



# Scrutiny Report

# Safeguarding Adults

November 2011

[www.worcestershire.gov.uk](http://www.worcestershire.gov.uk)

## Safeguarding adults

### Who is a vulnerable adult?

Someone over 18 years of age who might be unable to protect themselves from significant harm or serious exploitation because of a physical or mental disability, age or illness.

### What is abuse?

It is the violation of an individual's human or civil rights by another person or people. It can take many different forms, such as:

- **Physical abuse:** being hit or restrained, misuse of medication
- **Sexual abuse:** being harassed, teased or being forced to have sex without consent
- **Neglect:** not getting adequate care, food, medication, heating
- **Psychological abuse:** bullying, threats, verbal abuse
- **Discriminatory abuse:** ridicule or threats because of race, gender, disability, age, sexual orientation
- **Financial abuse:** theft, fraud, exploitation, pressure to change a will, misappropriation of property and possessions
- **Institutional abuse:** mistreatment by an organisation or individual where care is provided.

Abuse can happen anywhere and by anyone, including relatives, friends, neighbours, paid care workers, volunteers, professional staff and strangers.

**If you think you are being abused or want more information, contact the County Council's Access Centre in confidence on  
0845 607 2000**

**We can answer your query in a number of languages and our Adult Protection Team will respond and can investigate adult abuse.**

### Who else can you report abuse to?

Police **08457 444888**

Care Quality Commission **03000 616161** / Email: [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Worcestershire County Council is working with the following agencies to stop abuse within the county: Worcestershire NHS, West Mercia Probation, West Mercia Constabulary and Worcestershire Supporting People Partnership.**

Find out more online:

[www.worcestershire.gov.uk/safeguardingadults](http://www.worcestershire.gov.uk/safeguardingadults)

## **Membership of the Adult Care and Well-being Overview and Scrutiny Panel**

### **County Councillors**

Maddy Bunker (Chair of the Panel from June 2011)  
Rob Adams (Chair of the Panel until June 2011)  
Richard Udall (Vice-chair of the Panel)  
Steve Brown  
Pamela Davey (until May 2011)  
Lynne Duffy  
June Griffiths (from October 2011)  
Anne Hingley (from June 2010)  
Gay Hopkins (from January 2011)  
Ed Moore (until May 2010)  
Ted Sheldon (until September 2010)  
Terry Spencer (May 2011 until September 2011)

### **Officer Support**

Suzanne O'leary (Overview and Scrutiny Manager)  
Emma James / Jo Weston (Overview and Scrutiny Officers)  
Tony Leak (Scrutiny Liaison Officer for Adult and Community Services Directorate)

### **Further copies of this report are available from:**

Overview and Scrutiny Team  
Legal and Democratic Services  
Worcestershire County Council  
County Hall  
Spetchley Road  
Worcester WR5 2NP  
Tel: 01905 766916  
Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)  
Website: [www.worcestershire.gov.uk/scrutiny](http://www.worcestershire.gov.uk/scrutiny)

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## Foreword

I am very pleased to present our scrutiny of safeguarding vulnerable adults in Worcestershire. This report sums up our discussions, evidence taking, findings and recommendations for safeguarding adults, which we hope will provide constructive steps towards keeping more vulnerable adults safe.

It is one of the key characteristics of a civilised society that it cares for and protects its vulnerable citizens, however we are all aware that an appalling number of people continue to suffer from abuse. There are many dedicated professionals within the local authority and partner agencies, including the voluntary sector, working to respond to this situation, and my hope is that this report along with the continuing active engagement of the Adult Care and Well-being Overview and Scrutiny Panel will support them in their efforts. Linked to this I wish to see increased awareness of the issues amongst my fellow Councillors.

Having recently taken over as Chair of the Overview and Scrutiny Panel, I have found this piece of work both challenging and rewarding. It has taken place during a time of considerable national change within the remit of adult social care, alongside increasing financial and demographic pressures. I am therefore very pleased that a major outcome of our scrutiny has been to focus and strengthen the Panel's monitoring role for the future.

In light of current and future budget pressures, the Panel was mindful that extra resources may not be available but we recommend that the Directorate monitor its capacity for dealing with referrals and report back to the Panel at regular intervals.

The report makes recommendations aimed at raising awareness amongst councillors and taking forward the Panel's monitoring role. To achieve this, it will be important to have regular dialogue with the key players in safeguarding across Worcestershire. The report also includes recommendations related to the continued rise in safeguarding referrals, and links to Council strategies and activities.

I would like to thank the members of the Panel, including those who have moved on to other roles during the course of this scrutiny. I particularly want to thank Rob Adams, the previous Chair, who led us through much of this work.

I would also like to thank all those who contributed to our investigations including Councillor Philip Gretton, Pete Morgan, Sue Pidduck, Tony Leak and Eddie Clarke. I am grateful for the willingness of Pete Morgan to meet with us and to have ongoing dialogue with the Panel. I was encouraged by his vision and plans for development of the Worcestershire Safeguarding Adults Board and look forward to hearing from him again in the near future.

Finally I would like to thank the scrutiny officers for their commitment and hard work.

**Maddy Bunker**

**Chair of the Adult Care and Well-being Overview and Scrutiny Panel.**

# **SAFEGUARDING ADULTS REPORT BY THE ADULT CARE AND WELL-BEING OVERVIEW AND SCRUTINY PANEL**

## **INTRODUCTION**

1. Safeguarding adults was identified as a priority for scrutiny by the Overview and Scrutiny Performance Board in both 2009 and 2010. In addition to their general community leadership role, councils with social service responsibilities are required (through the roles of the Lead Member and Director of Adults Social Services) to specifically safeguard vulnerable adults. Members had concerns about the increase in the number of referrals and how the well-being and safeguarding of vulnerable adults could be sustained and improved, given the current financial climate.

2. Although adult safeguarding is everyone's concern, and other organisations have their own specific responsibilities, guidance issued by the Department of Health ('No Secrets' 2000), gave councils the lead role in ensuring that safeguarding across their areas is co-ordinated and effective, and in leading on adult protection investigations.

3. Definitions of 'what is a vulnerable adult?' and 'what is abuse?' can be found on the inside front cover of our report, which is taken from a recent Worcestershire safeguarding awareness raising leaflet.

4. The profile of adult safeguarding has been heightened recently by a series of tragic cases of abuse which have taken place nationally as well as locally. For example, a Worcestershire resident with severe learning disabilities who had been receiving a range of health and social care services, but had not been attending services for a period before his death, went missing and was found dead some weeks later. In another case in Leicestershire, a mother killed herself and her disabled daughter after years of being terrorised by youths. More recently, in June 2011, patterns of serious abuse were uncovered by the BBC TV programme Panorama, in Bristol at Winterbourne private hospital for people with learning disabilities and autism. The Care Quality Commission subsequently closed the home. The abuse at Winterbourne View was of particular concern to us, as there were three Worcestershire residents living there. It is extremely troubling that such cases occur, and as part of our scrutiny we asked how the Council responds in the short-term, and how in the long-term learning is embedded.

### **Scope of the scrutiny**

5. Safeguarding adults covers a broad area of work. However, it was important to focus the scrutiny, and to bear in mind the extraordinary financial pressures faced by the Council's Adult and Community Services Directorate, in contributing to the Council's overall programme to reduce its budget by about £70million by 2014. Within this economic climate, we wanted to make sure that our scrutiny would be relevant and also realistic. The Panel agreed that the scrutiny should look at:

- i whether processes related to safeguarding adults are fit for purpose?**
- ii how resilient processes would be in the future, given increasing demand and budget pressures?**

6. Shortly after the start of the scrutiny, Council considered a proposal to establish a "Corporate Care Board" of councillors, to monitor quality of adult social care received from all providers, in the same vein as the Corporate Parenting Board. Council did not support the motion, but the Panel agreed to consider the suggestion, and the wider issues of how adult safeguarding is governed and monitored, as part of its work.

7. Subsequently a second notice of motion on this issue was put to Council in June 2011 and referred to Cabinet on 21 July 2011. Whilst Cabinet did not adopt the notice of motion proposing a corporate care board, it requested that this Panel, 'in light of recent events, considers further all relevant factors in respect of the proposal for a Corporate Care Board as part of its ongoing scrutiny of adult safeguarding issues and reports on it as the Panel thinks appropriate in due course'. Cabinet suggested that the final scrutiny report should be reported to Cabinet by December/January at the latest.

