

To all Members of the

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

AGENDA

Notice is given that a Meeting of the above Panel
is to be held as follows:

VENUE: Civic Chamber Civic Office, Floor 2
DATE: Wednesday, 25th November, 2015
TIME: 10.00 am

Members of the public are welcome to attend

Items for Discussion:

1. Apologies for Absence
2. To consider the extent, if any, to which the public and press are to be excluded from the meeting.
3. Declarations of Interest, if any
4. Minutes of the Health and Adult Social Care Overview and Scrutiny Panel held on 23rd September, 2015 (*Pages 1 - 10*)
5. Public Statements

*[A period not exceeding 20 minutes for
Statements from up to 5 members of the public on
matters within the Panel's remit, proposing action(s)
which may be considered or contribute towards the
future development of the Panel's work programme].*

Jo Miller
Chief Executive

If you require any information on how to get to the meeting by Public Transport, please contact
(01709) 515151 – Calls at the local rate

Issue Date: 17th November, 2015

Scrutiny Officer
for this meeting:

Christine Rothwell
Tel. 01302 73568

A. Items where the Public and Press may not be excluded

6. Doncaster Safeguarding Adults Board Annual Report 2014-15 (*Pages 11 - 66*)
7. Health on the High Street (*Pages 67 - 80*)
8. Sector Led Improvement & LGA Peer Review Update (*Pages 81 - 86*)
9. Health and Adult Social Care Overview and Scrutiny Work Plan 2015/16 (*Pages 87 - 94*)

MEMBERSHIP OF THE HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

Chair – Councillor Councillor Tony Revill
Vice-Chair – Councillor Councillor Cynthia Ransome

Councillors Elsie Butler, Rachael Blake, Jessie Credland, Linda Curran, George Derx, Sean Gibbons and David Nevett

Invitees: Lorna Foster, UNISON

Agenda Item 4

DONCASTER METROPOLITAN BOROUGH COUNCIL

HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

WEDNESDAY, 23RD SEPTEMBER, 2015

A MEETING of the HEALTH AND ADULTS SOCIAL CARE OVERVIEW AND SCRUTINY PANEL was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on WEDNESDAY, 23RD SEPTEMBER, 2015 at 10.00 AM

PRESENT:

Chair - Councillor David Nevett

Councillors Rachael Blake, Jessie Credland, George Derx and Sean Gibbons

ALSO IN ATTENDANCE:

Rupert Suckling - Director of Public Health

Pat Higgs - Assistant Director of Adult Social Care

		<u>ACTION</u>
8	<u>NOMINATION OF CHAIR</u>	
	In the absence of the Chair and Vice Chair of the Health and Adult Social Care Overview and Scrutiny Panel, nominations were sought for the position of Chair for the duration of the meeting. Resolved that: Cllr Nevett be appointed as Chair for the duration of the Health and Adult Social Care Overview and Scrutiny Panel meeting on the 23 rd September 2015.	
9	<u>APOLOGIES FOR ABSENCE.</u>	
	Apologies for absence were received from Councillors Tony Revill, Cynthia Ransome, Elsie Butler and Linda Curran	
10	<u>DECLARATIONS OF INTEREST, IF ANY</u>	
	There were no declarations of interest made.	
11	<u>MINUTES OF THE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL HELD ON 29TH JULY, 2015.</u>	
	Resolved that: the minutes of the meeting held on 29th July, 2015 be agreed as a correct record and signed by the Chair.	
12	<u>PUBLIC STATEMENTS</u>	

	<p>A statement was made by Mr. Tim Brown. Mr Brown referred to recently attending a Health and Well-being Board meeting that took place on the 3rd September 2015. Mr Brown told the Panel that he had listened to how it was challenging to engage with BME groups. Mr Brown stated that he welcomed the honesty of such comments as it established a baseline to be able to move forward and build upon. Mr Brown commented that it was about understanding meaningful engagement with citizens across Doncaster and acknowledged that other public authorities were struggling to engage with BME and other minority groups such as LGBT. Clarification what sought of what were the biggest H&WB issues and what was role of group to address specific issues?</p> <p>A Member of the Panel asked Mr Brown how the Health and Wellbeing Board did not engage with BME groups. Mr Brown responded that he was the last Chair of Doncaster BME that the Council used to engage with BME but that the infrastructure had been cut including the BME Community Forum and Community Partnership. Mr Brown commented that these groups demonstrated good practice and without them there was a massive gap.</p> <p>The Chair addressed Mr Brown and assured him that as Councillor he was open to all residents of Doncaster within BME communities and would treat everyone the same. This was reiterated by other Members of the Panel.</p> <p>Mr Brown continued to state that he was a tax payer and that his son wasn't able to get an apprenticeship. It was added that services within the public sector did not meet individual's needs under equalities.</p>	
13	<p><u>PUBLIC HEALTH SELF-ASSESSMENT/PUBLIC HEALTH COMMISSIONING.</u></p>	
	<p>Dr Rupert Suckling, Director of Public Health attended the Panel Meeting and explained that the Public Health function had undertaken a self-assessment using the Sector Led Improvement methodology designed across Yorkshire and the Humber.</p> <p>Members were informed that the Directors of Public Health in Yorkshire and Humber have worked together to design a Sector Led Improvement approach to assurance aligned with the approaches that already happen across adult social care and children's services. It was explained that the Sector Led improvement approach consists of a self-assessment exercise followed by a peer visit. The self-assessment approach covers 6 areas of practice</p> <ul style="list-style-type: none"> • Health improvement • Health protection • Healthcare public health 	

- Knowledge and Intelligence
- Capacity building
- Governance and systems

Members were informed that of the above, each area was self-assessed into one of three categories 'basic', 'developing' or 'excellent'. It was reported that the majority of areas within the self-assessment had been rated as 'developing' with 5 areas rated as 'basic' and 5 as 'excellent'. It was explained that a draft action plan has been proposed which will be updated following the meeting today and consultation with partners.

It was outlined that the 5 areas that were rated as 'basic' included;

1. Ensuring the public health function could demonstrate it was embedded across the council and was used effectively and could demonstrate impact

Members were reminded that all Councillors had been sent information about senior roles and responsibilities within Public Health alongside a public health directory.

2. Ensuring the public health function could demonstrate it was embedded across the Clinical Commissioning Group (CCG) and was used effectively and could demonstrate impact

Members were informed that this was being undertaken, in particular, in some areas where less health improvements can be seen. It was noted that inequality targets are to be agreed with the CCG.

3. Joined up community engagement and community development with partners

It was commented that we need to look at how we take forward community engagement as a single process instead of multiple processes.

4. Ensuring there were embedded clinical governance approaches

It was added that the local authority was responsible for community clinical services but that changes were being made nationally within the NHS.

5. The need for a public health audit programme

The following issues were raised as part of the discussion: -

	<p>meeting.</p> <p><u>Training and Development Opportunities</u> - Members were reminded how the transfer of Public Health teams had initially been transferred as a standalone directorate but had since moved to be a part of the new Adults, Health and Wellbeing directorate. Members were informed that conversations were now taking place with Neighbourhood Managers and Elected Members about how certain meetings could benefit from a public health presence.</p> <p>In respect of Member training, the Panel was informed that the Royal Society for Public Health had a training offer made available at 6 locations outside of Doncaster. The Director of Public Health informed Members that obtaining a local offer depended upon the level of enthusiasm generated through Members. Members of the Panel commented that it should be central and expressed an interest in this training being offered locally. It was stated that the minimum number was around 5/6 although this needed to be verified and Members interest in the training confirmed.</p> <p><u>Action Plan</u> – in respect of the action plan, Members were reminded that this was in draft and that a fuller response could be provided later. In respect of monitoring the action plan, Members were informed that that this would be undertaken through the Corporate Plan, that there was a self-assessment visit scheduled for 2016 and also that scrutiny could hold it to account. A Member commented that it would be helpful if the plans were not too long.</p> <p><u>Resolved that:</u></p> <ol style="list-style-type: none"> i. The presentation be noted; ii. Action Plan and business plan to be brought back at a later date. 	
13	<p><u>PERSONALISATION/DIRECT PAYMENTS - CONSIDERATIONS OF ACTIONS TO PROMOTE GREATER PERSONALISATION AND DIRECT PAYMENTS.</u></p>	
	<p>The Assistant Director for Adult Social Care attended the meeting and gave a presentation outlining the following: -</p> <ul style="list-style-type: none"> • What is a Direct Payment? • Why increase Direct Payments? • Activity to date? • Benefits <p>As part of the discussion the following issues were raised: -</p> <p><u>Low take up of Direct Payments in Doncaster</u> - Within the presentation, the Panel was informed that the take-up of Direct Payments in</p>	

Doncaster was low and at the end of March 2015, 355 people were in receipt of a Direct Payment which amounted to 17% of those who were eligible. Members were informed that there was an improvement plan now in place and this figure has since increased to over 20% and that there was a target of over 24/25%. It was acknowledged that other areas were way ahead and that Doncaster was behind regionally and nationally.

Members were informed that reasons behind the low take-up included;

- that the scheme was not publicised enough
- that there were cultural issues within the workforce, scheme needs to be promoted.
- the effectiveness of payment systems and processes.
- obstacles within the full work flow i.e. too much paperwork.
- that payment process taking too long to establish.
- relationship with the third sector.

Time taken to set up direct payments – it was commented that direct payments took some time to set up and that the process was quite slow. Members were informed that the challenge was the time taken to set up the payment mechanism in the first place, but once it had been established then it ran more smoothly. I

Members were informed that a 'mixed pack' of direct payments could be provided which included paying for care packages as well as support services. An organisation called Purple Patch Art (an art therapy centre) was used as an example of a less traditional service, attended by a service user who liked going to day services but in particular, enjoyed attending their sessions.

Closure of Social Education Centres - There was a brief discussion about service users who, following the closure of Conisborough SEC (Social Education Centre) now access Mexborough Day Centre, which was attended by mainly older people with greater needs. Members were informed that there was a move forward to separate units becoming more joined up. Members were informed that carers had been working well within a mixed service but there was a challenge for staff undertaking more outreach work. It was noted that transport had been an issue. It was commented that direct payments also supports those with more complex physical disabilities.

Members were informed that closing social education centres had not helped and a challenge coming out of 'rationalisation' had been identifying alternative external organisations. It was reported that there are around 600 individuals who access day services and there were opportunities for new organisations to establish.

In relation Conisborough SEC, a Member requested that before it is sold that the raised beds outside the property are relocated elsewhere

Assistant

<p>in Conisborough. The Assistant Director for Adult Social Care stated that this he would organise for someone from the Asset Board to make contact.</p> <p><u>Provision of Advice and Information</u> - Members were also informed that there was a challenge in respect of the provision of information and advice about what is out there. It was added that it was about connecting with the right people and that a directory of opportunities wasn't readily available at this time. Members were informed that New Horizons had been commissioned to produce a directory and that although CVS already had one, they were both different. An explanation was provided to Members about the difference between New Horizons and CVS. It was later acknowledged that some kind of mechanism was needed to communicate this information. A Member commented that it was an excellent opportunity to engage with the third sector, to market direct payments and social prescribing but that it needs to be more joined up. Reference was made to GISMO, an online tool to search for voluntary, community and faith sector groups in Rotherham.</p> <p><u>Improving Take-Up of Direct Payments</u> - Members were informed that the following steps were being taken to improve the take-up of Direct Payments.</p> <ul style="list-style-type: none"> • Use of instant access cards as a payment mechanism • Training and improving working relations • Money management from third sector with support from other organisations. <p>Clarification was sought on how well individuals understand direct payments. It was commented that individuals understood personal budgets and direct payments is a way of bringing in a cash value. It was explained that there were some rules (such as no gambling) but money could be used for activities such as crafts, lunches or going to football or the races.</p> <p>In respect of the Councils budget, the Panel was informed that the budget was £12 million which included day care and home care. It was commented that only a small percentage of the £12million was allocated for direct payments.</p> <p>Concern was raised about those people whose health might deteriorate without anyone noticing. In terms of monitoring the standard of care, Members were informed that reviews were carried out to check that an individual's care needs were being met and to ensure that money was being spent properly on person providing care.</p> <p>A Member requested for more information around profiles of those who were accessing direct payments and would e-mail the Assistant Director for Adult Social Care outside of the meeting</p>	<p>Director of Adult Social Care</p>
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	<p><u>Resolved that</u></p> <ul style="list-style-type: none"> i. the Panel note the report and the actions being taken to continue to develop personalisation and direct payments to service users. ii. there needs to be more interaction with Members in their communities and wards. 	
14	<p><u>HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2015/16.</u></p>	
	<p>The Senior Governance Officer highlighted progress with the work plan and themes for consideration throughout 2015/16.</p> <p>Updates in the workplan were provided which included the addition of a Joint Meeting with Children and Young People and Health and Adult Social Care Overview and Scrutiny around sexual health and signposting. It was explained that this meeting would focus on young people. A Member commented that one group that this impacted on in particular were over 50's with increase in divorce and separations. It was noted that this could be a potential idea for the 2016/17 workplan if Members wanted.</p> <p>In respect of the Yorkshire Ambulance Service, the Senior Governance Officer explained that following a CQC inspection that was undertaken in January 2015 a report had been published in August 2015. It was added that a discussion had taken place that although local authority overview and scrutiny committees were included as a key stakeholder in this process, given the geographical area covered by the Trust, Wakefield Council would lead from a scrutiny perspective. It was reported that it is planned that Wakefield Council will receive and monitor the Trusts action plan, with the input from the Chairs' of other local authority overview and scrutiny committees.</p> <p>Members of the Panel agreed that this was a sensible way forward but sought clarification in how they would be able to input from a local perspective and what would be the impact. Members were informed that as a Panel they would be able to channel any concerns and questions through the Chair who would then represent the Panel at the meeting.</p> <p>Resolved that: -</p> <ul style="list-style-type: none"> i. the Panel note the workplan and updates provided. ii. the Panel agree that Wakefield Health Overview and Scrutiny Committee would lead from a scrutiny perspective; and iii. that there will be a mechanism in place to ensure that Doncaster's Health and Adult Social Care Overview and Scrutiny Panel Members are able to maintain an ongoing dialogue, are able to raise concerns and issues at a local as well as regional level. 	

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**To the Chair and Members of the
HEALTH AND ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL**

DONCASTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014-15

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Glyn Jones Lead Member for Health and Adult Social Care	All wards	No

EXECUTIVE SUMMARY

1. This report presents the Doncaster Safeguarding Adults Board Annual Report 2014-15

EXEMPT REPORT

2. Not exempt.

RECOMMENDATIONS

3. The Panel is asked to consider and comment on the Doncaster Safeguarding Adults Board Annual Report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by holding decision makers to account, reviewing performance and developing policy. This is achieved through making robust recommendations, monitoring performance of council and external partners and reviewing issues outside the remit of the council that have an impact on the residents of the borough.

