### **Jo Banks**

Associate Director Patient Safety

## 9.6 Shropshire Community Health NHS Trust

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

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

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

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

### Safeguarding Adults

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

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

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

### **Table 5. Adult Safeguarding Alerts by Team**

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

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

### **Training & Education**

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

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

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

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

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

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

### Learning Disability

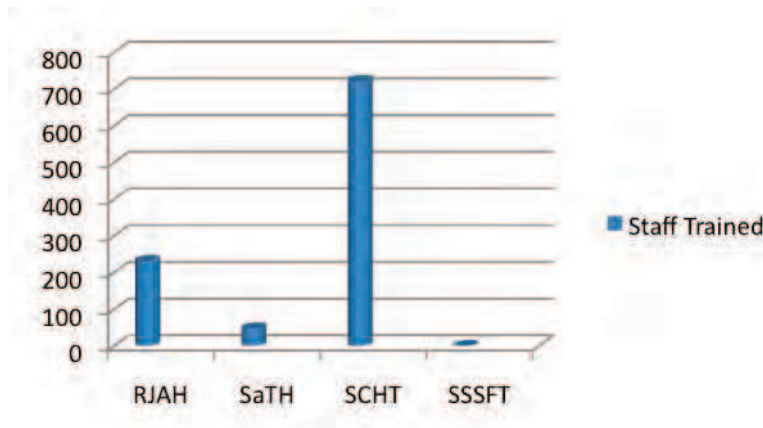
Monthly Performance Reporting (MPR) continues and demonstrates high levels of satisfaction with provided services (survey returns are Adults – 31.9% and Children - 24.7%). The MPR is used to monitor Reasonable Adjustments. There were no events reported. Each event undergoes a Root Cause Analysis (RCA)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

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

### Prevent

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

**Table 6: Prevent programme**



## 9.7 The Robert Jones & Agnes Hunt NHS Foundation Trust

### 9.7.1 Introduction

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

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

### 9.7.2 Actions undertaken during 2013-14

#### 9.7.2.1 Adult Safeguarding Link Nurses

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

#### 9.7.2.2 Information dissemination

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

### 9.7.2.3 Training Developments

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

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

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

### 9.7.2.4 CQC Standards Outcome 7

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

## 9.8 Policy Review

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

## 9.9 Safeguarding Committee

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

## 9.10 Adult Safeguarding Training

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

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

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

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](http://www.shropshire.gov.uk)  
0845 678 9044



[www.telford.gov.uk](http://www.telford.gov.uk)  
01952 381280

Shropshire and Telford & Wrekin  
Safeguarding Adults Board

**Annual Report**  
2013 - 14

**PROPOSALS FOR HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2014-15  
(As at 5 Sept 2014 v2)**

<b>DATE</b>	<b>ITEM</b>	<b>REASON FOR UNDERTAKING</b>	<b>LEAD OFFICER/NOTES</b>
<b>15 September 2014</b>  Deadline for reports: <u>noon</u> Fri 5 Sept	<b>Annual Safeguarding Report (to include info on Mental Capacity Act and Deprivation of Liberty Safeguards Legislation)</b>	To enable committee to assess performance and assure itself that all necessary action is being taken to keep people safe.	
	<b>Social Care Bill Update - presentation</b>	Committee have asked to be kept informed of progress	
<b><u>Change of Date</u></b> <b>24 October 2014 at 10.00 am</b>  <i>(moved from 13 October 2014 to enable Committee to see options)</i>	<b>Future Fit Options Long List/Short List</b>	To understand how the short list was arrived at and to identify views of Shropshire Councillors on the short list in advance of the Joint Health and Overview Scrutiny Committee meeting	
<b>15 December 2014</b>  Deadline for reports: <u>noon</u> Fri 5 Dec	<b>Integrated Community Services Pilot and Better Care Fund</b>	To receive a presentation on and assess the success of ICS and receive an update on Better Care Fund.	
	<b>Report from RAG Group on Adult Social Care Performance Indicators</b>	To consider the proposals from the RAG for Adult Social Care Performance Indicators	
<b>9 February 2015</b>  Deadline for reports: <u>noon</u> Fri 30 Jan	<b>Adult Social Care Annual Account</b>	To consider what the Council has achieved, what challenges lie ahead and what areas will be the focus for improvement.	<b>Meeting to be held at the Lantern or similar with contributors present</b>



**PROPOSALS FOR HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME 2014-15  
(As at 5 Sept 2014 v2)**

	<b>Day Services Update</b>	To consider a report on successes/challenges to date and comment on outstanding action needed	Involvement from service users/officers
<b>30 March 2015</b>			

**Other Items for the Work Programme**

Quality Accounts Exception Reports  
Continuing Health Care