## **Method**

8. Overview and scrutiny allows for a combination of approaches, depending on the nature of the topic and available resources. The Panel agreed to scrutinise safeguarding adults by monitoring the service over a period of time, using its scheduled public meetings. Although this approach lengthened the period of evidence gathering, it complemented the 'overview' nature of this scrutiny, and also enabled us to address the scope of the scrutiny alongside new developments and strategies within Adult and Community Services', including financial pressures, the Personalisation Agenda, the re-provision of homecare and the recent cases mentioned above.

9. The Panel met with Adult and Community Services' officers, the Chairman of the Worcestershire Safeguarding Adults Board (WSAB), and considered a number of documents. Details of the Panel's activity are attached at Appendix 1. Our discussions highlighted a number of challenges facing the service and these are explored at pages 4 to 17.

10. Background information on safeguarding strategies and the legal context is included at Appendix 2

## **ARE PROCESSES FIT FOR PURPOSE?**

11. To help us assess whether existing processes were working, we looked at external assessments of the Council's safeguarding arrangements.

12. The Care Quality Commission (CQC) is an independent body, which, until recently carried out inspections of local authority safeguarding, as part of an annual performance assessment. It continues to regulate care provided by the NHS, local authorities, private companies and voluntary organisations. The CQC has responsibility for registering services, and is the main regulator for adult social care providers. Any decision to close a home has to be taken by the CQC.

13. Recent inspection ratings by the Care Quality Commission have indicated that the Council's adult safeguarding is improving. Having been rated as adequate in the January 2009 Independence Wellbeing and Choice Inspection, an action plan was put in place, two consultants were involved in further assessment and new policies and procedures have been introduced. Internal restructuring of adult social care, and growth monies of £227,000 received in 2010, has established an overall safeguarding lead to

ensure co-ordination of adult safeguarding across all services. This post has been complemented by new advanced social work professional posts to take a lead on safeguarding in each of the community teams.

14. More recently, in recognition that prevention of abuse needed greater emphasis, a new Prevention Strategy has been introduced, and a new Training Strategy has been implemented to ensure all staff who work with vulnerable adults receive the right safeguarding training.

15. The CQC's 2009/10 annual performance assessment lists as a key strength 'safeguarding arrangements have been strengthened this year with robust multi-agency arrangements and improvements to monitor performance and outcomes.' The report calls for the Council to 'continue to evaluate the impact of developments to safeguarding arrangements and processes', something which we hope our scrutiny has complemented.

16. Regulation of councils' adult social care services changed during our scrutiny, with the Government announcing in November 2010 that annual assessments of councils' commissioning of care would no longer take place. The Government is currently reviewing its approach to regulation and assessment of local public services. Peer Reviews between authorities may be seen as a way forward, although it is not clear yet what arrangements will be introduced, and when appropriate, the Panel will need to make sure that any new arrangements are built into its regular performance monitoring of adult care services.

17. The Worcestershire Safeguarding Adults Board (WSAB) is the co-ordinating body which oversees adult safeguarding in Worcestershire (see pages 8 to 11 of our report). WSAB annual reports provide detailed analysis of referrals from the year, as well as sharing learning points.

## CHALLENGES

### Increasing demand

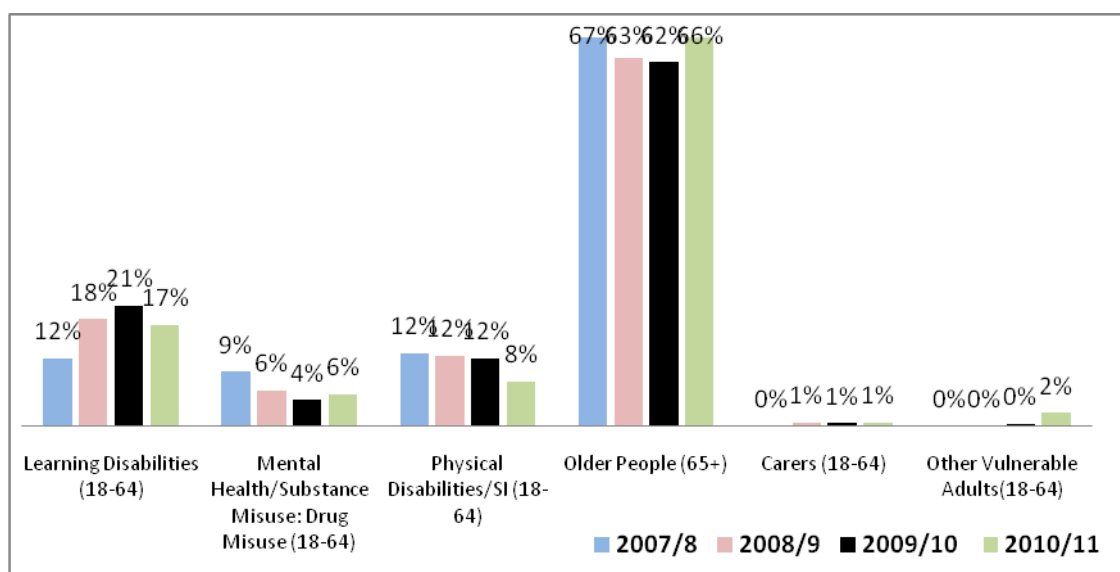
18. Adult safeguarding is a growing issue for Worcestershire, as numbers of referrals of suspected abuse of adults have increased dramatically. There has been a year on year increase, with a 60% rise in the past year – see table below. 2010/11 figures equate to an average number of 97 referrals a month, compared with 61 in 2009/10.

Worcestershire referral rates

<b>2006/7</b>	<b>2007/8</b>	<b>2008/9</b>	<b>2009/10</b>	<b>2010/11</b>
<b>97</b>	<b>257</b>	<b>442</b>	<b>734</b>	<b>1160</b>
First recorded figure	Increase on previous year 46%	Increase on previous year 71.9%	Increase on previous year 66%	Increase On previous year 58%

19. The following graphs from the WSAB 2010/11 annual report illustrate patterns of referral rates, the groups affected, and how Worcestershire compares with the national trend.

## Worcestershire Safeguarding Adults Referrals by Service User Group 2008-2011

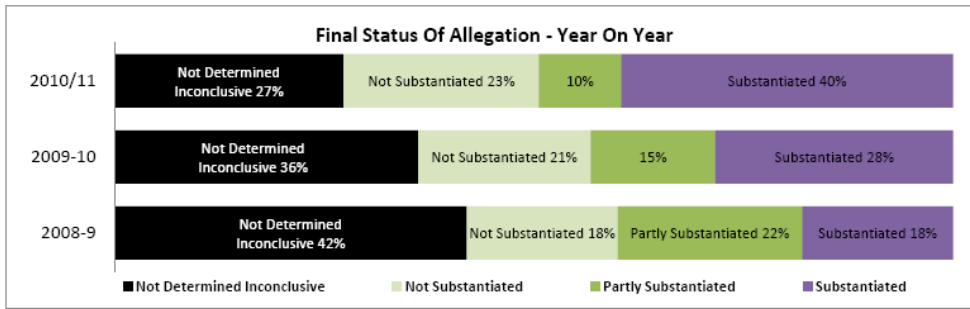


20. It is difficult to make meaningful comparisons with other individual local authorities, because of the lack of national performance indicators, definitions and procedures.

21. The range of referrals is also huge, with physical abuse and neglect being the most commonly reported forms of abuse. However, not all referrals reveal cases of abuse or maltreatment. Worcestershire Safeguarding Adults Board figures for 2009/10 in Worcestershire indicated that 17% of referrals (127 in total) were 'alerts' which did not lead to full investigations; in 2010/11 the figure was 24%. An alert is a record of any contact raising a concern that an adult may be experiencing abuse. A single person may have several alerts recorded if several different people have separately reported the same concern about them. Not all adult protection alerts become adult protection referrals, as they may be resolved in other ways, for instance through complaints processes, provision of extras support etc. A referral on the other hand is where the adult protection procedures are invoked to follow up the concerns, and there would only be one referral recorded in the circumstances.

22. Alerts could be a complaint or concern and helped build a more detailed picture of what might be happening. Several Alerts would trigger further investigation. Although there is often no definitive result to an investigation, the fact that abuse is investigated often leads to change in practices of staff and support and services to protect victims from future abuse.

23. The number of cases substantiated through the procedures is increasing year on year, as shown in the graph below:



24. The view of those we spoke to during our scrutiny is that the increase in referrals is partly because of the increased emphasis on prevention and awareness-raising, better availability of information, and lower levels of tolerance amongst the public. There are also increasing numbers of vulnerable people, because of growth in the population of older people.