BACKGROUND

5. Roger Thompson the Independent Chair of the Doncaster Safeguarding Adults Board will provide an update and present the Board's Annual Report, attached at appendix A.

OPTIONS CONSIDERED

6. There are no specific options to consider within this report as it provides an opportunity for the Panel to discuss the Safeguarding Adults Board Annual Report.

REASONS FOR RECOMMENDED OPTION

7. There are no recommendations for the Panel within this report

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by holding decision makers to account, reviewing performance and developing policy through robust recommendations, monitoring performance of council and external partners services and reviewing issues outside the remit of the council that have an impact on the residents of the borough.</p> <p>This issue has a direct impact on ensuring adults live safe, healthy, active and independent lives in a safe environment.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will</p>	

	provide strong leadership and governance.	
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RISKS AND ASSUMPTIONS

8. This report may insight media interest.

LEGAL IMPLICATIONS

9. There are no specific legal implications arising from this report.

FINANCIAL IMPLICATIONS

10. There are no specific financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS

11. There are no specific human resource implications arising from this report

TECHNOLOGY IMPLICATIONS

12. There are no specific technology implications arising from this report

EQUALITY IMPLICATIONS

13. The Doncaster Safeguarding Adults Annual Report is informed by an understanding of our local communities' demographics from the Data Observatory. It is also informed by the data collected as part of the annual Safeguarding Adults Return which shows the number of alerts and referrals relating to some of the protected characteristics e.g. Ethnicity, Gender, Age and Disability.

CONSULTATION

14. The Doncaster Safeguarding Adults Annual Report has been consulted across the partnership members of the Board including Healthwatch.

BACKGROUND PAPERS

15. Doncaster Safeguarding Adults Board Annual Report – Attached.

REPORT AUTHOR & CONTRIBUTORS

- Roger Thompson Independent Chair, Doncaster Safeguarding Adults Board
- Anne Graves, Head of Safeguarding and Partnerships
- Angelique Choppin, Safeguarding Adults Team Manager Governance and Assurance

David Hamilton
Director, Adults, Health and Well-being

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SAFEGUARDING
AduDONCASTER**its**

Annual Report

2014/15

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Glossary

CQC - Care Quality Commission

DBHFT - Doncaster & Bassetlaw Hospitals NHS Foundation Trust

DCCG - Doncaster Clinical Commissioning Group

DMBC - Doncaster Metropolitan Borough Council

DSAB – Doncaster Safeguarding Adults Board

DSCB - Doncaster Safeguarding Children Board

HMPS - HM Prison Service

RDaSH - Rotherham Doncaster and South Humber NHS Foundation Trust

SYF&R - South Yorkshire Fire & Rescue Service

SYP – South Yorkshire Police



Independent Chairs introduction



On behalf of the Doncaster Safeguarding Adults Board (DSAB) I am pleased to introduce the twelfth annual report of the work of the Board, covering the period April 2014 - March 2015.

I am now in my third year as Independent Chair of DSAB and I would like to express my gratitude to all the agencies and their staff who have contributed their time and resources to Safeguarding Adults across Doncaster.

In the context of so many changes in the landscape of Health and Social Care, with the changes in the Care Act, which came into effect on 1 April 2015 and the budget pressures resulting in the tightening of resources available to all agencies to provide services to vulnerable adults, the Board has made good progress.

At a time of great change partnership working is more important than ever in ensuring that risk is managed across the sector and that the resources we have are put to best use to safeguard vulnerable adults.

The new Act now puts Adult Safeguarding Boards on a statutory footing, so there will be an increased profile and public accountability for Boards in their key function of monitoring the activities of all agencies responsible for safeguarding services, and holding them to account for what they do. In Doncaster we are well placed to take forward the challenges arising from such significant changes.

We would all like to think that people who are in care homes, hospitals or their own homes are safe. Sadly, we know that this is not always the case. Safe care needs good staff, well supported by good systems and effective management to ensure that good practice is always the norm.

Safeguarding is very much a partnership activity. It requires front line staff and strategic managers in all agencies, volunteers, members of the public, family and friends to co-operate to ensure that, adults wherever they live, and who are not able to take action to protect themselves, are protected from abuse, neglect or ill-treatment.

Among the major achievements of the DSAB in 2014/15 have been the Keeping Safe Awareness Campaign including a short film about safeguarding, which has been widely distributed throughout Doncaster, and which has built on the work of the very effective community based Keeping Safe Forum. The Board has also taken action to ensure that it is effective for the requirements in the new Act, such as a revision of its constitution; its governance arrangements and the adoption of a revised strategic plan.

A key challenge during 2014-15 has been the performance of agencies in relation to the timeliness of handling safeguarding adults cases. The Board has challenged agencies at a strategic level and requested action and assurance to support improvement in this area.

The Board would like to thank all those who play their part so well, ensuring that vulnerable adults are safeguarded from harm, given safe care and enabled to live their lives independently and free from abuse.

As Independent Chair, I would like to thank the staff at the Safeguarding Adults Unit who support the Board and co-ordinate its activities. Without them, the work to bring agencies together to develop joint work would not be as effective and challenging as it is.

Roger Thompson
Independent Chair
Doncaster Safeguarding Adults Board

Part One - Introduction to the Doncaster Safeguarding Adults Board Report

This Annual Report reflects the work and achievements in Doncaster during 2014/15. Since 2000, when the Department of Health first published its 'No Secrets' guidance on the protection of vulnerable adults, agencies in Doncaster have been working together to protect vulnerable adults from abuse.

The new Care Act 2014 includes clear references to safeguarding, including a statute for a Safeguarding Adults Board from 2014/15 and a framework for the membership and annual reporting arrangements which have been mapped against this annual report for assurance purposes.

The Doncaster Safeguarding Adults Board provides a local multi-agency framework in which to assure the protection of vulnerable adults in Doncaster. It now meets quarterly with representatives of all the relevant statutory and voluntary sector agencies.

This annual report describes the work of the Board over the period from April 2014 up to March 2015.

During this year the Board has given priority to the delivery of its strategic objectives and any other identified work streams triggered by national incentives during the course of the year. Part One of this report describes the work of the sub groups in this period.

Part Two of this report provides a summary of Doncaster's data about activity in respect of safeguarding vulnerable adults, setting out the number of alerts and referrals, analysed by ethnicity, client group, sources of referral, and nature of the alleged abuse, where the abuse has taken place and alleged perpetrator. Finally, it provides information about the outcome of these referrals. It also provides information about safeguarding adults training during the year.

Governance during 2014/15

The Board has met on six occasions; overall there has been excellent multi-agency attendance (see Appendix 4).

For transparency the Board's annual reports, safeguarding adults reviews and Board minutes are publically available and can be found at; www.doncaster.gov.uk/safeguardingadults

Membership of the DSAB

Job Title	Name	Organisation	
Independent Chair	Roger Thompson	Doncaster Safeguarding Adults Board	
Chief Nurse, Doncaster Clinical Commissioning Group	Mary Shepherd	NHS Doncaster Clinical Commissioning Group Also represents views of Yorkshire Ambulance Service	
Designated Nurse Safeguarding Adults	Andrew Russell		
Safeguarding Officer	Dawn Peet	South Yorkshire Fire & Rescue Service	
Head of Safeguarding	Deborah Oughtibridge	Doncaster & Bassetlaw Hospitals NHS Foundation Trust	
Service Director Children's & Community (Interim)	Deborah Wildgoose	Rotherham Doncaster and South Humber NHS Foundation Trust	
Head of Service Safeguarding Adults and Partnership	Anne Graves	Doncaster Safeguarding Adults Board	
Director of Adults and Communities up to August 2014	Joan Beck	Doncaster Metropolitan Borough Council	
Director of Adults, Health and Wellbeing from August onwards	Dave Hamilton		
Assistant Director Modernisation and Commissioning	Shane Hayward-Giles		
Assistant Director Adults	Pat Higgs		
Safer Doncaster Manager	Karen Hanson/Bill Hotchkiss		
Assistant Director Public Health	Jacqui Wiltschinsky		
Senior Legal Officer	Hywel Jenkins		
Public Protection Unit Manager	Pete Horner		South Yorkshire Police
Chief Executive	Susan Jordan		St Leger Homes
DSCB Manager	Rosie Faulkner		Doncaster Safeguarding Children Board
Deputy Director of Nursing, Patient Experience	Carole Lavelle	NHS England	
Head of Residence	Kevin Dennis	HM Prison Service	
DCCG Board member and General Practitioner	Lindsey Britten	Primary Care	
Lead Councillor for Safeguarding Adults	Pat Knight / Christine Mills	DMBC	





DSAB Strategic Objectives 2013/16







Background for 2014/15

At the end of 2014/15 financial year the Board assessed its current position relating to work completed and ongoing work to be carried forward. The Board revised and streamlined its strategic objectives and its structure in September 2014 by prioritising four key objectives. Work plans were revised to support the delivery of the strategic objectives and embedded in the sub structure. The following demonstrates the work streams progressed against the DSAB Strategic Objectives and the position as at 31st March 2015.

Board and Business Coordination Group

Key -The board uses red, amber and green (RAG) to demonstrate the status of each work stream

Action Completed		Action Partially Completed		Action significantly behind schedule		Not commenced	
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Key deliverables and ad hoc items	Progress / update	RAG
Revise DSAB Strategic Plan 2013-16 in line with emerging guidance and legislation	Revision complete and revised strategic objectives in place and available on the web. - Complete	
Review agencies and Board sub structure to ensure it is fit for purpose	Board time out day informed the revised structure to create a Business Coordination sub group and merge the Policy and Practice sub group - Complete	
Revise the Board constitution to reflect the DSABs relationship with other Partnerships	Business Coordination group developed Board Constitution in line with Care Act requirements – Complete	
Review multi-agency representation at Board	Ongoing multi-agency commitment achieved and revised as part of Board constitution. - Complete	
Ensure robust risk management process is in place to identify, mitigate and inform the Board about risk in relation to achieving the Boards strategy.	Risks register in place to identify and escalate risks to achieving the strategic objectives and escalated to Board as appropriate. - Complete	
Engage with Prison Services to understand the needs of the prison population with a view to embedding safeguarding.	HM Prison representation at Board level and work is ongoing to understand safeguarding in prisons.	

Board Governance

The Board has continued to develop itself throughout 2014/15 in line with local and national demands placed upon it. A DSAB Constitution has been developed in line with the requirements of the Care Act 2014 which includes the revised Board membership. The Constitution is based on the 6 principles of safeguarding;

1. **Empowerment** – The presumption of person-led decisions and informed consent, supporting the rights of the individual to lead an independent life based on self-determination.
2. **Prevention** - It is better to take action before harm occurs, including access to information on how to prevent or stop abuse, neglect and concerns about care quality or dignity.
3. **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
4. **Protection** - Support and representation for those in greatest need, including identifying and protecting people who are unable to take their own decisions, or to protect themselves or their assets.
5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

6. **Accountability** - Accountability and transparency in delivering safeguarding, with agencies recognising that it may be necessary to share confidential information.

To support delivery of its objectives the Board reviewed its sub structure to ensure it would be fit for purpose. The Board has reduced the number of formal meetings, reflecting pressures on staffing. These structural changes included;

- The creation of a Business Coordination Group which is made up of Sub Group Chairs and key core members would conduct the main business of the Board, holding sub groups to account for the delivery of the strategic objectives. Allowing the Board to focus on emerging strategic themes and facilitate discussion, debate and multi-agency challenge in relation to the delivery of safe services across Doncaster.
- The merging of two sub groups to create the Policy and Practice sub group to facilitate the smoother progression of work streams and reduce duplication.

The Business Coordination Group are now the custodians of the risk register formally assessing risks to achieving the Boards business across the DSAB structure. Ensuring the appropriate action is identified and escalating high risks to Board. The Board continues to have a robust governance framework in place to hold itself to account and ensure that actions from Safeguarding Adults Reviews are being implemented to prevent adult abuse and reduce the likelihood of abuse reoccurring.

Working Together to Safeguarding Adults and Children

The Board have previously developed a set of standards for agencies and organisations to embed in practice and to provide assurance against in relation to Safeguarding Adults.

In partnership with Doncaster Safeguarding Children's Board a decision was made at the January 2015 Board meeting to develop a joint safeguarding self-assessment and challenge process; this will replace the DSAB Standards for the Assurance Framework and Annual Declaration. The tool and process will be developed and implemented during 2015/16 to assess and challenge agencies around safeguarding standards of best practice.

Work in relation to Winterbourne View

The Board have continued to challenge and receive assurance from Health and Social Care partners in relation to the work being carried out in response to the Winterbourne View findings. Regular reports have been presented to the Board around assurance in relation to services for people with a learning disability.

Despite progress, there is still significant work required to understand and implement the long term reshaping of services. The Health and Social Care partnership is aligned and working collaboratively to undertake this work and the DSAB will continue to challenge agencies in this area.

Business Coordination Group - Chairs reflections

The Board revised its structure during 2014/15 and a decision was made to create the Business Coordination Group to allow the Board to focus on emerging strategic issues. The Business Coordination Group (BCG) commenced in September 2014 and is represented by the sub group chairs and is responsible for coordinating the core business for Safeguarding Adults on behalf of the Board in line with the Board Constitution.

The Business Coordination Group;

- Receives all core business on behalf of the Board to direct and respond to the needs of the sub groups. Through promoting a culture of positive challenge it will achieve the Boards strategic objectives, identifying strategic issues and escalating risks as appropriate.
- Monitors, reviews and reports all performance issues to the board;
 1. The sub groups
 2. Coordinating the boards business
 3. Holding sub groups to account through positive challenge
 4. Oversee all escalated risks to achieve the Boards strategic priorities, identifying action and making recommendations where appropriate to mitigate risk.

Although it is in its early days, the Business Coordination Group has got off to a positive start, has met four times during 2014/15 and has been well attended by the sub group chairs.

In moving forward during the next twelve months, the Business Coordination Group will continue to develop its agenda to ensure the core business of the Board is managed, risks are identified and escalated to the Board and promote a culture of positive challenge across the partnership.