25. The increase in referrals and substantiated cases has an impact on workforce capacity and capability. One safeguarding manager told us that although the safeguarding service was in a good position with good agency links, the challenges were how to make the service more robust, and to meet inspection criteria. "We are constantly running", she said.

26. Members were particularly concerned that sufficient feedback was given promptly to those who made referrals, as a lack of feedback may defer people from making future referrals. The Directorate acknowledged that lack of capacity due to increased workloads did sometimes mean insufficient feedback was given.

**Recommendation 1**

**We recommend that the Directorate monitor its capacity for dealing with referrals, look at the feedback procedures and resources available for them and report back to the Panel.**

**As part of future safeguarding discussions with the Director, we would like to look at whether there may be ways to improve sharing of referral information across partners.**

## Financial and demographic pressures

27. The huge financial pressures on public services are exacerbated in adult social care by demographic changes meaning that more people are living for longer. The figures below are taken from the County Council's 'Worcestershire Demographic Report 2011', and show that the projections for Worcestershire exceed those nationally and across the West Midlands region:

	Worcestershire	West Midlands Region	Nationally
Projected increase in 65 plus age range 2008-2030	+67%	50%	56%

28. At the time of writing our report, the budget for the Worcestershire Safeguarding Adults Board is currently £62,496, of which the Council's contribution is 40% (£27,776). NHS Worcestershire also contributes £27,776, and West Mercia police contribute £6,944. This covers the Independent Chair's post for 15 days a year, the safeguarding adults training post, the cost of Serious Case Reviews and all training activities and publicity material relating to the Board.

29. The internal Worcestershire County Council Safeguarding Services section of Adult and Community Services has a budget of £1,534,631. This covers the Adult Safeguarding Services management posts, the Care Services Quality Team, Adult Protection Team, Central Reviewing Team and the Quality and Governance posts. The biggest item within this budget is the Central Reviewing Team, which does over 3000 reviews of people's social care services a year, and has a budget of £905,000. We are aware that internal safeguarding budgets are complex, because there are other teams which also carry out safeguarding adults work as part of their role, and it is difficult to separate this activity from their other duties. Examples include the community social work teams.

30. The Panel acknowledges that the Adult and Community Services Directorate is fully committed to playing its part in contributing to the financial savings which the Council needs to make, in facing up to the cuts to public spending. To date we have been satisfied that the Directorate is managing well, but clearly many budget saving and transformational projects have only just started. The Council has also made a clear commitment to becoming a commissioning-based authority. Regarding budget proposals for 2010/11, the Panel raised a number of queries regarding proposed efficiencies for service areas affecting vulnerable groups of society, which were efficiencies to the mental health service, reduction in residential home/nursing home placements and reduction in learning disability residential placements.

31. Whilst we can see that the Directorate has been keen to make improvements despite funding pressures, the Panel is concerned about how the safeguarding service will continue to cope with the significant rise in referrals, given that as yet the only additional resource this year has been a new post in the care services quality team, to cover in-county learning disability care homes and hospitals. The Panel welcomes this extension.

32. We are also concerned that strategies such as the new Worcestershire Dementia Strategy will not be able to be fulfilled and question who will have control and undertake monitoring.

33. The Panel was particularly concerned about the impact that financial pressures may

have on Adult and Community Services' capacity to deal with adult safeguarding. Members were keen to continue to monitor the situation. Further discussion about the Panel's role in monitoring adult safeguarding is on page 13 (Governance and Monitoring).

## **Partnership working**

34. The range of partners involved in safeguarding adults is vast and includes any organisation with responsibility to deal with vulnerable adults,<sup>1</sup> such as the Police, NHS, housing associations and many voluntary organisations. Each organisation is advised to have a safeguarding policy and these are being developed.

### Worcestershire Safeguarding Adults Board

35. Crucial to partnership working on safeguarding is the Worcestershire Safeguarding Adults Board (WSAB), which oversees safeguarding adults in Worcestershire, and is a multi agency partnership. The WSAB does not report to a specific body. A member of the Safer Communities Board sits on the WSAB to ensure links, and WSAB board members all report back to their own organisations. The Safer Communities Board, the new WSAB structure and the overall safeguarding adults' structure in Worcestershire is set out in Appendix 3.

36. Adult safeguarding boards are expected but not required, although in its statement of policy on adult safeguarding issues in May 2011, the Government indicated its intention to make safeguarding boards a statutory requirement in order to 'secure a transparent and locally accountable mechanism for local communities to ensure the protection of vulnerable adults.' (*Department of Health Statement of Government Policy on Adult Safeguarding, May 2011*)

37. The purpose of adult safeguarding boards is to:

- have a clear and shared understanding of its purpose and the expected outcomes for safeguarding the vulnerable people of Worcestershire
- deliver national and locally agreed priorities and secure expected outcomes
- understand arrangements for accountability and responsibility for operation and safeguarding outcomes
- assess and manage risks in relation to agreed business plans and stated objectives and outcomes – encouraging people to maximise the benefit of activities would mean that the benefits outweighed the dangers
- monitor delivery and performance against agreed plans, priorities and best practice standards
- support the Director of Adult Social Services (DASS) to coordinate the Safeguarding of vulnerable adults
- have a basis for evaluation of progress and performance and, where relevant, challenge the practice of agencies and their staff.

38. We wanted to find out about how the Board worked, its role in co-ordinating all of the agencies involved, and crucially, in holding them to account.

39. We looked at WSAB annual reports, which review the work of the Board and its

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<sup>1</sup> The Department of Health is considering whether to expand the current definition of a vulnerable adult to include all adults who are at risk.

multi-agency task groups over the year. This includes analysis of referrals, lessons learned and action to be taken as a result of serious case reviews, engagement with the public to raise awareness, and the development of training and new policies. WSAB annual reports are submitted to the Council's Cabinet each year.

40. Serious case reviews are carried out when:

- a vulnerable adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death.

and/or

- a vulnerable adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services worked together to safeguard the vulnerable adult.

and/or

- serious abuse takes place in an institution, or multiple abusers are involved.

and/or

- the case suggests that the safeguarding adults board may need to change its protocols or procedures, or that protocols are not being understood or acted upon.

41. During our scrutiny the WSAB was about to embark on a period of substantial development. The Council was in the process of recruiting for an independent chair (instead of the Council's Director of Adult and Community Services, who had previously chaired the Board), with the aim of providing more in-depth challenge of all partners.

42. The Panel met the new WSAB independent Chair, Pete Morgan, shortly after his appointment. Mr Morgan paid tribute to the positive work underway when he commenced his post, but he had clear plans for development. He explained his focus would be on issues related to governance, sharper accountability, the Board's resource base, quality assurance and prevention. It is worth noting that this mirrors the principles set out by the Department of Health in its May 2011 statement of policy on adult safeguarding, used to benchmark adult safeguarding (empowerment, protection, prevention, proportionality, partnership and accountability). Crucially, he saw part of his role as being to challenge the various agencies and members of the Board.

43. Areas of the WSAB where development is planned are:

Structure

a large number of agencies attend, which did not all necessarily need to, as they could continue their involvement without being an actual board member. The new Chair felt the current structure was too top heavy, and instead envisaged a small, strategic executive board, underpinned by a larger operational group, and sub, or task and finish groups which would be set up to tackle specific issues, as required.

Terms of reference

Accountability - each member must be aware of their accountability; where and to whom

Resources - not necessarily financial, for example a separate website

Attendance - importance of consistency

Membership

The current membership of 32 had evolved over time, and needed to be rationalised. It was important to be clear which sector some organisations were

representing and some such as the Care Quality Commission were dual-hatted. There were gaps in membership from some important agencies, which had key access to vulnerable adults such as the West Midlands Ambulance Trust, Prison Service and the Independent Domiciliary care providers. It was important that councillors were represented and consideration needed to be given to representation from NHS Trust Boards. Because of Personalisation and the increase in people arranging their own care, it would also be important that carers were involved. Currently, the Council's Cabinet Member for Adult Social Care attended the WSAB, as an observer.

44. During our scrutiny, a new structure was being developed (which will include a small 'higher level executive WSAB' group of chief officers from, for example NHS Commissioners and the County Council, to be chaired by the Council's Director of Adult and Community Services. The main WSAB Board would report into the higher level group.)

45. We have been greatly encouraged by the new WSAB Chair's vision and plans for development, which appear robust and well targeted. Building on previous good working, he has initiated plans to tackle issues related to governance, sharper accountability, strengthen data collection, reporting, accountability, quality assurance and prevention. He also plans to build dialogue with other partners, including the Adult Care and Well-being Overview and Scrutiny Panel, an offer which we very much welcome.

46. Good progress has been made in working with NHS organisations, but it is acknowledged that more needs to be done with some partners, and we would be interested to see what relationship there is with the Worcestershire Safeguarding Children's Board. In this respect we will be interested to find out how partnership working and accountability is boosted by the WSAB's development plans, something which we will be able to discuss with the WSAB Board Chair, Director and the CMR for adult social care.

**Recommendation 2**

**We recommend that the Worcestershire Safeguarding Adults Board's annual report is presented to Council each year, to facilitate greater access and awareness raising to all councillors.**

**Recommendation 3**

**We understand that a review of the WSAB's membership is in progress. We recommend that the WSAB membership includes representation from a housing provider.**

**As part of future dialogue with the Independent Chair of the WSAB, we will discuss the best way to facilitate effective awareness by this Panel of the WSAB's work, for example, it may be useful for a member of this Panel to have a role on the WSAB.**

## Care Homes

47. Later in our report, on pages 12 to 17 we refer to monitoring of services and what happens when things go wrong. The Council tries to mitigate the risks of there being poor quality services, by working with the CQC and NHS. Monthly meetings with partners take place, as well as weekly verbal updates with the CQC. Concerns could also be raised by nurses and social workers. Although not every incident would be picked up, this triangulation means that any concerns would be highlighted as early as possible.

48. Supporting care homes which needed to improve is the primary aim of the Council's Care Services Quality Team, which was set up to improve care home services in Worcestershire by providing support and guidance to care homes with a zero to 1 star rating from the Care Quality Commission (CQC). The CQC has since abandoned its star rating system, but the Care Services Quality Team is working with homes where there are general concerns or adult protection incidents. Support is provided through training, management development, process or culture change, with an average of 10-12 care homes worked with each month. The CQC recognise this proactive approach as best practice.

## Training

49. The Panel discussed training with the Council's Safeguarding Services Manager at length and are very supportive of the increased opportunities available to both council employees and outside agencies. It is hoped that over time, everyone should be aware of how to identify vulnerable adults and how to report concerns.

50. A new e-learning portal has been developed for use by multiple agencies, which can be accessed by staff and volunteers and is more economical than bringing groups to a training centre. The County Council's website provides contact details for anyone who thinks they are being abused, or who wants information, as well as links to safeguarding policies and procedures. An example would be threshold guidance for practitioners which includes a table to show at what level an issue of financial abuse should be dealt with.

51. A key part of the WSAB improvement plan for 2010/11 was raising awareness of adult safeguarding issues in hospitals. We are aware that further work is planned to raise the profile of the Adult Protection team and highlight how people can raise their concerns and refer cases. The Panel noted that marketing in critical places, such as GP surgeries, libraries and District Council buildings, was essential.

### **Recommendation 4**

**We recommend member development on adult safeguarding to ensure members are aware of their role in this area. We also recommend that members are provided with lists of care homes in their divisions.**

### **Recommendation 5**

**District Councillors also have a part to play and we recommend that the WSAB communications strategy includes District Councillors.**

## **Personalisation**

52. The introduction of Choice and Control means that those receiving social care are able to receive a personal budget/direct payment and buy their own care. Having a 'personal budget' means that people have been told how much money is available to be spent on their care and they can choose to have this money themselves and arrange their own care, or they can ask the Council to arrange services for them. If they choose to take the money and arrange their own care, this is a 'direct payment'. In September 2011, 40% of people had a personal budget. This exceeds the national target of 30%, and the Directorate continues to push forward with the challenge of increasing numbers receiving direct payments.

53. Whilst acknowledging the benefits and increased flexibility personalisation brings, some members were concerned that this comes with extra risk, as not all providers may be checked and monitored and individuals may be reluctant to raise concerns about the care they have arranged privately, as this could impact on their families and friends. There are risks and potential for exploitation involved in arranging care from friends or neighbours.

54. The Director and Cabinet Member have said that service users are advised to carry out relevant checks for their own safety, but that this was up to the individual concerned. The Directorate is not responsible for monitoring the quality of independently arranged care, however all service users are given an annual care review, and there is a system to review personal budgets and whether the right outcomes were achieved through the care being purchased. The current WSAB statistics are also surprising; statistics in Worcestershire for 2010-11 show that 44% of reported adult abuse occurs in care homes or hospitals, while 35% occurs in people's own homes. The abuser is usually well-known to the person being abused, for instance a friend or relative, health worker, or someone they care for. The new Safeguarding Adults Prevention Strategy covers those who self-fund and information is disseminated widely so that they know how to raise concerns.

55. Raising awareness amongst the community is extremely important, especially given the drive towards personalisation, and we welcome WSAB's new anti-abuse campaigns to improve protection of vulnerable adults.

## **Learning from serious cases**

56. If someone dies and abuse or neglect is suspected to be a factor, then a serious case review is undertaken. (Paragraph 40 sets out what triggers a serious case review). Serious case review reports focus on the lessons learned and include action plans and which are sent to each agency involved, as well as to the CQC. The reports are also sent to councillors and to the Care Quality Commission. The Executive Summary and action plan for serious case reviews are public documents and normally published on the Council's website. In Worcestershire two such reviews have been carried out, in December 2008 and April 2010, and two more are in progress. The last serious case review had cost £8000 and was funded by the Directorate. The cases are anonymised, however they are still only published with the agreement of the families of the subject of the reviews.

57. The distressing nature of recent service failures prompted the Panel to assure itself that the existing service monitoring arrangements were adequate and working effectively. The Director explained that, during the review of events at Winterbourne View (led by South Gloucestershire Council), the roles of partners involved would be

looked at to see why concerns had not been picked up. Worcestershire County Council and NHS Worcestershire would also hold an internal investigation and look at whether there were any lessons to be learned. The Director confirmed that as part of 'robust and intensive action', staff had identified and visited the 12 Worcestershire residents at other Castlebeck homes.

#### **Recommendation 6**

**We recommend that serious case reviews impacting on Worcestershire residents are considered by the Panel.**

**We suggest that the Director of Adult and Community Services includes what ACS is doing in response to a serious case review in his regular updates to the Panel, focusing on lessons learned. The Panel could also discuss the response of partners when it meets the WSAB Chair.**

#### **Scrutiny and the Care Quality Commission**

58. The CQC is keen to build strong local relationships with scrutiny committees and local councillors, so that information can be shared about care standards. In September 2011 the CQC issued guidance about how they can work with overview and scrutiny and as part of future working, the Chairman of this Panel has met with the CQC Compliance Manager for Herefordshire and Worcestershire.

#### **Recommendation 7**

**We recommend that closer working between the Panel and the Care Quality Commission and LINK/Healthwatch is developed. Details of how this can be done should be discussed with those bodies.**

#### **Governance and Monitoring of Services**

59. Adult safeguarding is subject to less legislation than children's safeguarding, and its definition is looser and more subjective. Key to the differences between the legal position for adults and that for children is the presumption of capacity in adults to consent to the way they are treated.

60. As set out earlier in the report, councils with social service responsibilities are required (through the roles of the Lead Member and Director of Adult Social Services) to specifically safeguard vulnerable adults.

61. Members of the WSAB have to ensure that their organisations are working to safeguard vulnerable adults and monitor their policy and performance. The Council's Cabinet Member with Responsibility for Adult Social Care and Director report to the WSAB.

62. Unlike children's safeguarding (where all elected members have a collective responsibility as 'corporate parent' to achieve good parenting for all children who are looked after by the local authority), adult safeguarding does not place a similar legal requirement on all councillors.

63. Nonetheless, safeguarding adults is clearly an area which councillors will want to be aware of, and to assure themselves that the Council is fulfilling its role in making sure that those at risk are safe and that abuse is prevented. This understanding and assurance is especially important given the challenges of personalisation, changes to external assessment processes and the need to ensure resilience of services given rising demand and financial pressures, highlighted in our scrutiny.