Roger Thompson, Independent Chair DSAB and Chair, Business Coordination Group

Engagement sub group

Key deliverables and ad hoc items	Progress / update	RAG
Implement Safeguarding Adults Communication and Engagement Strategy and Plan	Keeping Safe Event for Staff - Complete	Green
	Understand how Keeping Safe links with other services - Complete	Green
	Keeping Safe Awareness Campaign launched and ongoing across Doncaster - Complete	Green
	Develop and launch Doncaster Safeguarding Film - Complete	Green
	Revise Safeguarding Adults leaflets, posters and business cards - Complete	Green
	Keeping Safe Forum established - Complete	Green
	Commissioned support for Keeping Safe Forum in place. - Complete	Green
To develop user satisfaction feedback mechanism	HSCIC Safeguarding Adults Service User Survey Pilot completed. The results will be used to feed into the development of a user satisfaction feedback mechanism.	Yellow
Making Safeguarding Personal Pilot	The conclusions of the Making Safeguarding Personal Pilot were analysed, concluded and presented to Board.	Green
To involve prison populations through representation and engagement	Prisons being engaged at Board level and a working group has undertaken a mapping exercise to assure the Board that adults at risk are being safeguarded in prisons. Ongoing work required in line with the implementation of the Care Act 2014.	Yellow
Assess the impact of welfare reform on communities	Regular updates provided to the Board	Yellow

Keeping Safe Event for staff

The Engagement sub group kick started 2014/15 by hosting a Keeping Safe Event for staff, chaired by Susan Jordan, on 30th April 2014 at the Trades and Labour Club in Doncaster Frenchgate Centre.

The overall aim of the day was to raise staff awareness of developments within Doncaster to keep vulnerable adults safe within our communities. Specifically, the event aimed to:

- provide a progress update on Doncaster Safeguarding Adults Partnership Board's Communication and Engagement Strategy;
- launch the Doncaster Keeping Safe Forum;
- launch the Doncaster Safeguarding Workforce Capability Framework;
- facilitate networking and the sharing of information;

- provide an opportunity for members of the Keeping Safe Forum to find out about key services in Doncaster to support vulnerable adults;
- find out more about existing networks/partnerships in Doncaster and how they could help us deliver the actions in the Communication and Engagement Strategy.

In total 105 people attended the event and a reserve list of 45 people was held by the Safeguarding Adults Unit. There was positive feedback about the event, with 78% of evaluation respondents rating it good or above. Respondents, in particular, welcomed the opportunity for networking and the sharing of information. There was written support and encouragement on the evaluation responses for the new Keeping Safe Forum.

Clearly, there is an interest in and commitment to adult safeguarding amongst people who work with vulnerable adults and a keenness to find out about initiatives taking place to keep people safe in the community. The attendance and responses to this event demonstrate the value in holding an annual Keeping Safe Event for staff. This Event will be repeated in 2015/16.



Doncaster Keeping Safe Forum

The implementation of the Safeguarding Adults Communication and Engagement Plan identifies the development of a community forum. A significant amount of work was undertaken by the sub group to promote the Doncaster Keeping Safe Forum, bring local interested people together, commission and deliver capacity building training to those people and establish the Forum.

The Doncaster Keeping Safe Forum has formed into an enthusiastic group of people who are committed to working with the Engagement Sub Group and DSAB to raise awareness of keeping safe in Doncaster and who aim to become the 'eyes, ears and voice' of safeguarding in Doncaster.

In addition long term support has been commissioned for the Doncaster Keeping Safe Forum which will enable the group to flourish and grow. The support was originally provided by Research in Practice for Adults, however a project manager who is based within Healthwatch Doncaster was appointed in April 2015.



There are currently over 30 members representing the diverse community of Doncaster, with members representing amongst others the deaf community, young people, people with learning disabilities and older people in Doncaster.

Involvement in National Pilots

During 2014/15 the Board took part in two national pilots; Making Safeguarding Personal and the Adult Social Care Outcomes Framework Pilot.

Making Safeguarding Personal Pilot

Making Safeguarding Personal is a Local Government Association pilot project. The project looks at outcomes for vulnerable adults who are subject to safeguarding procedures and ways in which practitioners can focus on the following;

- Engaging people throughout the process with a focus on outcomes for the vulnerable adult
- Making people feel safe
- Making people feel empowered and in control
- An asset based approach identifying strengths and networks

The Safeguarding process has for a long time been seen as something done to people, rather than empowering them to make changes and allowing them to take control of their lives. The Making Safeguarding Personal project hopes to pilot a change in practice through engagement, empowerment and personalisation.

The project was initially planned to last for 3 months commencing on 21st October 2013 and finishing on 18th January 2014. However the pilot was transferred from the DMBC Area Team due to capacity to the Operational Safeguarding Adults Team which manages more complex cases which had a significant impact on the timescales to conclude the pilot. The pilot concluded on 30th October 2014.

Conclusions included;

8 out of 8 cases (4 with capacity and 4 lacking capacity) that participated identified the outcomes they would like to see happen.

- Overall most people felt upset and angry by the incident and did not want the same incident to happen again to themselves or to other people.

The results from the Doncaster pilot were fed into and published within the Making Safeguarding Personal 2013/14: Report of findings available at www.local.gov.uk. Nationally it is recognised that a significant change of culture is needed to embed Making Safeguarding Personal in practice. The conclusions from the local and national findings will be used to inform a strategy to Make Safeguarding Personal across Doncaster in line with the implementation of the Care Act 2014.

Adult Social Care Outcomes Framework Pilot

The Adult Social Care Outcomes Framework Pilot is a Health and Social Care Information Centre pilot project. This pilot was undertaken during May to July 2014 and aimed to provide measures around how well services are meeting user and carer needs, and whether those services are promoting quality of life and providing care that is both personalised and preventative. The results from the Doncaster pilot were fed into and published within the national report available at:

www.hscic.gov.uk/article/4769/Safeguarding-Outcomes-Measure-Pilot-Stud

The conclusions drawn from the Doncaster pilot by the staff involved were that it was resource intensive in terms of reviewing cases for eligibility (approximately 1 hour per case), making contact with the adult at risk or their representative and time taken to conduct interviews. On average an interview took approximately 1 hour per case, however in one case it took 3 hours.

The feedback gained from the people interviewed was significant in terms of measuring outcomes and the extent to which people were satisfied (or not) with the safeguarding service and identified key areas for improvement for example ensuring that people receive information that they are entitled to and that channels of com-

munication are open to them. This could be used to inform the design of service delivery to improve outcomes for vulnerable adults. In some cases people had not felt informed or part of the process and this should be used to inform training for embedding Making Safeguarding Personal.

The results within this report conclude that in some cases people did not receive much information regarding the safeguarding case and did not feel engaged throughout the process. This has been identified within the national report as a problem where local authorities have become process and timescale focussed. The principles of Making Safeguarding Personal hope to change this through active engagement on initiation of safeguarding and throughout a safeguarding case to identify what the service user hopes to achieve.

Keeping Safe Campaign

The Engagement sub group have been working hard to deliver the Board's Communication and Engagement Strategy of which the Keeping Safe Campaign is a key part.

In order to do this effectively consultations were carried out with the general public at locations in and around Doncaster to find out what people know about adult safeguarding, whether people had seen any information about adult safeguarding and where they would like to find information.

The consultations indicated that the term 'adult safeguarding' is not understood by the majority of people; 'keeping safe' is a better understood term. Furthermore, many people have not seen any information about adult safeguarding and, where they do see information, this is not being retained.

In response to the above and in line with the Communication and Engagement Strategy a 'Keeping Safe Campaign' has been rolled out to empower adults at risk to protect themselves from abuse by raising awareness of safeguarding adults and the reporting process. The objectives of the campaign are as follows;

- To raise awareness about the different types of adult abuse so that people are able to recognise abuse when they see it/experience it.
- To raise awareness of how to report adult abuse concerns and to encourage people to report any concerns they have.

The key messages of the campaign are;

- Everyone has the right to be safe, to be respected, to be heard
- Everyone has a role to play to make this happen
- If you see something, say something (If you see, hear or suspect that someone is being abused, report it)

A number of methods have been used to support the campaign such as; consistent branding, marketing, press and public relations, social media, safeguarding film, leaflets, posters, banners and business cards, see below. To view the film visit:



www.doncaster.gov.uk/safeguardingfilm

The campaign was commenced in March 2015 and is currently in progress. It is being rolled out in a phased approach and will be reviewed on a quarterly basis to ensure it reaches out deep into the community to raise awareness of 'Keeping Safe' and to monitor the impact on services.

Business card

Poster

Leaflet

Engagement Sub Group - Chairs reflections

2014/15 has been yet another busy and productive year for the Engagement Sub Group. We have maintained a consistent and committed membership and also attracted some new members to further enhance the breadth of experience and knowledge on the group.

Our activities have continued to be in line with the requirements of the Board's Strategic Objectives and have been focussed on delivering the Action Plan developed through service user consultation as captured in the Safeguarding Adults Communication and Engagement Strategy.

Our Key Objectives and Achievements 2014/15

One of our early achievements this year was the delivery of our Safeguarding Adults Annual Event in April 2014. The event this year was aimed at professionals and partners and was a mechanism for introducing members of the 'Keeping Safe Forum' to a network of agencies and partners to support the awareness raising activities of the group. We took the opportunity to consult partners and colleagues on how they could assist in raising awareness of 'Keeping Safe' through a variety of groups and locations and use of different media.

This clearly contributed to our delivery of our major objective this year – the launch of the "Keeping Safe" awareness raising campaign. The campaign was formally launched on the 1st March 2015 but lots of planning and preparatory work had been done in advance. The 'Keeping Safe – if you see something, say something' DVD has been finalised and shared with key partners and agencies and is available on a number of public sector and partner websites. Posters, handy credit card sized contact detail information, and leaflets which outline just what adult safeguarding is about, have all been produced in a consistent style to promote and explain how people can keep themselves and their family and friends safe. A single number for alerts/referrals has been promoted and staff within the Adult Contact Team are aware and supportive of the campaign.

The Keeping Safe Forum which was established last year, goes from strength to strength; it has widened its membership and its reach, and now has a dedicated support worker to ensure its future success. The Forum has a major role to play in our awareness raising campaign. The continued support, enthusiasm and passion of Forum members is great to see and very much appreciated.

2014/15 saw the delivery of two pilot projects – Making Safeguarding Personal; and a HSCIC Service User Survey. Both of these projects gave a real insight into the experience of service users of the Safeguarding Adults Services. Learning from both projects was shared with the Safeguarding Adults Board and

both projects will now be developed (by other sub groups) to be implemented locally in Doncaster. The Engagement Sub Group will then support the implementation through consultation and awareness raising.

Work is still ongoing with colleagues working in the Prison Service to ensure that Safeguarding Adults is understood and delivered well within Doncaster’s prison population and importantly so that Safeguarding Adults Board can be assured of the ‘Keeping Safe’ practices undertaken in these institutions.

Regular updates on the impact of Welfare Reform, both at a national and local level, have been provided to Board so that all agencies can be aware of, and alerted to, the potential implications for some of our most vulnerable service users.

Overall, 2014/15 has been a very busy but rewarding year which has seen the delivery of some significant outcomes, as highlighted above.

As Chair of the Engagement Sub Group, I would like to thank all group members for their continued support, commitment and dedication. A special thank you to Sharon Fung, who, as lead officer, has kept us all ‘on task’ and puts in such tremendous effort to ensure we have achieved our objectives this year.

A mention too, to two of our former colleagues who have moved on to pastures new, but whose contribution to the group should not be forgotten – we miss them both – Kim Beresford and Julia Ball.

Once again, I’m pleased to be able to offer this update on our work.

Susan Jordan
Chair, Engagement Sub Group
Chief Executive St Leger Homes Ltd

Performance sub group

Key deliverables	Progress / update	RAG
Ensure robust work plan governance is in place to deliver the strategic plan	Sub group work plans reflect strategic objectives of the Board and are monitored and escalated to the Board in a quarterly performance report.	Green
To produce an Annual Report that provides clear and accessible information for the public and agencies detailing the work and achievements of DSAB	Annual report published and available on website	Green
To undertake rolling programme of audit to provide: <ul style="list-style-type: none"> • Process and quality measures • Quality assure appropriateness of referrals • mplementation of actions to improve practice 	Case file audit in place and complete.	Green
To produce a quarterly report that collates a dashboard of information relating to; <ul style="list-style-type: none"> • Performance • Outcomes measures • Process and quality measures • Themes and trends 	<p>Quarterly performance report in place which presents information relating to performance, process, quality measures, themes and trends.</p> <p>Outcome measures are being developed as part of the implementation of the Care Act and Making Safeguarding Personal which will then be captured within this report.</p>	Yellow

Performance and Governance Framework

The Performance sub group has developed a robust governance framework and holds agencies to account for their performance, through the collation and presentation of a report to Board on a quarterly basis.

Case File Audit

The Performance sub group receives and analyses performance information which now includes qualitative information from the case file audit providing a more holistic picture of practice which is being used inform service improvements. The conclusions from the audit are that the Mental Capacity Act is not yet fully embedded in practice and people are not being fully empowered through the safeguarding process.

The Mental Capacity Act 2005 gives a legal definition of 'mental capacity' and is intended to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The DSAB works to safeguard the rights of people who lack the mental capacity to make decisions for themselves. The Act requires decisions to be always made in person's best interests.

The case file audit results concluded;

- in many cases mental capacity assessments are not being fully recorded and are not decision specific
- Independent Mental Capacity Advocates are not being routinely used to support people who lack capacity through the safeguarding adults process
- there is insufficient evidence to conclude that adults at risk had been empowered and fully supported to be involved in the case conference
- there is evidence that Safeguarding Adults practice is proportionate to risk and adults are being protected

It should be noted that the case file audit can only measure what is recorded and that this is not always an accurate reflection of practice. The results of the audit are being actioned by the Policy and Practice Sub Group and considered in conjunction with the implementation of the Care Act.

There is a national shift to focus on person centred outcomes for safeguarding adults and this is being driven by the Care Act 2014 and Making Safeguarding Personal. Doncaster is commencing a review of its processes in line with the Act and will identify outcomes as part of this work and will continue to drive the required culture shift to embed these practice and performance measures during 2015/16.

Performance Sub Group - Chairs reflections

The Performance sub group is responsible for the monitoring and reporting of key performance indicators to ensure effective delivery of procedures relevant to the Doncaster Safeguarding Adults Board agenda.

Our key objectives are to progress and update the Board on a regular basis to inform them of a range of performance indicators on a quarterly basis, identifying themes and trends where appropriate. Also to further develop the Performance Framework to include measures relating to quality, process and outcomes.

It has been a challenging year for the sub group with quoracy being raised as a risk, although this has been improved. Despite this the Performance sub group has maintained a good level of productivity.

The most significant challenge this year has been holding health and social care agencies to account over the timeliness of the safeguarding process. This was identified as a risk during 2014/15. To address this the sub group have escalated this risk to the Board for strategic challenge and action, in addition the membership of the sub group has been extended to include statutory health and social care providers to promote ownership of safeguarding adults' performance information and identify ways to address shortfalls.

The sub group have revised its performance framework to review agencies' performance regarding falls and also staff who are perpetrators.

The Performance sub group has developed a comprehensive performance framework and reporting mechanisms which have contributed to the development of the DSAB annual report, however it has a current

gap in terms of measuring person centred outcomes.

Future work during 2015/16 will focus on developing and measuring outcomes to ensure the safeguarding adults services are in line with the Care Act 2014 and are meeting the needs and wishes of vulnerable adults.

Shane Hayward-Giles
Chair, Performance sub group
Assistant Director, Modernisation and Commissioning
Doncaster Metropolitan Borough Council

Policy and Practice sub group

Key deliverables and ad hoc items	Progress / update	RAG
Launch of South Yorkshire procedures	Complete and launched June 2014	Green
Revision of South Yorkshire Procedures for Safeguarding Adults to reflect implementation of Care Act 2014	Work continues on a regional basis with our partners to revise the South Yorkshire Procedures with a view to implementing in October 2015	Yellow
Develop Process for Overarching Safeguarding Cases	Complete	Green
Revise Memorandum of Understanding with CQC to clarify role and responsibilities across multi-agency partnership to safeguard vulnerable adults	In progress	Yellow
To review Doncaster Safeguarding Adults Board policies and procedures every 3 years	Safeguarding Adults Review Policy and Toolkit	Yellow
	Guidance on conducting Safeguarding Investigations with other investigations	Yellow
Develop a Safeguarding Adults Preventative Strategy that outlines Doncaster's approach to preventing vulnerable adults from abuse to include; <ul style="list-style-type: none"> • Board's responsibility for self-neglect to inform management of vulnerable adults to inform Strategy • Proposed model to manage vulnerable adults through reportable concerns (low level concerns) 	Scoping of the implementation of the Vulnerable Adult Risk Management Model and a training needs analysis has been undertaken. Further work is needed to look at developing a joint strategy with our partners to prevent abuse.	Yellow
Embed a consistent approach to assessing mental capacity across partnership through assurance; <ul style="list-style-type: none"> • sign up to MCA Joint Agency Agreement • formal launch of MCA1,2,3 forms across multi-agency partnership 	MCA Joint Agency Agreement developed and signed off at Board. Launched across partnership with MCA forms - Complete	Green
Implement Making Safeguarding Personal across the multi-agency partnership	Commenced in line with the implementation of the Care Act 2014. To develop a strategy to embed in practice as significant change of culture is required.	Yellow
MCA and Tenancy Agreement Policy	Completed and approved by Board July 2015	Green

It has been a challenging year for the Policy and Practice sub group (PPSG). The Board reviewed their structure in September 2014 and it was decided to merge the Policy and Procedure sub group and the Practice sub group to provide a more joined up approach for developing and embedding safeguarding policy within practice and reduce the number of meetings. In response to this the Policy and Practice sub group was formed.

Review of South Yorkshire Procedures

The Doncaster Safeguarding Adults Board worked closely with Sheffield, Rotherham and Barnsley Safeguarding Boards to develop South Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures. These were put into practice in June 2014.

The DSAB have contributed significantly throughout 2014/15 to the review of the South Yorkshire Procedures for Safeguarding Adults in line with the implementation of the Care Act 2014.

Reviewing the procedures has been a challenging piece of work given the differing local systems in place across the region, however much work has taken place to agree a regional approach and to the revised procedures which are nearing completion. Doncaster will be partaking in a local launch of the revised procedures during 2015/16 to embed in practice on a local and regional basis and will seek assurance through a quality assurance process. The procedures will be revised following launch on a six monthly basis to ensure practice and policy are aligned.

Formal Launch of Mental Capacity Act Joint Agency Agreement

The DSAB are committed to ensuring the Mental Capacity Act 2005 (MCA) is embedded and a consistent approach is being applied across Doncaster. Therefore a joint agency agreement has been developed to provide assurance that agencies are signed up to this.

The MCA Joint Agency Agreement is intended to outline the DSAB's approach to the Mental Capacity Act 2005, that requires consistent local application, definition or intent. It does not seek to replace the Mental Capacity Act 2005 Code of Practice which staff will still be required to have regard to, or other related policies and procedures such as the Safeguarding Adults Procedures for South Yorkshire. Each agency will need to ensure existing policies and procedures are compliant in line with the Act and will need to consider their own requirements for any additional more detailed guidance for staff.

A formal launch of the MCA Joint Agency agreement and MCA forms 1, 2 and 3 was launched across the partnership in July 2014.

Procedure for Coordinating Overarching Safeguarding Investigations

The Policy and Practice sub group are responsible for the development of multi-agency safeguarding policies and procedures. During 2014/15 the following documents were developed / revised to support staff in delivering high standards of safeguarding practice.

The purpose of an overarching safeguarding investigation is to effectively coordinate organisations and agencies involved alongside the number of safeguarding cases ensuring risks are managed to achieve outcomes for vulnerable adults, prevent further abuse and minimise risk of re-occurrence. The Board recognised the need for a procedure to support the process where a number of safeguarding investigations are identified within the same service or establishment.

This procedure was developed by a multi-agency task and finish group and approved by the Board in October 2014.

Policy and Practice Sub Group - Chairs reflections

It has been a challenging year for the Policy and Practice sub group (PPSG). The Board reviewed their structure in September 2014 and it was decided to merge the Policy and Procedure sub group and the Practice sub group to provide a more joined up approach for developing and embedding safeguarding policy within practice and reduce the number of meetings. In response to this the Policy and Practice sub group was formed.

The PPSG commenced this process by revising its membership and terms of reference to ensure the governance reflected the groups responsibilities to the Board. It was decided to trial a co-chaired approach by the previous chairs of the Policy sub group and Practice sub group retrospectively.

There is good interest in taking the work forward in the new group. 1 meeting has been held so far however progress against the strategic plan has been stilted due to the revisions required to merge the two groups.

A number of items have been achieved by the former groups:-

- Launch of the South Yorkshire Procedures
- Launch of the MCA Joint Agency Agreement across the Partnership
- Completion of the Procedure for Coordinating Overarching Safeguarding Investigations
- Completion of the MCA and Tenancy Agreement Policy

The Work Plan will be updated and revised against the DSAB Strategic Objectives 2013/16. The focus of the group moving forward will be to revise the South Yorkshire Procedures and many of its local policies and systems in line with the implementation of the Care Act 2014.

Deborah Oughtibridge

Co Chair, Policy and Practice sub group

Doncaster & Bassetlaw Hospitals NHS Foundation Trust

Head of Safeguarding

Pat Higgs

Co Chair, Policy and Practice sub group

Doncaster Metropolitan Borough Council

Assistant Director Adult Services & Communities

Workforce sub group

Key deliverables	Progress / update	RAG
Development of Safeguarding Adults Multi-agency Training Programme	Basic levels of training in relation to all stages of the safeguarding process are available and accessible. A training needs analysis is underway to inform the development of future annual training programmes in line with the Care Act requirements.	
Embed Safeguarding Adults Capability Framework	The DSAB are currently involved in revising the National Capability Framework in line with the Care Act. This will inform Doncaster's local framework prior to a re-launch during 2015-16.	
Develop quality assurance process for multi-agency training	This process has been developed in conjunction with DMBC Adult Services learning and development. The process is currently being piloted.	

NB: The DSAB and DSCB came to the agreement that a more narrow focus for workforce development was required in each area and as from April 2014 the Workforce sub group has again split into children and adult groups. In response to this the Workforce sub group have revised their terms of reference and membership to re-engage agencies across the partnership to ensure development work has multi-agency representation.

Embed Joint Safeguarding Capability Framework

A formal launch of the Joint Safeguarding Capability Framework was undertaken at the Keeping Safe Staff Event in April 2014, however the implementation of the Care Act has impacted on the framework. The Workforce sub group have been involved in revising the National Capability Framework in collaboration with Bournemouth University. Once published this document will be used to inform Doncaster's framework and a subsequent re-launch across the partnership will be planned.

Workforce Sub Group - Chairs reflections

At the beginning of 2014 the DSAB and DSCB came to the agreement that a more narrow focus for workforce development was required in order to progress the Workforce agenda, however, this was not as effective given the two competing agenda's and Children's and Adults workforce issues. In response the Workforce sub group were re-established and returned to two separate groups. In response to this the Workforce sub group have revised their terms of reference and membership to re-engage agencies across the partnership to ensure development work is multi-agency represented and focused on Adult Safeguarding.

It should be acknowledged that there have been some very positive outcomes from the revisiting the governance and membership of the sub group, including clarity about what the group is trying to achieve across the partnership.

Multi-agency engagement has now improved and the sub group are heavily involved in revising the National Capability Framework in light of the Care Act 2014 in collaboration with Bournemouth University. The revised national tool will then be used to inform Doncaster's Capability Framework with a re-launch of the framework across the partnership will follow.

In addition the group are working on a training needs analysis which will inform the future needs of the workforce in light of the implementation of the Care Act 2014. This will be used to inform the Safeguarding Adults Annual Training Programme to ensure we have a workforce fit for purpose. Also a quality assurance process is being developed and piloted to ensure multi-agency training is developed and delivered to a consistently high standard across Doncaster.

The group continues to have excellent links to counterparts across the South Yorkshire region with these fruitful relationships resulting in a wide range of learning opportunities for the workforce in each of the 4 South Yorkshire areas as a result of pooling of the knowledge, skills and expertise of the South Yorkshire training group.

Deborah Wildgoose

**Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust
Service Director Children's & Community (Interim)**

Safeguarding Adults Review Panel - Chairs reflections

In anticipation of the Care Act in 2013, the Safeguarding Adults Review Panel (SARP) was set up by the Board to take responsibilities for the following tasks:

- To consider whether a case meets the criteria outlined in the 'Policy for Conducting Serious Case Reviews (SCR) and Learning Lessons Reviews (LLR)'.
- Where a case is assessed as meeting the SCR/LLR criteria, the SARP will be responsible for the appointment of an independent chairperson and the organisation of the process.
- Where the case does not meet the SCR/LLR criteria and there are lessons to be learned, the SARP should consider whether any single agency review is required.
- To oversee the quality of all SCR/LLR's and monitor recommendations and action plans and hold agencies to account for these. To identify key themes for audit once actions have been completed.

Serious Case Reviews / Lessons Learned Reviews

During 2014/15, the SAR Panel commenced 1 new Lessons Learned Review and carried out 2 multi-agency lessons learned workshops. In addition 1 action plan was completed and presented to Board for final approval and sign off. The Panel is also monitoring action plans in relation to 2 previous Serious Case Reviews. To support the SAR Panel governance arrangements the 'Policy for Conducting Serious Case Reviews (SCR) and Learning Lessons Reviews (LLR)' has been reviewed to reflect the changes and statutory duties of the Board outlined in the Care Act 2014, including the change in terminology to 'Safeguarding Adults Reviews'.

Lessons Learned

The Solar Centre Serious Case Review identified lessons which have been learned and acted upon. There is evidence of good practice, embedding of the lessons learned and subsequent changes in the organisations involved in relation to processes, policies, awareness raising and training.

The investigation reports and action plans, from the organisations involved in the Serious Case Review, focus on organisational changes and do not relate to the impact of the abuse on the victims. There is little evidence of a person centred approach or culture in the safeguarding process.

The investigations into the abuse at the Solar Centre took too long, and the independent author found that agencies did not effectively engage the victims or their families. The combined investigation and criminal processes, involving a range of organisations, took over 6 years.

The Serious Case Review process has highlighted the importance of recognising the impact that abuse has on individuals and their families, the need to effectively support victims, and ensure they do not get lost in the process, particularly in large scale investigations.

As a result of the Solar Centre Serious Case Review an action plan was developed based upon the recommendations within the final report. This action plan is being implemented by the relevant agencies and monitored by the Safeguarding Adults Review Panel through to completion.

The SAR Panel has functioned well and made good progress through 2014-15 ensuring that high priority has been given to the key task of the monitoring of serious cases, some involving significant public interest and media attention. Some difficulties have been experienced with quoracy, as the requirement is for the three statutory agencies of Police, Health and Adult Social Care always to be present. This matter is being addressed, and no meetings have had to be cancelled.

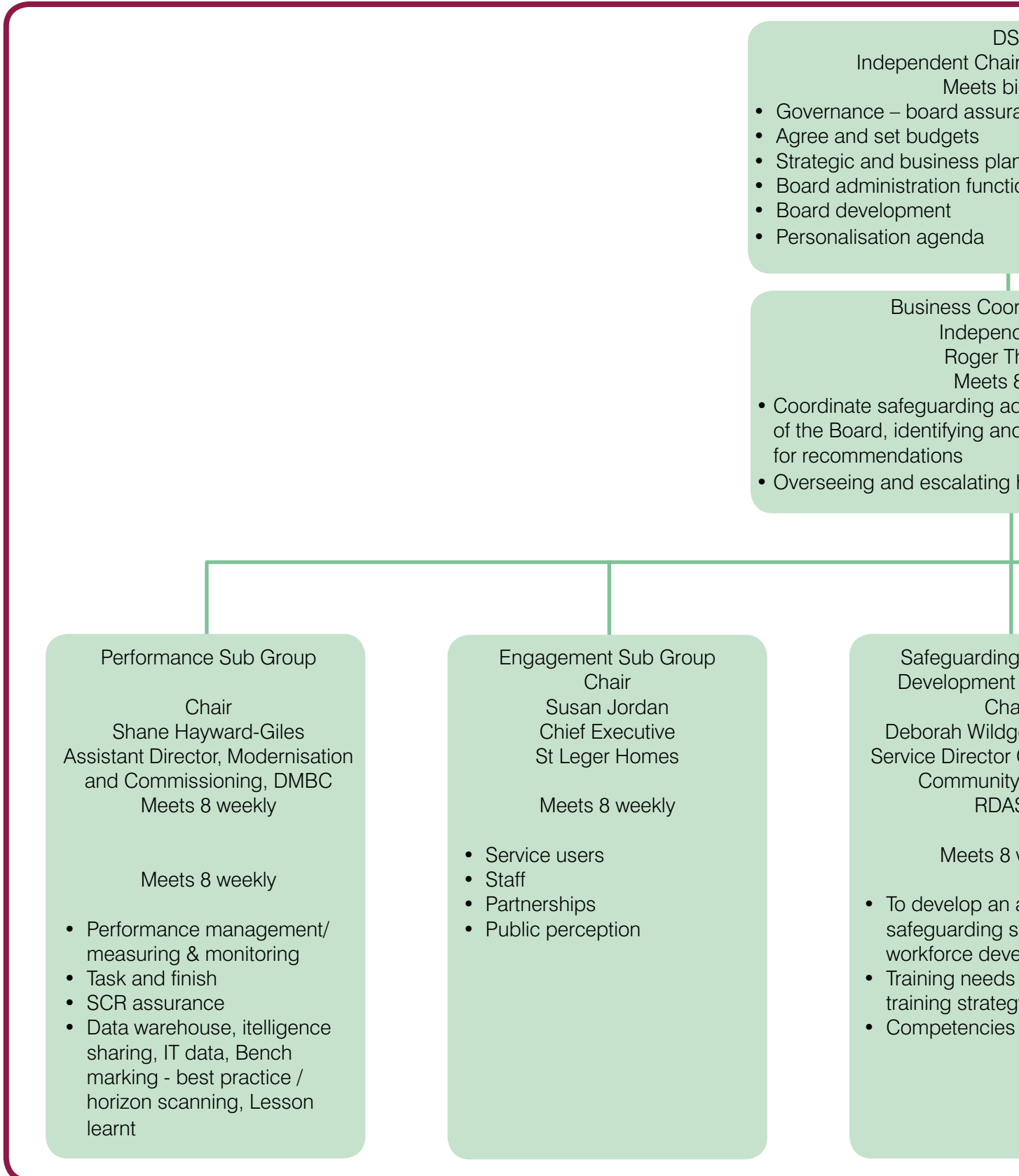
Moving forward the SAR Panel will be revising their terms of reference in line with the Care Act 2014. We will continue to manage these reviews in a robust and timely manner, strengthening our audit process to assure the Board that lessons are being learned throughout the partnership.