64. Councillor monitoring of safeguarding adults currently lies in a number of places. The WSAB, Cabinet and Council are key, and individually members can hear from service users. Additionally Overview and Scrutiny plays a vital role in ensuring systems are held to account. The 2010 'Safeguarding Adults Scrutiny Guide' from the Improvement and Development Agency and the Centre for Public Scrutiny states that:

*'the roles and responsibilities of the Lead Member, Director of Adult Social Services and the Chair of the Safeguarding Adults Board need to fit well with the Council's overall approach to community well-being and safety'.....and that 'to ensure that the system is being well led there needs to be a range of checks and balances which hold the system leaders to account. The local Overview and Scrutiny Committee is one of those critical checks and balances'.*

#### Is there a case for a Corporate Care Board?

65. Shortly after we started the scrutiny, Council considered the following notice of motion:

*"In light of the increasing use of the Personal Care system by some of our most vulnerable residents, we urge the Council to set up a Corporate Care Board of councillors, in the same vein as the Corporate Parenting Board, to monitor quality of care received from all providers."*

66. Although Council did not support the proposal to create such a Board, the Panel agreed to consider the idea as part of this scrutiny.

67. Subsequently a second notice of motion on this issue was put to Council in June 2011 and referred to Cabinet on 21 July 2011. Whilst Cabinet did not adopt the notice of motion, it requested that this Panel, 'in light of recent events, considers further all relevant factors in respect of the proposal for a Corporate Care Board as part of its ongoing scrutiny of adult safeguarding issues and reports on it as the Panel thinks appropriate in due course'.

68. The Panel met with some of the councillors who put forward the notice of motion in order to understand more about their concerns and motivations. It was clarified that a key driver for suggesting a corporate care board was the availability of direct payments to those in receipt of care, who now had greater freedom of choice in determining the shape of their care. Additionally, there were concerns about monitoring providers, and that vulnerable adults may not always be given the safe support as children and young people. They suggested that a designated councillor group would provide a forum to overview safeguarding structures and systems, look at performance and developments, address any concerns and act as a listening ear for service users. Additionally they felt that such a board would ensure councillors involvement and help increase their understanding of adult safeguarding responsibilities.

69. We asked other local authorities what their arrangements were for councillor

monitoring of adult safeguarding. Ten authorities responded to the following questions:

- *Does your authority have a "Corporate Care Board"? (similar to children's corporate parenting boards: a body of councillors responsible for keeping an overview of adult safeguarding structures, addressing issues of concern, acting as a critical friend)*
- *How does your Safeguarding Adults Board feed into other governance structures in the county, such as Council or other scrutiny panels or committees?*

70. The results revealed various committees and reporting patterns, but a consistent absence of a specific councillor care board or body, with the exception of one local authority (Essex County Council), which had a joint safeguarding panel for both adult and children's services. Similarly, the Council's Safeguarding Services' Manager was also not aware of any such bodies elsewhere. A full summary of the results is attached at Appendix 4.

71. The Panel Chair also took the opportunity to consult the views of experts on this issue, during a safeguarding workshop as part of the National Children and Adult Services conference in October 2011. The consistent view, including that of Cathie Williams, Safeguarding adults lead for the Local Government Group, was that this is a role for scrutiny.

72. The Panel asked the Director whether a corporate care board would have made a difference, for example in the case of Winterbourne View, but he queried what it would add to the process. The WSAB Chair also had concerns about this idea, because whereas the Council has a specific corporate parenting responsibility, the situation with adults was different and involved a different range of agencies. Councils have no legal 'parenting' role for adults.

**73. The Panel agrees that county councillors play an important role in ensuring that the Council is fulfilling its adult safeguarding duties, that the system is held to account and that proper governance mechanisms are in place. The focus should be to ensure that governance of adult safeguarding is clear, effective and preventative.**

74. Members felt that, alongside the WSAB, the Adult Care and Well-being Overview and Scrutiny Panel was the appropriate vehicle for councillor monitoring of adult safeguarding, recognising the interest and involvement of the Health Overview and Scrutiny Committee, the Children and Young People Overview and Scrutiny Panel and the Overview and Scrutiny Performance Board with its responsibilities for crime and disorder.

75. In respect of the Council's safeguarding responsibilities through the Directorate of Adult and Community Services, the Director sits on the Worcestershire Safeguarding Adults Board, and the Cabinet Member is an observer. The Adult Care and Well-being Overview and Scrutiny Panel already meets regularly (at least twice a year) with the Director and Cabinet Members and this provides accountability through Cabinet and overview and scrutiny.

76. Members were concerned about the potential overlap of a Corporate Care Board with the remit of the Worcestershire Safeguarding Adults Board, which has just embarked on a new era of independence and development, and this Overview and

Scrutiny Panel. A new body would also require resourcing and add to the complexity of the accountability arrangements. The Panel therefore does not support the establishment of a Corporate Care Board at this time.

**Recommendation 8**

**We recommend that councillors' monitoring of adult safeguarding should continue to be facilitated and developed through the Adult Care and Well-being Overview and Scrutiny Panel.**

77. It is important that existing links are developed to embed safeguarding within the scrutiny work programme, to develop the role of scrutiny and challenge of safeguarding arrangements. This should increase the effectiveness of monitoring and facilitate greater overall councillor access to these discussions, and ownership of this important area.

78. Worcestershire's Safeguarding Adults Board now has an Independent Chair, with robust plans to develop preventative work and accountability of partner agencies. Now that the new framework for the WSAB is in place, the Chair and the Panel are keen to develop closer partnership working and a two-way dialogue.

**Recommendation 9**

**We recommend that the Panel meet twice a year with the Chairman of the Worcestershire Safeguarding Adults Board (WSAB) to ensure a two-way dialogue is developed. These discussions should include WSAB's annual report, and update on issues, performance, and his views on how well ACS is carrying out its role.**

**Recommendation 10**

**We recommend that the Council's Director and Cabinet Member for Adult Social Care reports to this Panel twice a year on ACS work on safeguarding.**

**Recommendation 11**

**We recommend that adult safeguarding is threaded through all the Council's relevant strategies and activities, including the new Health and Well-being Board, to ensure a co-ordinated approach and maintain awareness. This will be particularly important as the Council moves towards becoming a commissioning-based authority.**

79. In the 'Training' section of our report, we have also recommended member development on adult safeguarding.

## Performance monitoring

80. There are no high level, national performance indicators specifically related to safeguarding adults. However, some 'second level' indicators are being developed.

81. Performance monitoring is a key part of the Panel's role, with regular performance statistics being discussed publically, with the Director and Cabinet Member with responsibility for adult social care. The Council has recently moved to a new 'performance scorecard' monitoring system, and the Panel is pleased that the new set of indicators will enable sharper monitoring of adult safeguarding.

- timeliness of adult protection assessments
- quality of social care case records
- annual reviews (for those who have been receiving care for over 12 months)

82. In particular, performance information related to annual reviews provides a way of keeping an eye on those who have chosen to arrange their care independently.

**83. The Panel welcomes the new, more relevant performance targets, which should enable the Panel to carry out more meaningful and targeted performance monitoring. It would also be useful for the Directorate to ensure that adult safeguarding is peer reviewed.**

## **CONCLUSION**

84. The main point to make here is that although this piece of scrutiny has concluded, it has been very much a study in motion. The Panel's ongoing scrutiny of safeguarding adults is embarking on a new phase. We have already started to make changes, and as a result of the findings and recommendations from our scrutiny, we believe that the Panel's role in safeguarding will be ongoing, strengthened, more robust and targeted.

85. Our scrutiny has clarified the future role for this Panel in safeguarding adults, particularly in monitoring the work of our Adult and Community Services Directorate, and in developing closer working and dialogue with the Worcestershire Safeguarding Adults Board. Something for the near future is for us to look at the outcome and lessons learned from the recent investigations by South Gloucestershire Council, following the abuse uncovered at the Castelbeck Care service at Winterbourne View, South Gloucestershire. This report has not yet been published.

86. We are keen to develop dialogue with the local branch of the Care Quality Commission and with Links (and subsequently Healthwatch). Dialogue with the CQC is something which the Panel Chair has already recently been involved in. The recently issued CQC guides on how overview and scrutiny committees and councillors in general can work with them, pave the way for sharing information to improve the quality of care.

87. Social care is subject to ongoing financial and demographic pressures, and a White Paper on social care is expected to be published in 2012, which is likely to bring changes. As part of the Panel's ongoing safeguarding adults scrutiny, we will programme opportunities to consider the impact of such changes and to review the effectiveness of the Panel's role in light of this scrutiny.