Pete Horner
Chair, SAR Panel
Public Protection Unit Manager, South Yorkshire Police



The Structure of Doncaster

The structure of the board is outlined below along



Safeguarding Adults Board

ing with membership and frequency of meetings.

AB
Roger Thompson
-monthly
ances of key targets
- risk and assurance
on

ordination Group
lent Chair
ompson
8 weekly
ults core business on behalf
l escalating strategic issues
high risk to Board

Workforce
Sub Group
ir
oose Deputy
Children's and
(interim)
SH
weekly
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Policy and Practice Sub Group
Co-Chairs
Deborah Oughtibridge
Deputy Director of Nursing and
Quality, DBHFT
and Pat Higgs
Assistant Director of Adults
Meets 8 weekly

- Develop local policies and procedures consistent with statute, regulations, national guidance and case law
- Contribute to review and modify, SY procedures
- Capture Best Practice/ Horizon scanning

Safeguarding Adults Review
Panel
Chair
Peter Horner, Public Protection
Unit Manager, SY Police
Meets 8 weekly

- To establish whether there are lessons to be learnt about the way in which local professionals and agencies work together to safeguard vulnerable adults
- To improve practice by acting on learning (developing best practice)
- To prepare / commission an overview report

Case Study – Phil’s Story

Phil and Tony had worked together and been friends for over 20 years. Phil is 69 years of age, has type 2 Diabetes and lives alone after the recent bereavement of his mother. After Phil’s mother died Tony became concerned as he noticed the carer of Phil’s late mother asking for money from Phil and felt uneasy about the situation.

Shortly after, Phil was persuaded by the carer to put his house up for sale in order to pay for her cancer treatment, and after a number of failed bids Phil accepted an offer of approximately quarter of its value. Tony raised his concerns with Phil on numerous occasions but the house was sold for £48,000. Tony was worried for Phil but felt powerless to intervene and decided to walk away as he felt what was happening was not right.

Six months on Phil turned up at Tony’s house; he looked in a terrible state, confused, dishevelled and unkempt. Phil asked Tony if he would take him to the bank, Tony obliged. On arrival at the bank Phil was informed that he could only withdraw £12 as he was overdrawn. Neither Phil nor Tony could understand this as the proceeds from his house should have been available.

Tony drove Phil home to a Caravan Park where he found that Phil had no food in the cupboards, no heating and a stockpile of medication. At this point Tony rang the Police for help and the Police contacted Adult Social Care Services.

“This is when things started to go good for Phil, I cannot give Social Services enough praise, they sorted Phil out with food, rent and contacted the bank.” said Tony

Social Services initiated a Safeguarding Investigation, which was led by the Police. Phil was allocated a Social Worker who worked with Phil to support and involve him through the Safeguarding process. The Social Worker contacted Tony and asked if he would also support Phil during this difficult time. Tony agreed to this and Phil became stronger.

The investigation uncovered the scale of the financial crime, which included: the monies from the sale of Phil’s house (originally valued at £180,000), the withdrawal of Phil’s benefits and pension, a bank loan and credit card bills. The case was presented at court and the carer convicted of fraud and theft, and was given four years in prison.

Phil is now comfortable in rented accommodation, he has food in the cupboards, his medication is managed properly and he has a network of friends who support him, including Tony and his wife Jean. The person responsible for the crime has been brought to justice and Phil and Tony feel a good job has been done.

The case study shows that we are involving people in safeguarding however we need to make sure this always happens, as we know from the pilot studies that this is not always the case. We will work to improve this during 2015/16 by implementing Making Safeguarding Personal.

DSAB Priorities for 2014/15

The Boards priorities for 2015/16 will focus on the remaining outstanding DSAB Strategic Objectives and review its governance and assurance framework to ensure it is Care Act compliant. This will involve a fundamental review of all policies, procedures and systems to accommodate the changes required to implement the Act. It will also require a significant change of culture to ensure Making Safeguarding Personal is embedded in practice across the partnership.



Part Two – DSAB Annual Statistical Information 2014/15

From April 2013 the SAR (Safeguarding Adults Return) replaced the AVA (Abuse of Vulnerable Adults Return) and became a mandatory requirement for all Local Authorities in England to complete and submit to the Department of Health. This annual report is aligned to 'No Secrets' 2000, however future reports will be in line with the new requirements under the Care Act 2014.

Who is a vulnerable adult?

A vulnerable adult is any person aged 18 or over who is, or may be, in need of community care services by reason of mental or other disability, age or illness and who is, or may be, unable to take care of him/herself or unable to protect him/herself from significant harm or exploitation.

What is abuse or mistreatment?

Abuse or mistreatment:

- Can be a violation of an individual's human or civil rights by another person or persons.
- May consist of a single act or repeated acts.
- Can occur in any relationship.
- May result in harm to, or serious exploitation of, the person subjected to it.
- May be physical, including hitting, slapping, punching, kicking, misuse of medication, restraint, or inappropriate sanctions.
- Could be sexual, including rape and sexual assault or sexual acts to which the person has not consented, or was pressured into consenting.
- May be psychological, including emotional abuse, threats, humiliation, intimidation, verbal abuse.
- May be financial or material, including theft, fraud, exploitation, the misuse or misappropriation of property, possessions or benefits.
- May be neglect, including neglect of medical or physical care needs, the withholding of adequate food, heat, clothing and medication or other forms of similar mistreatment.

- Can take the form of discrimination, including racist, sexist, or that based on a person's disability.
- May be institutional abuse which can take the form of neglect, poor professional practice - by way of isolated incidents which are poor or unsatisfactory - through to ill treatment or gross misconduct, resulting in the needs of the organisation/agency overriding the needs of the vulnerable person.

The Safeguarding Adults Procedures

The procedures are agreed by all agencies across the South Yorkshire region, launched initially in 2007, refreshed in 2014 and followed by all partners. Moving forward the implementation of the Care Act 2014 will influence the revision of all national, regional and local policy in relation to safeguarding adults and future annual reports will measure compliance against this legislation.

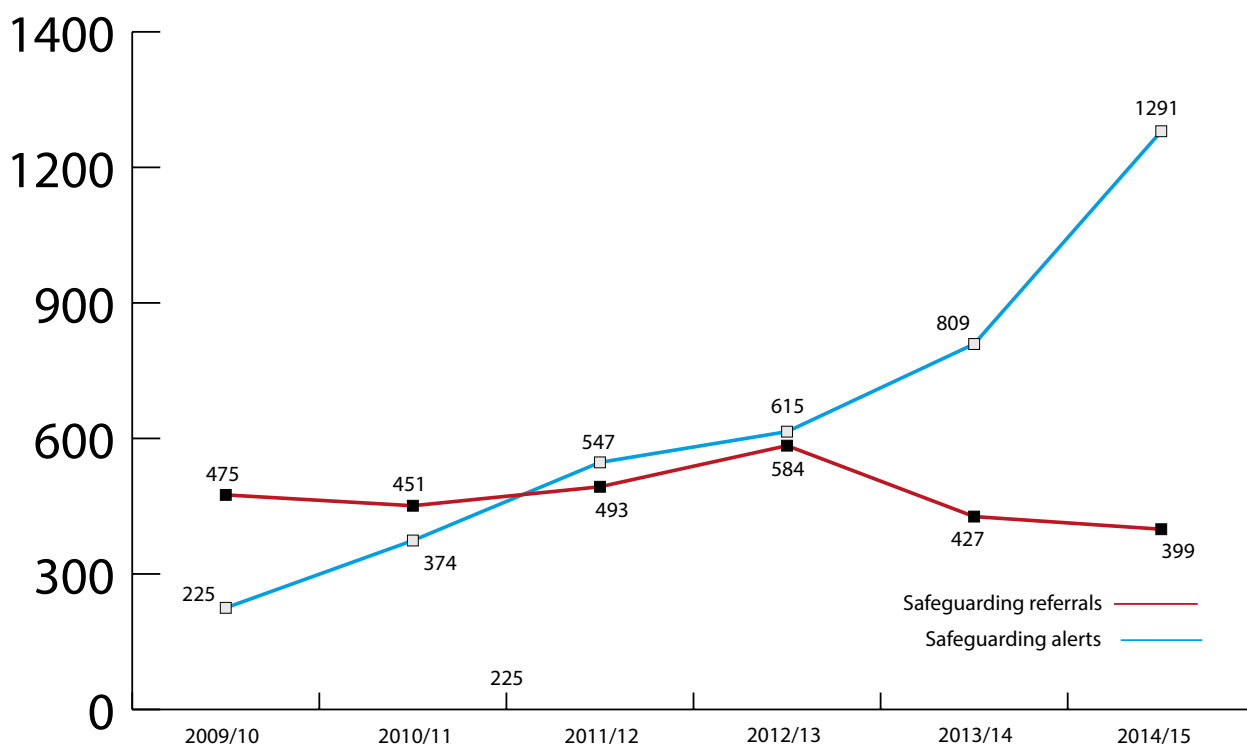
Context of data used to compile this Annual Report 2014/15

The Safeguarding Adults Return (SAR) is a simple set of data measures with a focus on outcomes for vulnerable adults. For the purpose of the annual report all data has been collected from the CareFirst client information system or the SAR returns submissions and cross tabulated for further analysis..

In Doncaster, a Safeguarding Adults alert is where a safeguarding concern is received that does not meet the threshold (using the Doncaster Safeguarding Adults Risk Assessment Matrix) for a Safeguarding Adults investigation, but may require signposting to a different service or a different response is required other than Safeguarding investigation. It is only when the threshold is met will an alert translate into Safeguarding Adults referral for investigation. Alerts are logged onto a central IT system and used to inform future contacts and professional judgement.

Number of Alerts and Referrals 2009/10 – 2014/15

2013/14	Alerts	Referrals	Total
Total	1291	399	1690



The number of alerts continues to increase year on year since 2009/10 and has risen from 809 in 2013/14 to 1291 in 2014/15 (an increase of 59.5%). In contrast the number of referrals has fallen from 427 last year to 399 (a decrease of 7%) for the year ended 31 March 2015. The overall increase suggests that we are improving awareness of safeguarding adults across Doncaster. The Keeping Safe Awareness Campaign will continue throughout 2015/16 ensuring our message reaches as many people as possible.

Referrals 2014/15

Ethnicity	Numbers of individuals for whom a safeguarding referral has been made
White	374
Mixed / Multiple	1
Asian / Asian British	4
Black / African / Caribbean / Black British	4
Other Ethnic Group	3
No Data	13
Total	399

The majority of individuals for whom referrals had been made in 2014/15 (nearly 94%) were categorised as 'White' (NB – not solely white British) as this reflects the proportion of the total population of Doncaster that are categorised as such in the latest census return (March 2011).

The Board need to improve engagement with black and minority ethnic groups. Work is ongoing in the Engagement sub group through the implementation of the Communication and Engagement Strategy to raise awareness of safeguarding adults, including those hard to reach groups to promote the recognition and reporting of abuse or potential abuse. This Board will continue to promote safeguarding adults throughout 2015/16 through the Keeping Safe Awareness Campaign using mechanisms such as awareness raising events, the Safeguarding Adults DVD, posters, leaflets and the Keeping Safe Forum.

Gender	Number of individuals for whom a safeguarding referral has been made
Male	156
Female	239
Gender Unknown	4
Total	399

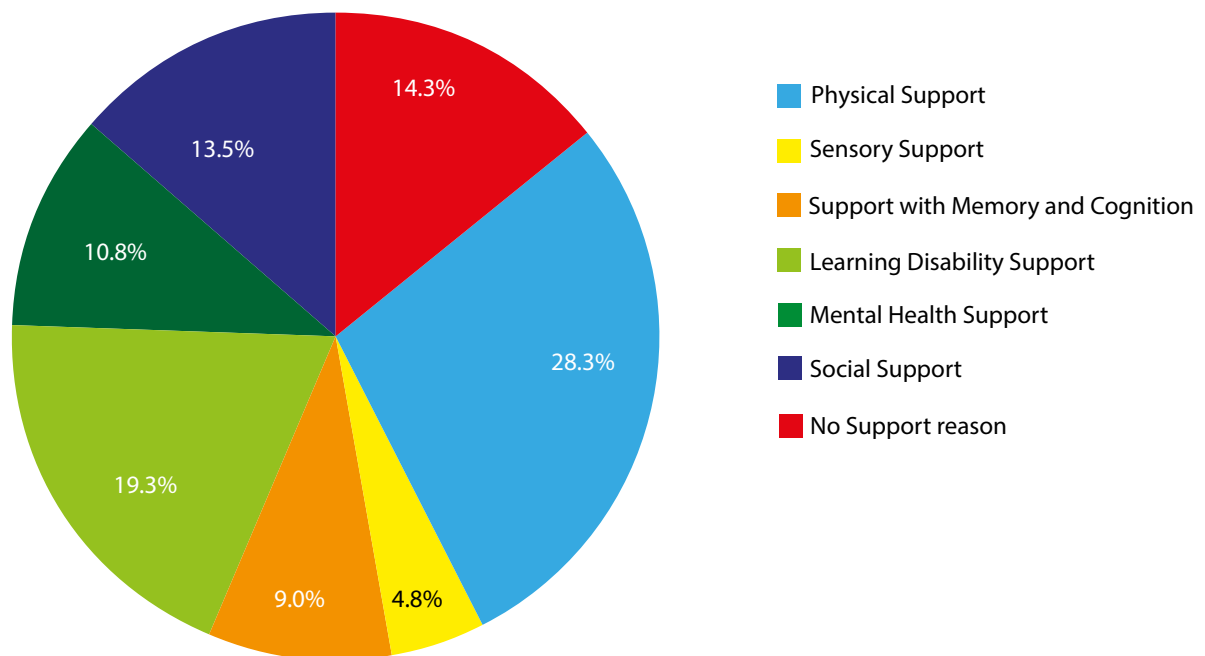
39% of all referrals made during 2014/15 were male, 60% female. This is a slight shift when compared with last year which indicated that 40% were male, however female has not changed.

Age	Number of individuals for whom a safeguarding referral has been made
18-64	150
65-74	33
75-84	88
85-94	102
95+	15
Age Unknown	11
Total	399

Over 64% of all safeguarding referrals received in 2014/15 were for individuals who were already known to the Local Authority.

By Age and Primary Support Reason							
Number of individuals for whom a safeguarding referral has been made	18-64	65-74	75-84	85-94	95+	Not Recorded	Total
Learning Disability Support	72	3	1	1	0	0	77
Mental Health Support	17	3	16	7	0	0	43
Physical Support	20	9	35	41	8	0	113
Sensory Support	5	2	3	8	1	0	19
Social Support	5	6	10	26	5	2	54
Support with Memory and Cognition	0	1	18	16	1	0	36
No Support Reason Listed	31	9	5	3	0	9	57
Total							399

Percentage of Referrals by Primary Support Reason 2014/15 (n=399)



The largest proportion of safeguarding adults referrals comes from people with physical support needs at 28.3%. This is a significant reduction when compared with the previous year's figures at 49.3%. There are a number of reasons that could contribute to the significant variance ie. the Safeguarding Adults Return has changed since last year and the reporting requirement is based on 'Primary Support Reason' in 2014/15 as opposed to 'Primary Client Group' in 2013/14. In addition the categories within this table have been split into more specific groups which were not required previously. This makes benchmarking against historical data returns difficult as the data tables are not comparable.

The previous years data captured 'Physical Disability, Frailty and Sensory Impairment' within one category and reported 49.6%. This would be better compared to 'Physical Support' (28.3%), 'Sensory Support' (4.8%) and 'Support with Memory and Cognition' (9.0%) grouped together which totals 42.1% and reduces the variance.

The second highest group is those with a learning disability support need at 19.3%. People with a learning disability are more vulnerable in situations where they may be befriending strangers or misinterpreting social situations, which exposes them to abuse or potential abuse. This is a similar figure when compared with the previous year's figures at 23.7%.

In addition Doncaster has a number of large care providers which offer placements to people with learning disabilities. This has a significant impact on the number of alerts and referrals received by Doncaster. Work is ongoing with these providers through Doncaster Clinical Commissioning Group and NHS England to strengthen assurance mechanisms where current contractual gaps exist in order to promote safeguarding adults and prevent abuse from occurring wherever possible.

The percentage of people with mental health support and social support needs ranges 10.8% to 13.5% respectively. The percentage of people with memory and cognition support needs is 9% and sensory support needs is 4.8%.

In 13.5% of referrals no support reason was identified. Further analysis will be undertaken in this area to understand the reasons for this in 2015

Alerts and Referrals by Source of Referrer 2014/15

Source of Referrer	Number
Voluntary	12
Police	74
Primary Health Care	87
Regulator	22
Relative / Family Carer	100
Community Health Care	50
Secondary Health Care	124
Social Care Staff	1054
Individual - Unknown / Stranger	31
Individual - Known but not related	28
Other private sector	41
Other Public sector	64
Not Recorded	3
Total	1690

The highest proportion of alerts and referrals (63%) were reported in by social care support staff within the private and public sector i.e. care homes, domiciliary care agencies, statutory agencies. This demonstrates a good level of education, awareness and robust reporting mechanisms across the social care sector.

15% of alerts referrals were reported in by health care staff across a range of primary care, community care and secondary health care services. Relatives and families carers reported 5%, closely followed by Police with 4%.

Moving forward this information will be used to inform the DSAB Communication and Engagement Plan to target certain groups within the Keeping Safe Awareness Campaign.

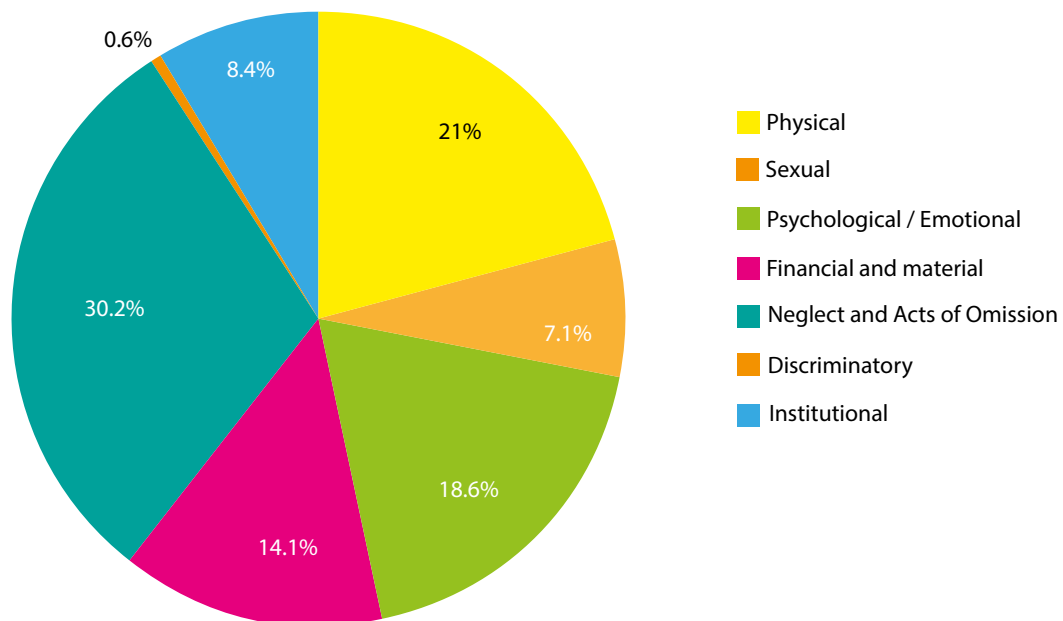


Abuse Type by Individual / Organisation believed to be Source of Risk 2014/15

NB: The total number of referrals received was 399 however it is noted that not all referrals reached conclusion therefore n=311

Individual(s) or Organisation Believed to be Source of Risk			
Type of Alleged Abuse or Risk	Social Care Support or Service paid, contracted or commissioned	Other	
		Known to Individual	Unknown / Stranger
Physical	25	36	4
Sexual	0	19	3
Psychological/ Emotional	19	35	4
Financial and Material	2	39	3
Neglect and Acts of Omission	59	29	6
Discriminatory	1	1	0
Institutional	17	7	2
Total			311

Percentage of alleged abuse type or risk for all concluded referrals 2014/15



During 2014/15 the largest category of abuse for concluded referrals was 'neglect and acts of omission' which accounted for 30.2% of the total; this has increased significantly from 2013/14 when it was reported as 18.5%. This aligns Doncaster to the national trend when comparing us to the HSCIC Safeguarding Adults Return statistics.

There are a number of reasons that could contribute to the shift;

- Raised general awareness of safeguarding adults across Doncaster
- The robust reporting and contract monitoring arrangements within the independent provider sector.

Doncaster Safeguarding services are more aware of the type, nature and number of incidents that constitute potential neglect and are recording this as neglect rather than viewing other abuse types in isolation.

When analysing incidents of ‘neglect acts of omission’ the most common location of abuse is within the Care Home sector (60.6% of concluded cases for neglect). Issues identified within these referrals relate to staffing levels, dependency of service users not assessed adequately to meet complex needs, lack of training for agency staff and a high turnover of staff within the independent sector.

‘Physical’ abuse has seen a decrease from 29.9% to 21.0% in 2014/15 when compared with last year. The implementation of the Safeguarding Adults Risk Assessment Matrix has seen a strengthened approach to robust preventative work at the point of contact which has reduced the number of physical abuse incidents going through to a formal safeguarding adult’s investigation. Doncaster is now lower than the national trend of 27% when comparing us to the HSCIC Safeguarding Adults Return statistics.

‘Financial and material’ has seen an decrease from 18.5% to 14.1%. Doncaster is lower than the national trend of 18% when comparing us to the HSCIC Safeguarding Adults Return statistics this may indicate that not all Financial Abuse is being reported/

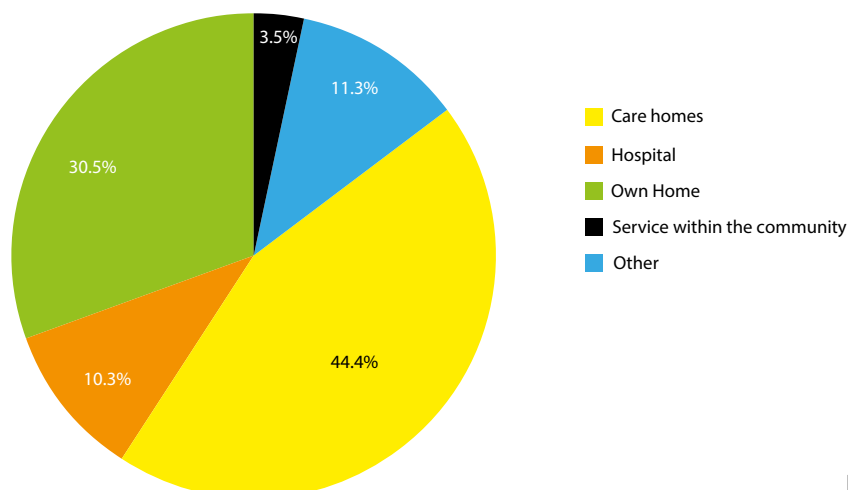
Both ‘psychological/emotional’ and ‘sexual’ abuse has remained the same 18.6% and 7.1%. Doncaster is slightly higher than the national trend which was reported as 15% for ‘psychological/emotional’ and 5% for ‘sexual’.

Location of alleged abuse 2014/15

NB: The total number of referrals received was 399 however it is noted that not all referrals reached conclusion therefore n=311

Individual(s) or Organisation Believed to be Source of Risk			
Location / Setting	Social Care Support or Service paid, contracted or commissioned	Other	
		Known to Individual	Unknown / Stranger
Care Home	93	39	6
Hospital	2	25	5
Own home	15	71	9
Service within the community	2	9	0
Other	11	22	2
Total			311

Percentage of Location of alleged abuse 2014/15 (n=311)



As with 'ethnicity' the number of categories used in the new Safeguarding Adults Return is greatly reduced compared with those previously used in the AVA.

44.4% of all cases of alleged abuse occurred in a 'Care Home' this is a 1.5% increase when comparing with last years' data, this could be due to a combination of issues, i.e. the care setting may not meet the service user's needs, there may be deterioration of the vulnerable adult's condition, or training needs of staff may not be meeting the needs of the service. In addition Care Homes in Doncaster have robust governance arrangements for raising staff awareness and reporting safeguarding incidents.

Triangulated intelligence is shared at a multi-agency weekly risk meeting which monitors and escalates themes and trends, to proactively improve quality, prevent abuse and respond appropriately and proportionately to safeguarding concerns within the independent care provider sector. This includes the Care Quality Commission, Contract Monitoring from Social care and Health Services, the Safeguarding Adults Unit and Operational Safeguarding Adults Team. This model pools a plethora of intelligence on which to inform sound and equitable decision making, also to identify and support improvements to quality. Further work will continue to develop this model to assess its effectiveness in practice during 2015/16.

The second largest category is 30.5% for alleged abuse occurring in the individuals 'own home' which is a decrease of 1.5% on last year. The Keeping Safe Campaign will continue to be rolled out throughout 2015-16 which will capture people within their own homes.

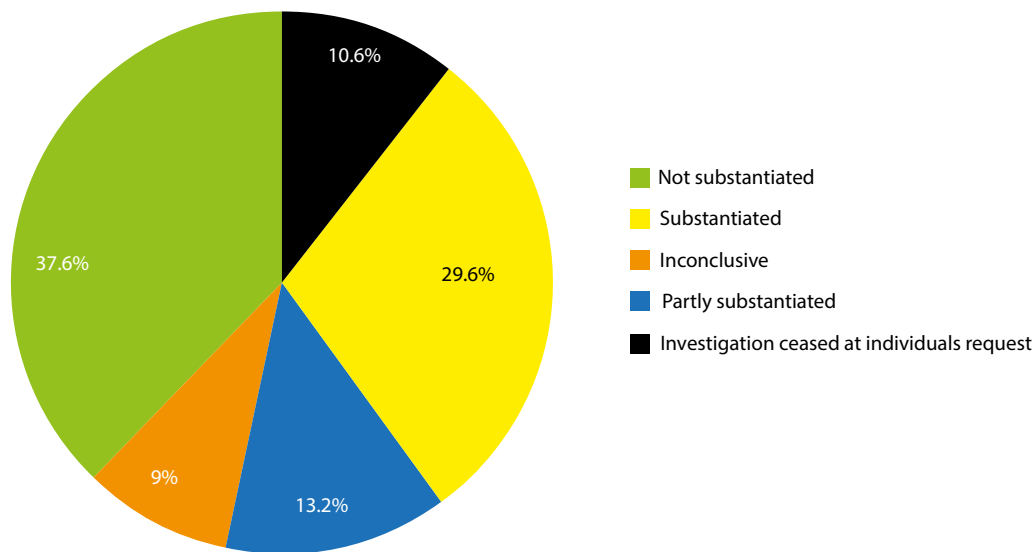
Referrals relating to abuse occurring within 'hospitals' has seen an increase from 7.8% to 10.3% this year. The low number of cases from this area is consistent with both regional and national trends, this appears to be linked to the use of more established mechanisms such as complaints, incident and serious incidents reporting.

Concluded Referrals by Conclusion 2014/15

NB: The total number of referrals received was 399 however it is noted that not all referrals reached conclusion therefore the total number is 311.

Individual(s) or Organisation Believed to be Source of Risk	
Conclusion	Social Care Support or Service paid, contracted or commissioned
Substantiated – fully	92
Substantiated – partially	41
Inconclusive	28
Not substantiated	117
Investigation ceased at individuals request	33
Total	311

Percentage of Concluded Referrals by Conclusion 2014/15 (n=311)



'Substantiated' means that all the allegations of abuse were upheld, this rests at 29.6% and is an increase of 2% on last year. Partly substantiated means that some of the allegations made were substantiated, and some were not. This increased by 6% during 2014/15. Both conclusions provides some assurance that cases are being assessed appropriately and action is being taken where abuse is substantiated.