## Panel Activity

<p><b>Briefing on safeguarding adults – Sue Pidduck, Safeguarding Services Manager at Worcestershire County Council</b></p> <p>Scope of adult safeguarding, the Council's responsibilities, adult safeguarding in practice, trends in referral numbers, the current position, role of the Independent Safeguarding Authority (ISA), how the Council is responding to common themes arising from recent serious case reviews and inspections, and other issues.</p>	18 November 2009
Planning the scrutiny	25 November 2009
Budget scrutiny of adult and community services – Eddie Clarke, Director and Cllr Philip Gretton, Cabinet Member with responsibility for Adult and Community Services (CMR)	19 January 2010
<p>Personal Care: notice of motion to Council on 18 February 2010 – discussion with Cllrs Sue Askin and Penelope Morgan, two of the councillors who had proposed the establishment of a Corporate Care Board</p> <p>Partnership working – Sue Pidduck, Safeguarding Services Manager</p>	16 March 2010
As part of a discussion on the new draft Worcestershire Carers' Strategy for 2009-2014 (Carers at the Heart of Worcestershire's Families and Communities'), with Elaine Carolan, Lead Joint Commissioning Manager for Older people and Physical Disability Services, and Rachel Fowler, Carers' Unit Manager	20 May 2010
Performance monitoring of targets related to services provided by the Adult and Community Services Directorate (end of year monitoring 2009/10) – Eddie Clarke, Director of Adult and Community Services and Cllr Philip Gretton, CMR	8 July 2010
Safeguarding Adults Board annual report 2009-10 – Sue Pidduck, Operational Services Manager	30 September 2010
As part of a discussion on the new Worcestershire Dementia Strategy (draft), with Sue Harris, Lead Mental Health Joint Commissioner and Susan Pinfold-Brown, Dementia Programme Manager	7 December 2010
Budget scrutiny of adult and community services, combining performance monitoring: Sue Alexander, Head of Finance and Business Support, for Director of Adult and Community Services and Cllr Philip Gretton, CMR	19 January 2011
<p>Role and development of the Worcestershire Safeguarding Adults Board: Peter Morgan, Chair</p> <p>Links between councillors and safeguarding, including structures at other local authorities – review of information collated by the scrutiny officers</p>	9 March 2011

Safeguarding Adults Prevention Strategy: Peter Morgan, Independent Chair of Worcestershire Safeguarding Adults Board Sue Pidduck, safeguarding Services Manager at Worcestershire County Council	11 May 2011
Approach to issues arising in regulated care services, with particular reference to members' concerns about Worcestershire residents at Winterbourne View Care Home in Bristol: Eddie Clarke, Director of Adult and Community Services and Cllr Philip Gretton, Cabinet Member for Adult Social Care	15 July 2011
Consider draft report and agree recommendations	26 October 2011

### Information considered

- Adult safeguarding scrutiny guide – Centre for public scrutiny (April 2009)
- [www.worcestershire.gov.uk/safeguardingadults](http://www.worcestershire.gov.uk/safeguardingadults) (includes serious case reviews)
- Independence Wellbeing and Choice Inspection Jan 2009:
- [www.cqc.org.uk/guidanceforprofessionals/socialcare/councils/councilinspectionreports.cfm](http://www.cqc.org.uk/guidanceforprofessionals/socialcare/councils/councilinspectionreports.cfm)
- Care Quality Commission annual performance assessment of the Council's adult social care 2009/10
- Care Quality Commission 'State of Care 2009/10'
- Worcestershire Safeguarding Adults Board Annual Reports 2008/09 and 2009/10
- Worcestershire Dementia Strategy – draft
- Safeguarding Adults: Abuse of vulnerable adults performance monitoring April to December 2009 (Worcestershire County Council)
- Worcestershire safeguarding Adults Board Minutes
- Health Ombudsman report 'Care and Compassion; ten investigations into the NHS care of older people (February 2011)
- 'A multi-agency prevention strategy to support safeguarding adults in Worcestershire 2011-2014 – draft (Worcestershire Safeguarding Adults Board)
- Worcestershire Safeguarding Adults Board Annual Report 2010-2011
- CQC guidance 'A guide for local councillors – working with the Care Quality Commission' and 'A guide for overview and scrutiny committees for health and social care – how your committee can work with the CQC'

### Background information on safeguarding strategies and the legal context

#### Adult Protection Strategies

There have been a number of changes and advances in the work of Safeguarding Adults; none more so than the change from the focus on Adult Protection to the wider remit of Safeguarding Adults. The Worcestershire Safeguarding Adults Board (WSAB) has therefore reviewed its policies and agreed three formal strategies, written primarily around the work of Adult Protection but also including a move towards Safeguarding in its wider sense and to enable a more preventative model of practice.

#### Access and Public Engagement Strategy

One of the ways of reducing the number of people is by raising public and professional awareness of Adult Abuse. The Access and Public Engagement Strategy was designed to meet the needs in this area. The aim of the strategy is clearly to raise awareness using a variety of methods including publication, Internet and newsletters. These methods will all have to be reevaluated over the period to see how successful they have been. This evaluation will have to be undertaken by the WSAB.

#### Training Strategy

Another way to try and reduce both the incidents of abuse but also to address and stop abuse when it does occur is through training. Therefore a training strategy has been developed. This looks at ways of training both staff and vulnerable adults. Again this strategy looks ahead for the next three years and the WSAB has a monitoring role within this strategy both directly and through the training subgroup.

#### Audit Strategy

The final strategy and perhaps the most important is the Audit strategy. The overall aim of this Strategy is to provide an audit framework in which work carried out by Worcestershire Adult and Community Services and other partner agencies within Worcestershire can be assessed to ensure that not only does it meet the requirements of "No Secrets" and the Association of Directors of Adult Social Services (ADASS) "Framework", but also that it provides an effective service for vulnerable adults.

#### Prevention Strategy

The reviews of "No Secrets" and Adult Social care legislation are anticipated to require local authorities and partner agencies to have greater role in preventing abuse and neglect. The new Prevention Strategy, launched in June 2011, is in response to that expected requirement and to bring together current preventative work. The Strategy was developed by staff and users and carers who are directly involved in the work of the WSAB.

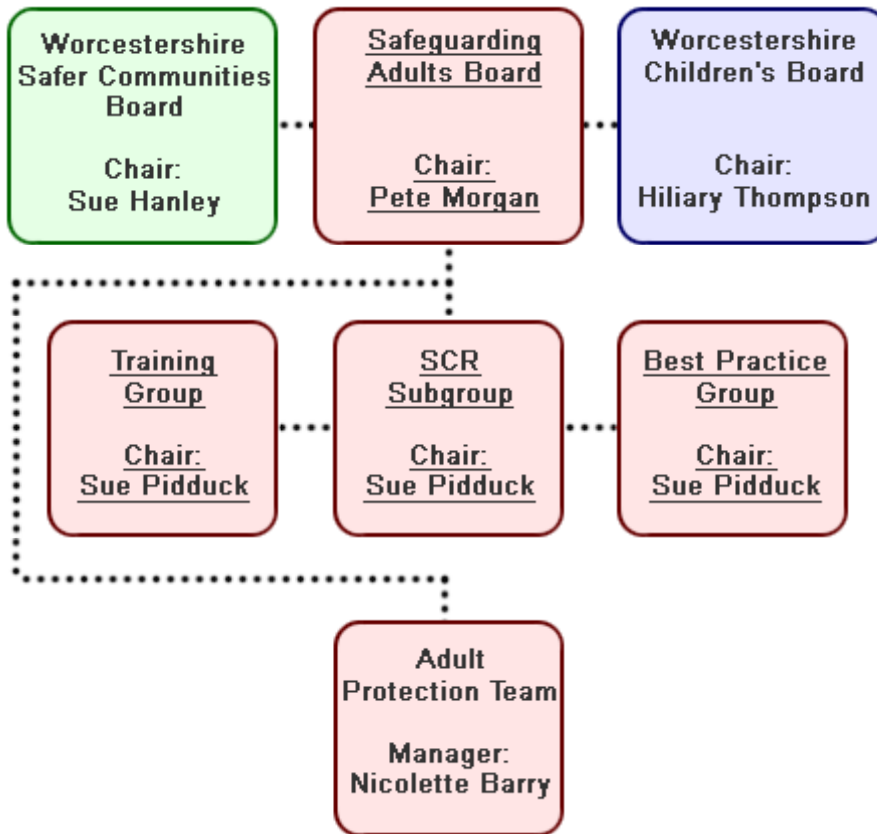
#### Legal Context

At the start of our scrutiny, it was felt unlikely that legislation for safeguarding adults would take place in the foreseeable future. The "No Secrets 2000"<sup>2</sup> consultation had revealed conflicting opinions, with many charities wanting to protect the rights of the individual, while safeguarding agencies were more in favour of legislation. However, recently there has been increasing support for the introduction of new legislation to strengthen adult safeguarding frameworks at a local level, and the Law Commission has made recommendations about this in its 2011 report on adult social care. The Government intends to incorporate these conclusions, along with those from the Commission on funding of long-term care, into a new White Paper on social care reform in late 2011. The Panel would welcome strengthening of the law in this area.