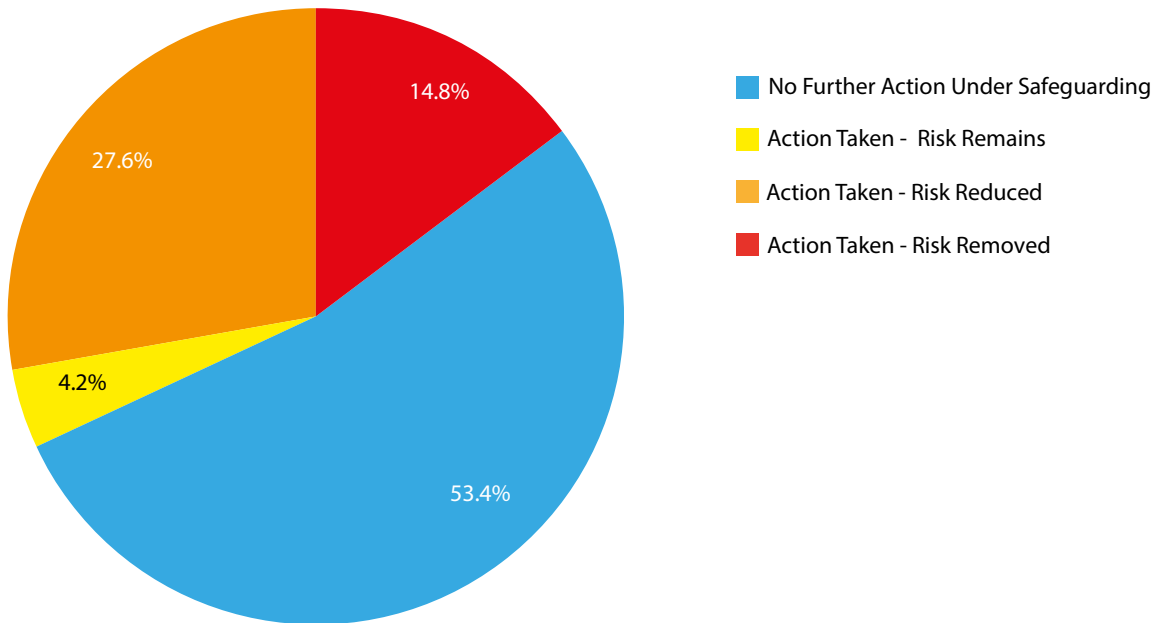
'Not substantiated', means that the allegations were unfounded, supported or disproved. Doncaster has previously had one of the highest proportions of cases in the country that were 'not substantiated' (62% in 2012/13). However there has been a significant improvement and now rests at 37.6%. This is partially due to the development and implementation of the Safeguarding Adults Risk Assessment Matrix which has had a positive impact on the number of unsubstantiated outcomes through ensuring a consistent approach to screening and early intervention, in addition there is now an option to cease the investigation at the individuals request where people have mental capacity to make that decision.

'Inconclusive' refers to cases where there is insufficient evidence to allow a conclusion to be reached. This decreased from 11% to 9% during 2014/15, demonstrating a positive shift in direction.

'Investigation ceased at the individuals' request is a new reporting category and sits at 10% for 2014/15. It may be appropriate in circumstances where the person no longer wishes to receive support through the safeguarding adults procedures, and no other person is at risk. The introduction of this option may be linked with the reduction in 'not substantiated' cases as some of these may have concluded as 'unsubstantiated'.

Continued work will take place during 2015/16 to implement the requirements of the Care Act 2014 which will refocus the safeguarding process around identifying and achieving person centred outcomes.

Action Taken and Risk Evaluation



In 53.4% of cases no further action under safeguarding was reported. On analysis of the information it is concluded that in 73% of cases where 'no further action' was identified this was due to the case being 'Not substantiated' (50%) or 'Ceased at individuals request' (23%).



Over the last 12 months action has been taken to either completely remove the risk, or reduce the risk of further abuse and neglect in 40.4% of safeguarding cases.

However in 4.2% of cases the risk was reported as remaining. Safeguarding supports people in how they choose to live their lives. As a person may decide not to accept support or to live in circumstances that place them at risk, safeguarding may not always be able to reduce the risk. For example, a person may choose to live with a family member that has abused them. However, safeguarding will always look to provide people with options, that will help the person to be safe and in control of their own life.

Mental Capacity Act – Deprivation of Liberty Safeguards

The introduction of the Mental Capacity Act 2005 and subsequent Deprivation of Liberty Safeguards 2007, which became statutory from April 2009, has had a significant impact on Councils in terms of Social Care practice and the statutory responsibility for authorising Deprivation of Liberty requests. Since this time the Council has developed and implemented robust systems and processes to ensure that the deprivation of a person's liberty is a last resort and considered to be in their best interest to safeguard them from harm.

On 19th March 2014 the interpretation of the law by the Supreme Court changed, which has had a dramatic effect on Councils nationally due to a significant increase in Deprivation of Liberty Safeguard authorisation requests with no additional resources nationally identified to meet the increased demand.

Over the period of April 2014 to end of March 2015 there have been 596 requested authorisations to deprive individuals of their liberty, this is a 555% increase on 2013/14 figures. Of these:

- 70 were requested from hospital care settings, 19 of these were authorised, 3 did not meet the criteria for a DOLS authorisation, 34 of these were cancelled before the assessment process took place and 14 of these are still awaiting outstanding without an outcome
- 526 were requested from care providers within the community, of these 254 were authorised, 14 did not meet the criteria for a DOLS authorisation, 76 of these were cancelled before the assessment process took place, and 182 of these are still outstanding without an outcome
- Of the total 596 requests for authorisation, a total of 273 were authorised.
- Of the total 596 requests for authorisation, 388 were received as urgent authorisations (new requests).
- Of the total 596 requests for authorisation, 208 were received as standard authorisations.

In response DMBC have identified resources to deal with the significant increase in DOLS requests. A programme of recruitment is planned for 2015/16 to be able to meet future demands on the organisation as a supervisory body.

Supporting People who lack Mental Capacity in Safeguarding Adults

Independent Mental Capacity Advocates (IMCA's) provide additional support and representation for people who lack mental capacity in relation to certain important decisions. Where the person lacks mental capacity and there is no representative to represent the persons wishes and views in a safeguarding case an IMCA should be sought.

In many cases relatives or friends represent the persons wishes and views, however referrals to Independent Mental Capacity Advocates are very low in Doncaster when compared nationally. Of the 311 concluded safeguarding referrals only 4 cases used an IMCA to support a vulnerable adult. This was also reflected within the findings of the case file audit.

The requirement to appoint an IMCA is embedded within the Safeguarding Adults Procedures and within the DSAPB annual training programme. The findings of the case file audit have been shared across the partnership to raise awareness of the improvements needed.

Moving forward the Care Act 2014 strengthens the need to identify person centred outcomes and the requirement for advocacy both where mental capacity is lacking and where significant support needs are identified. The Board will be working to revise its systems and processes in line with this requirement.

Further Preventative Safeguarding Activity

In some cases people do not meet the definition of a vulnerable adult or the threshold for abuse, however if left may become more serious safeguarding cases. The following table demonstrates wider multi-agency safeguarding activity undertaken to prevent such cases from escalating.

St. Leger homes Activity			
Safeguarding Single Point of Contact	2013/14	2014/15	Comments
Alerts / Cases	212	243	Increase of 35
Referrals for support identified	420	512	Increase of 92 - Referral into partner agencies have also seen a significant increase (420 in 2014 and 512 in 2015). This shows more effective partnership working and shows a benefit to our tenants of partners working together.
Domestic Abuse / MARAC	650	723	Increase of 73 - 41% (294) were repeat cases. 27% (195) linked to a St Leger Homes tenancy (some are c/o addresses for victims and not incident locations)
Sanctuary Scheme	15	39	Sanctuary Scheme is a range of security measures that contribute to increasing the safety, security and well-being of victims of domestic abuse and is part of the MARAC Risk Management Plan or Domestic Abuse Support Plan. St Leger Homes manage and arrange all works in liaison with the victim on behalf of the partnership.



Safeguarding Adults Training Overview 2014/15

Appendix 1

Safeguarding Adults Learning and Development

Multi-Agency training courses are still widely accessed with attendance high showing a continued demand for need.

With all courses now booked and monitored through the DMBC Organisational Development we are now able to view training statistics on a quarterly basis. Below are figures per quarter for the previous year for all Safeguarding Adults, MCA and DOLS courses.

Safeguarding Adults	Number Attended	MCA/DOLS	Number Attended
Quarter 1 (Apr-Jun)	223	Quarter 1 (Apr-Jun)	363
Quarter 2 (Jul-Sept)	226	Quarter 2 (Jul-Sept)	274
Quarter 3 (Oct-Dec)	280	Quarter 3 (Oct-Dec)	368
Quarter 4 (Jan-Mar)	272	Quarter 4 (Jan-Mar)	675
Total	1001		1680

For Quarter 4 for MCA/DOLS training there has been an increase in the number of courses available that reflects a rise in attendance.

A total of 2681 people received training in the last financial year either through completing the e-learning courses and/or class-room based. This is a slight increase of 0.3%.

The majority of the courses continue to be delivered by CQM who were successful in renewing their contract with DMBC. The following are list of courses that have been delivered in the previous year.

- Safeguarding Adults Basic Awareness
- Safeguarding Adults Raising Concerns
- Mental Capacity Act basic awareness
- DOLS - Introduction
- DOLS for care homes and hospitals
- Decision Making under Mental Capacity Act
- Assessing Capacity and Best Interest Decision Making

The Safeguarding Adults Learning and Development Manager also delivers the following courses:

- Safeguarding Adults Managers Training
- Safeguarding Adults Investigations Training

Additional to the above, the Learning and Development Manager has delivered Safeguarding Adults basic awareness courses to the following:

- Social work students through DMBC Social Work Development (2 sessions are delivered throughout the year).
- Stone Health Centre; a 2 hour session for CPN and admin staff.
- Presentations were also delivered to GPs at Target sessions organised by Doncaster Clinical Commissioning Group and to staff at Woodfield 24 care services.

Attendance has not increased greatly from the previous year. As anticipated numbers accessing the e-learning basic awareness course has had an impact on the number of people accessing the class-room based courses. However attendance of class-room based courses is still high reflecting the preferred learning style. The majority of those accessing the courses (basic awareness and raising concerns) have been accessed by external agencies such as care providers with 30% attendance from DMBC staff and 14% accessed by RDASH staff.

For Doncaster and Bassetlaw Hospitals NHS Foundation Trust they provide single agency training that is delivered by the Safeguarding Leads. This is also the case for St Leger who provide their own training. During 2014/15 – 473 of St Leger Homes employees completed the Safeguarding Level 1 training and this training continues to be rolled out.

The Care Act and Safeguarding Training

The Care Act 2014 guidance was made available October 2014. This has placed a significant impact on Safeguarding Adults and the training requirements. The Safeguarding Adults Learning and Development Manager and MCA/DOLS Manager have worked with CQM to update training content in line with the Care Act. The DSAB are currently reviewing its policy and procedures that will drive the content for training in terms of new definitions, language and safeguarding adults processes. From May 2015 courses will be delivered with the new material including additional courses; Safeguarding Adults within the Care Act and Judicial Deprivations of Liberty.

Quality Assurance of the Training

The DSAB Workforce Sub group have developed a Quality Assurance Proposal to monitor training and training requirements. The proposal has been piloted with the multi-agency Basic Awareness course and Raising Awareness course. The pilot ascertains whether attendees feel learning outcomes have been met and if these will be implemented in the workplace.

The Organisational Development Team are also in the process of reviewing the data they collect for all training administered. The results of these will be reviewed in line with the requirements of the Care Act and the revised Safeguarding Adults National Capability Framework to develop a quality assurance framework.

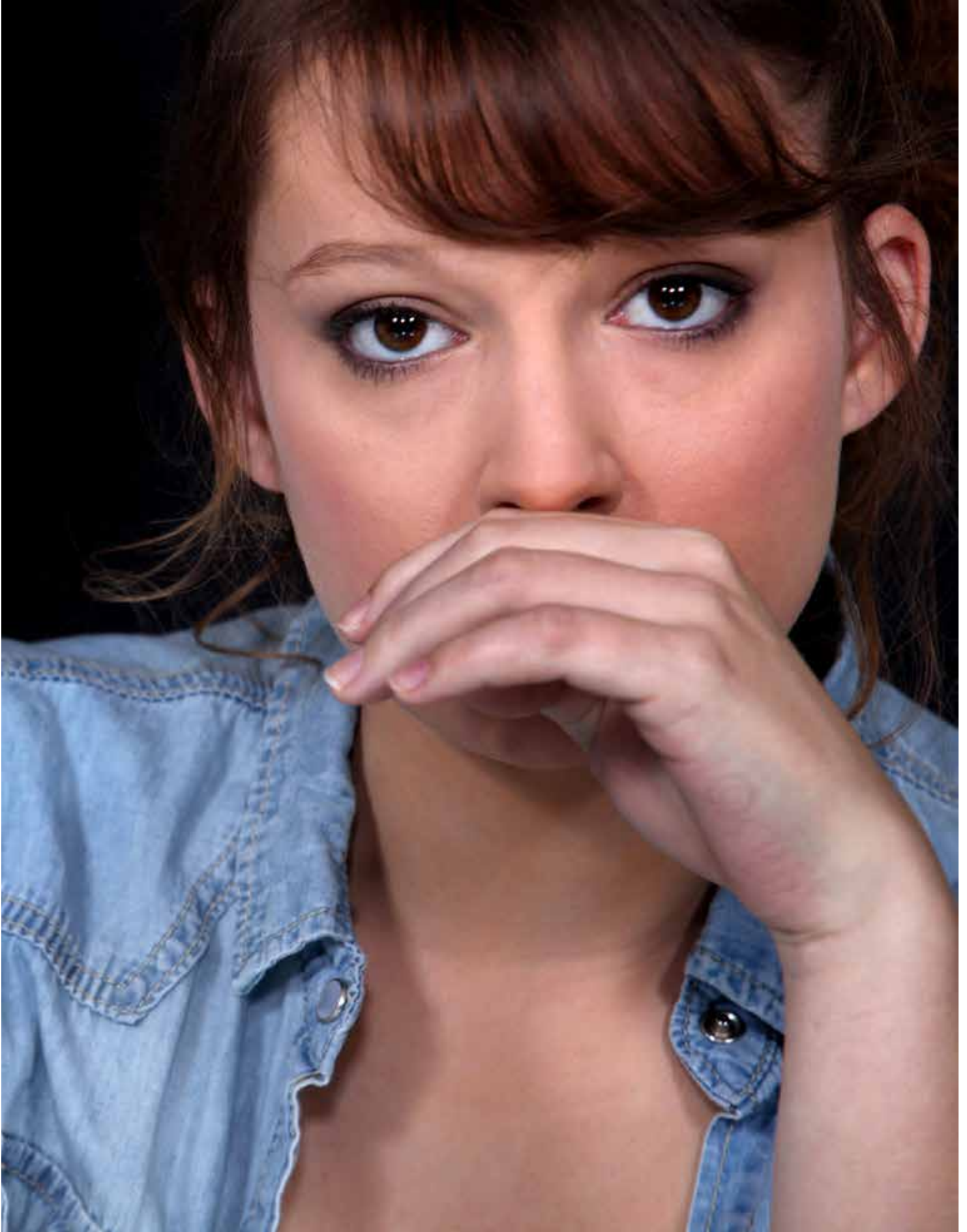
Safeguarding Adults, MCA and DOLS E-Learning

This basic awareness course is available to anyone through the DMBC website Learning Zone and all agencies are encouraged to access this to gain a basic understanding.