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## Safeguarding Adults Structure

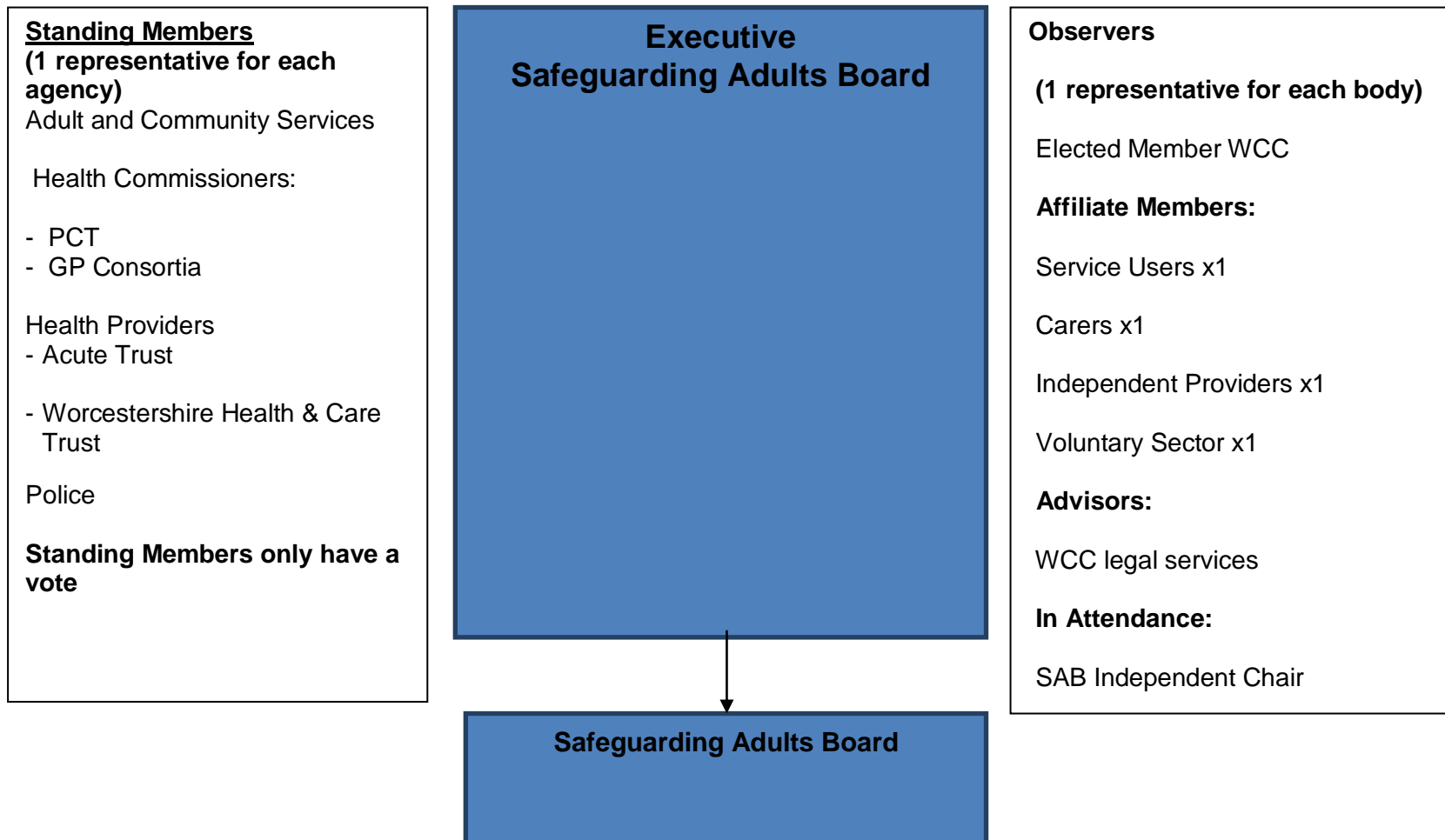
Click on the titles for terms of reference and membership details:



EXECUTIVE BOARD

(Chaired by the Director of Adult and Community Services)

Meets 6 monthly – February & September - to set objectives for coming 6 months and review previous 6 months.

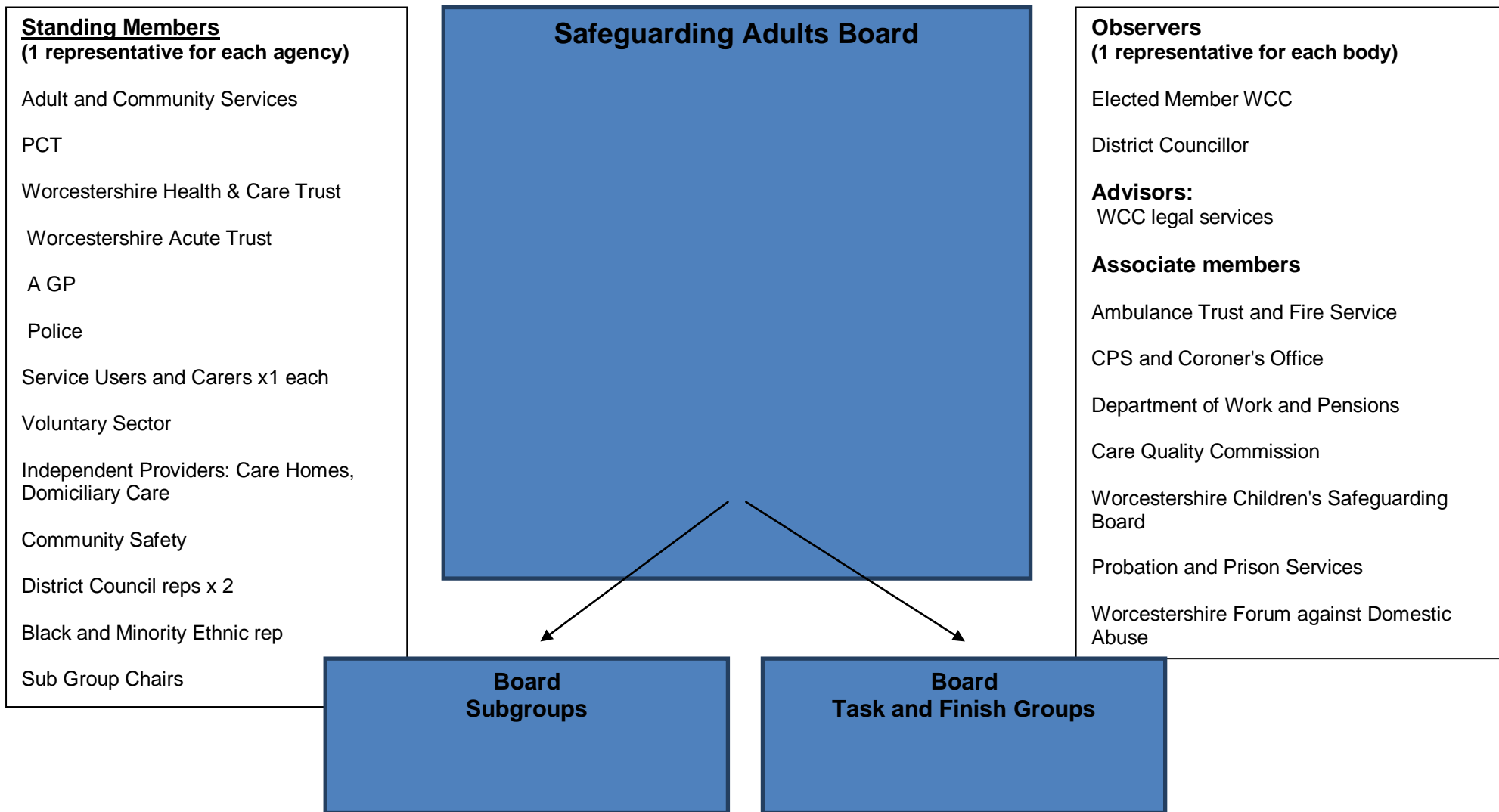


# SAFEGUARDING ADULTS BOARD

# APPENDIX 3

## (Chaired by the Independent Chair)

Meets alternate months (starting January) to set and implement Action Plan to meet objectives set by Executive Safeguarding Adults Board



**EXECUTIVE BOARD**

Standing Members will be senior managers from each organisation.

Standing Members only have a vote and are expected to attend all meetings – they should name a deputy to cover sickness/annual leave.

Attendees and Observers will receive all papers and should attend all meetings, but can be excluded from specific agenda items at the discretion of the Chair.

Advisors will receive all papers and may be required by the Chair to attend meetings for agenda items of specific interest or relevance.

Affiliate Members will receive all papers and can be invited to attend/comment upon for specific agenda items; they can request to attend for specific agenda items at the discretion of the Chair.

**SAFEGUARDING ADULTS BOARD**

Standing Members will be senior managers or representatives from each organisation with a lead responsibility for adult safeguarding.

Standing Members only have a vote and are expected to attend all meetings – they should name a deputy to cover sickness/annual leave.

Observers will receive all papers and should attend all meetings, but can be excluded from specific agenda items at the discretion of the Chair.

Advisors will receive all papers and may be required by the Chair to attend meetings for agenda items of specific interest or relevance.

Associate members do not have a vote, are not expected to attend all meetings but they can attend meetings if they so wish. They will receive with all papers and may be invited to attend meetings for agenda items of specific interest or relevance.

Chairs of Standing Sub Groups will, if not already their agency representative, be members of the Safeguarding Adults Board

The Safeguarding Adults Board will delegate tasks to either the Standing Sub Groups or establish Task & Finish Groups to ensure the Action Plan to meet the objectives of the Executive Safeguarding Adults Board is met.

The Safeguarding Adults Board and the Sub Groups can establish short-term, time-limited Task & Finish Groups to complete discrete tasks with members drawn from agencies who are either standing or associate members of the Safeguarding Adults Board or relevant specialists.

The Director of Adult Social Care, the elected member and the Independent Chair will report back to WCC scrutiny processes; the Independent Chair and their representatives will report back to the internal management structures of the members of the Executive safeguarding Adults Board.

**Standing Sub Groups****Policy & Procedures** (Meet monthly initially then go to quarterly)

To review, revise and up-date the multi-agency Safeguarding Adults Policy & Procedures; to monitor the internal Safeguarding Adults policies and procedures of member and partner agencies

**Staff Training and Development** (Meet bi monthly)

To develop, review, revise and commission appropriate multi-agency safeguarding adults training; to monitor and quality assure internal single agency safeguarding adults training for member and partner agencies

**Audit and Good Practice** (Meet monthly to establish processes then go to quarterly)

To develop, review, revise and implement audit tools to audit current multi-agency safeguarding adults practice and to monitor and quality assure internal single agency safeguarding adults practice. To monitor the implementation and embedding of the recommendations of Serious Case Reviews.

**Serious Case Review** (Meet bi-monthly)

To manage the Serious Case Review Procedure; to overview adult safeguarding practice across Worcestershire and to ensure learning needs are identified and effectively disseminated to member and partner agencies

**Communications** (Meet monthly to establish processes then go to quarterly)

To develop and implement a Communications Strategy for the WSAB; to manage the WSAB website; to develop and coordinate events/campaigns such as WEAAD; to develop, review and revise WSAB publications

Agencies represented on the Safeguarding Adults Board will nominate staff who are either adult safeguarding specialists or specialists in other fields ie Training, Auditing, Communications etc to be members of the Sub Groups and Task and Finish Groups as required

**THE BOARD STRUCTURE will be reviewed in March 2013**

Adult Safeguarding Links to Council Structures – what are other Local Authorities Doing?

Local Authority	Does your authority have a 'Corporate Care Board'?*	How does your Safeguarding Adults Board feed into other governance structures in the county, such as council, or other scrutiny panels or committees?
<p>East Sussex County Council</p>	<p>No</p> <p>Has a Safeguarding Adults Board that draws together senior managers from all the lead agencies with the aim of achieving effective and consistent multi-agency working to ensure that all safeguarding adults work is effective, responsive and co-ordinated.</p>	<p>The Lead member for adult social care receives quarterly reports on the work of the board, plus the annual report.</p> <p>Adult Social Care Scrutiny Committee members are encouraged to attend Lead member meetings and raise any questions or concerns they have about the outcomes in the report. If they still have concerns they can ask the scrutiny committee to look into the issue further.</p>
<p>Essex County Council</p>	<p>Essex has a Safeguarding and Vulnerable People Panel, made up of councillors to which senior managers involved in children's and adult services attend, to discuss safeguarding issues (e.g. inspection outcomes of serious cases, guidelines etc.).</p> <p>A number of awareness seminars for Members on safeguarding were held and there continues to be a commitment by Members to the regular Safeguarding and Vulnerable People Panel where safeguarding issues relating to both children and adults are discussed.</p> <p>There is also now a Corporate Leads Group that meets to discuss safeguarding on a quarterly basis and uses feedback from the safeguarding and Vulnerable People Panel to inform the agenda – the Corporate leads Group means that all directorates have a safeguarding lead.</p>	<p>The Community Well-Being and Older People Policy and Scrutiny Committee regularly looks at safeguarding issues to ensure development of safeguarding, and that there are, for instance links between children's and adult safeguarding services and colleagues in health. Adult Safeguarding Unit submits annual report to the Committee, as well as quarterly updates on the action plan highlighted in annual report.</p>
<p>North Yorkshire County Council</p>		<p>(Adult Safeguarding) reports to the Care and Independence Scrutiny Board on six monthly basis, which ties into annual report being tabled and actions for improvement being agreed and scrutinised.</p> <p>Also present annual seminars, particularly if there is a change of members due to an election.</p> <p>Portfolio holder for Adult and Community care sits on the Board, which provides challenge.</p>

		As a County with 7 district councils, we have had to fit around a number of strategic boards.  Governance structure attached.
Shropshire Council (Unitary)		We have a scrutiny panel for safeguarding which is made up of councillors. They examine and comment on the work of the Vulnerable Adult Safeguarding Board, which oversees adult safeguarding work in Shropshire.
Bedford Borough Council	No	Portfolio holder is a member of the Adult Safeguarding Board – she accounts to the Overview & Scrutiny Committee, which takes an active interest in safeguarding issues and frequently asks her and officers for information about safeguarding and checks the impact with other stakeholders.  Adults Safeguarding Board reports to the Local Strategic Partnership through the Adult Health & Well-Being Board, and to the Council's Overview and Scrutiny Committee and Executive on an annual basis, and as-and-when appropriate basis.  Board's annual report is approved by O&S and by Executive and published on adult safeguarding board's website.
Sunderland City Council	No	Safeguarding Adults Board formally reports to Adult Social Care Partnership Board (which includes elected members), and this reports annually to HOSC.
Newcastle City Council	No we don't have this. We have a scrutiny committee that will receive the Annual report	We report to our Wellbeing and Health Partnership (part of the LSP) and then to the Scrutiny Committee.  Currently we are taking the city council safeguarding adults and children policy and procedures to the full council in April
Gloucestershire County Council	No, however we have a designated Cabinet Member with a lead for safeguarding adults. This councillor attends the Safeguarding Adults Board but is not directly involved in governance arrangements. Having the lead member and them attending the board ensures there is a process to enable them to be kept up to date, informed and consulted about safeguarding adults and that the council's responsibilities in relation to safeguarding, can be properly considered, supported and monitored by the full Cabinet.	Please see separate Reporting and Accountability structure with a short report

\*Similar to children's corporate parenting boards; a body of councillors responsible for keeping an overview of adult safeguarding structures, addressing issues of concern, acting as a critical friend

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اردو۔ اگر آپ اس دستاویز کی مضمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کرسکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ (Urdu)

کوردی سۆزانی. ئنگۆر ئۆگۆنی ئیگۆی له ئۆرۆرۆکی ئۆم بۆلگۆیه و دهستت به ههچ کۆس ئاگۆت که وههگۆرۆیۆه بۆت، ئکۆیه ئههههۆن بکه بۆ ژمارهه 01905 765765 و داواى رۆنۆینی بکه. (Kurdish)

ਪੰਜਾਬੀ ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਸ਼ੂਮ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)