Learning Outcomes:

- Demonstrate awareness of what safeguarding is and your role in safeguarding adults.
- Recognise an adult potentially in need of safeguarding and take action.
- Be able to follow procedures for making a 'Safeguarding Concern'.
- Demonstrate dignity and respect when working with individuals.
- Have knowledge of policy, procedures and legislation that support Safeguarding Adults activity.

Safeguarding Adults E-Learning	Number attended
DMBC	184
RDASH	2
Care Homes/Dom Care	104
Children's	7
St.Leger	1
Voluntary Sector	5
Other	46
Total	349



Mental Capacity Act E-Learning	Number attended
DMBC	104
RDASH	4
Care Homes/Dom Care	96
Children's	5
St.Leger	1
Voluntary Sector	1
Other	53
Total	264

DoLS E-Learning	Number attended
DMBC	156
Care Homes/Dom Care	131
Children's	1
Voluntary Sector	3
Other	52
Total	343

Half Day Safeguarding Adults Multi-Agency Basic Awareness

This course is aimed at workers and volunteers who through their work may come across adults at risk of abuse. It will provide a basic understanding of the term Safeguarding Adults, who it is referring, signs of abuse and how to report any abuse.

The numbers have decreased from the previous year. There are a number of factors for this such as the increase in access to e-learning, the delivery of level 1 and level 2 training from RDASH, St legers and DBHFT.

Learning Outcomes:

- Demonstrate awareness of what Safeguarding is and your role in Safeguarding Adults
- Recognise an adult potentially in need of Safeguarding and take action
- Be able to follow procedures for making a 'Safeguarding Concern'
- Appreciate the importance of dignity and respect when working with individuals
- Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity.

Half day Safeguarding Adults Basic Awareness Course	Number attended
DMBC	107
RDASH	75
Care Homes/Dom Care	165
Doncaster and Bassetlaw Hospitals	2
Voluntary Sector	32
Student	1
Total	382

Half Day Multi-Agency – Raising Concerns

This training is for managers of services, supervisors, and staff who have responsibility within their role to refer safeguarding concerns to health and adult social care managers or the police.

Learning Outcomes

- Demonstrate awareness of Safeguarding Adults is and what your role is.
- Ensure the Making Safeguarding Personal approach is used throughout any concern reported.
- Recognise an adult at risk of abuse or neglect.
- Have knowledge of national legislation, local policy and procedures for Safeguarding Adults.
- Be able to know procedures for reporting Safeguarding Adults concerns.

Raising Concerns	Number attended
DMBC	42
RDASH	74
Care Homes/Dom Care	65
Doncaster and Bassetlaw Hospitals	2
Voluntary Sector	21
Total	204

The number of people accessing Raising Concerns training has again increased by 78% from the previous year. However at times numbers attending the course have been low and resulted in some being cancelled. A minimum number of 8 people are needed in order to run a course.

Safeguarding Adults Managers Training

The Safeguarding Manager training is aimed at managers and senior managers within statutory health and adult social care who have significant experience of working with Safeguarding Adults procedures. They have the responsibility for decision making and overseeing and co-ordinating the investigation and case conference process.

The training is delivered with support of the Operational Safeguarding Adults Team and RDASH. This has ensured that the course is multi-agency with attendees having an opportunity to ask questions and review processes within their agency (either adult social care or health).

Learning Outcomes:

- Define the roles and responsibilities of a Safeguarding Manager.
- Describe the criteria used to determine thresholds into the safeguarding processes.
- List the purpose and outcomes of a strategy meeting.
- Describe the Safeguarding Manager's role in chairing a strategy meeting.
- Describe the Safeguarding Manager's role in supervision, investigation stage and role in Case Conference.
- Apply learning to professional practice and identify personal and organisational barriers to effective practice

Multi Agency Safeguarding Manager training	Number attended
DMBC	16
RDASH	9
CCG	1
Doncaster and Bassetlaw Hospitals	2
Other	1
Total	29

Multi-Agency Safeguarding Adults Investigations

A 2 day training course for practitioners from statutory health and social care. People attending this course should be able to demonstrate experience of working within Safeguarding Adults Procedures and will have a role in investigating safeguarding referrals. One course was delivered in the financial year 2014/15 with 19 attendees.

Multi-Agency Safeguarding Adults Investigations

A 2 day training course for practitioners from statutory health and social care. People attending this course should be able to demonstrate experience of working within Safeguarding Adults Procedures and will have a role in investigating safeguarding referrals. One course was delivered in the financial year 2014/15 with 19 attendees.

Learning Outcomes:

- Describe legal and other frameworks surrounding Safeguarding Adults work.
- Outline joint organisational roles and responsibilities for investigating safeguarding concerns.
- Explain the principles, processes and best practice skills involved in undertaking investigative work.
- Describe the Safeguarding Manager's role in supervision, investigation stage and role in Case Conference.
- Apply learning to professional practice and identify personal and organisational barriers to effective practice.

South Yorkshire Working Together to Safeguard Adults

This two-day training is designed to provide practitioners from health and social care and SY Police with key information relating to Safeguarding Adults work and to explore their joint roles within it. The training is targeted at those who have an investigative role and attended by workers from all four South Yorkshire Local Authority areas. Each region is allocated 20 places.

People attending this training must have attended Safeguarding Adults Investigators training and/or demonstrate significant experience in working within Safeguarding Adults procedures.

Courses:

1st May CPD Conference – 14 Doncaster attendees

7th- 8th May Working Together Training Course - 4 Doncaster Attendees

31st July CPD Conference - 30 Doncaster Attendees

21st-22nd October Working Together training Course – 5 Doncaster Attendees

Half Day Mental Capacity Act Basic Awareness Course

This training is aimed at social and health care workers, housing officers, public health workers, police, fire and ambulance services. The aim of the course is to develop an awareness of the Mental Capacity Act and its implications.

Learning Outcomes

- Appreciate the importance of the Code of Practice

Half day Mental Capacity Act Basic Awareness Course	Number attended
DMBC	133
RDASH	27
Doncaster and Bassetlaw Hospitals	9
Care Homes / Dom Care	225
St. Leger	3
Voluntary Sector	39
Other	56
Total	492

Introduction to Deprivation of Liberty Safeguards

This course helps to identify a possible Deprivation of Liberty and appreciate responsibilities under the Deprivation of Liberty Safeguards. It is aimed Senior staff in care homes and hospitals, social workers, assessment officers, reviewing officers, CPNs, Ward Managers, Modern Matrons, contracts and commissioning officers.

Learning Outcomes:

- Explain the difference between restraint, restriction and deprivation of liberty
- Identify a possible Deprivation of Liberty
- Appreciate the process to follow if a service user is deprived of their liberty
- Consider implications for care planning, risk assessment and recording

Introduction to Deprivation of Liberty Safeguards	Number attended
DMBC	105
RDASH	2
Doncaster and Bassetlaw Hospitals	1
Care Homes/Dom Care	94
Voluntary Sector	8
Other	22
Total	232

Assessing Capacity and Best Interests Decision Making

This course refreshes existing knowledge of the statutory principles and focuses on two of the key areas of the Mental Capacity Act: assessing capacity and best interest decision making. This course considers relevant guidance in the Code of Practice, documentation to be used in Doncaster, and approaches adopted by the Court of Protection in a number of legal cases.

This course is suitable for Health and social care workers responsible for assessing capacity and making best interests decisions.

Learning Outcomes:

- Appreciate the Principles of the Mental Capacity Act
- Be able to undertake an Assessment of Capacity
- List the factors to consider when making a Best Interests Decision
- Know how and when to hold a Best Interests Meeting
- State what to do if a decision is challenged

Assessing Capacity and Best Interests Decision Making	Number attended
DMBC	67
RDASH	18
Care Homes/Dom Care	57
Children's Trust	3
Other	24
Total	169

MCA 2005 – Complex Decision Making

This course focuses on best practice when making complex decisions within the framework of the Mental Capacity Act 2005 and appreciate the requirements of the Court of Protection.

Learning Outcomes:

- Appreciate the Principles of the Mental Capacity Act
- List the factors to consider when making a best interests decision
- Consider the implications of recent case law
- Describe the key points of Lasting Powers of Attorney, Deputies and Advance Decisions
- Apply your learning to a number of scenarios
- Appreciate the requirements of the Court of Protection

Complex Decision Making	Number attended
DMBC	34
RDASH	8
Care Homes/Dom Care	27
Other	6
Total	75

Deprivation of Liberty Safeguards for Care Homes and Hospitals

Aim:

This course is aimed at Care Homes and hospital staff only. It highlights the key principles of the Mental Capacity Act (MCA), identify a possible Deprivation of Liberty (DOL) and appreciate responsibilities under the Deprivation of Liberty Safeguards (DOLS)

Learning Outcomes:

- Explain the difference between restraint, restriction and deprivation of liberty
- Identify a possible Deprivation of Liberty
- Appreciate the process to follow if a service user is deprived of their liberty
- Identify the correct Supervisory Body
- Describe the purposes of the main forms
- Apply learning to different scenarios

Deprivation of Liberty Safeguards for Care Homes and Hospitals	Number attended
DMBC	42
RDASH	27
Care Homes/Dom Care	26
Other Hospital	4
Voluntary Sector	5
Total	104

Overall Summary of Multi-agency Training Programme

Demand for Multi-agency training in Safeguarding is increasing more every year and with the changes expected from the Care Act, there will be an even greater demand.

The Safeguarding Learning and Development Manager will develop a training programme that will reflect the needs of the workforce in line with the Care Act. This will mean an increase in training courses for at least for the next 2 years.

There will also be a requirement to update existing training in line with agreed procedures and policies as they are developed.

The current training continues to evaluate well. However there is a need to measure how the training is used within roles and whether learning outcomes are achieved. The Doncaster Safeguarding Adult Board's, Workforce Sub Group are reviewing the National Safeguarding Adults Capability Framework to ensure that it is Care Act compliant and simple enough for employers to use to measure the competency of its workforce within Safeguarding. It will also allow the identification of training needs and recording of competencies.

Single Agency Training

Doncaster Clinical Commissioning Group

Safeguarding Training sits in the mandatory training requirements for the Clinical Commissioning Group and is required on an annual basis or induction by all Clinical Commissioning Group staff.

General Practitioners and Practice nurses

Safeguarding training that has included updates in relation to Domestic Abuse has been delivered through the GP protected learning sessions that are attended by GP practices in Doncaster. These sessions were supported by the Local Authority Safeguarding Adults Unit and also the Local Authority Domestic Abuse team. Attendance was high at all sessions with positive feedback around the training.

Doncaster Clinical Commissioning Group have delivered 'PREVENT' (Anti-Radicalisation) Training' to the following staff in primary care over a number of sessions during 2014/15;

- 149 General Practitioners
- 103 Practice Nurses
- 166 General Practice staff

Further sessions are planned for May 2015 to include the Mental Capacity Act and Deprivation of Liberty Safeguards, an update in relation to services provided for victims and perpetrators of Domestic Abuse and also an update and training in relation to the PREVENT agenda.

St Leger Homes Safeguarding Training

St Leger Homes has a rolling programme of Safeguarding Level 1 Training which is mandatory for all staff members. During 2014/15;

- 336 participated in 7 classroom based safeguarding training programmes
- 137 completed the safeguarding training via e-Learning.

This represents 62% of St Leger Homes workforce.

Rotherham Doncaster and South Humber NHS Foundation Trust

During 2014-15 RDASH delivered Safeguarding Adults Investigator refresher training to 75 members and Safeguarding Adults Manager training to 12 members of staff. In addition to this, 3684 (98%) members of RDASH staff have been provided with a booklet in line with Level 1 – Safeguarding Adults basic awareness training during 2014/15 to raise awareness within the Trust.

Doncaster and Bassetlaw Hospital Foundation Trust

Doncaster and Bassetlaw Hospital Foundation Trust (DBHFT) have developed a new Safeguarding Training Programme which commenced in February 2015. This comprises of a full day training at level 2 for 'Clinical' staff/staff who deliver direct patient care and a 2-hour session for other staff. A range of topics is covered including Safeguarding Adults and Children, Mental Capacity Act and Deprivation of Liberty, Female Genital Mutilation, Domestic Abuse and Prevent.

South Yorkshire Fire and Rescue Service

South Yorkshire Fire and Rescue Service have delivered safeguarding introductory sessions to 22 volunteers and safeguarding refresher training to a further 108 staff members consisting of Community Safety Officers, Fire Authority Members / Stakeholder Engagement Board and Operation Crews during 2014/15.

Appendix 3 Funding

Partner Agency Contributions For 2014/15

DMBC – (Adult Social Care)	£207,400
CCG (including funding of Independent Chair)	£106,180
Other Generated Income	£-0
Total income	£323,580
Total Spend	£292,589
Underspend	£20,991
Carried forward from 13/14	£46,766
Total Spend in 14/15	£20,913
Underspend	£25,853
Carry forward to 15/16	£46,844

Appendix 4

Attendance Monitoring DSAB and Sub Groups April 2014 - March 2015

Board Attendance – 6 meetings held

Service	Attendance
Independent Chair	100%
DMBC	100%
SYP	100%
DCCG	100%
SAU	100%
HMPS	33%
RDASH	100%
DBHFT	100%
SYF&R	17%
SLHD	100%
NHS England	83%

Business Coordination Group – 4 meetings held

Service	Attendance
Independent Chair	100%
DMBC	50%
SYP	75%
DCCG	100%
SAU	100%
RDASH	50%
DBHFT	100%
SLHD	25%

Engagement sub group attendance - 7 meetings held

Service	Attendance
Chair	86%
DMBC	86%
SYP	14%
DCCG	43%
SAU	100%
RDASH	100%
SYF&R	43%
SLHD	86%
Doncaster Advocacy	29%
Public Health	57%

Performance sub group - 5 meetings held

Service	Attendance
Chair	0%
DMBC Care Management	80%
SYP	60%
DMBC Performance	80%
DCCG	100%
SAU	100%
RDASH	100%
DBHFT	100%

*RDASH and DBHFT only became members in December 2014

Policy and Procedure sub group – 6 meetings held

Service	Attendance
Chair	100%
SYP	100%
DCCG	100%
SAU	100%
RDASH	100%
DBHFT	100%
SLHD	100%
DMBC Adult Services Area Team	100%
SY Probation	100%

Joint Policy and Practice sub group - 1 meeting held

Service	Attendance
Chair	100%
DMBC Care Management	33%
SYP	67%
DCCG	67%
SYF&R	0%
SAU	100%
RDASH	50%
DBHFT	100%
SLHD	67%

Practice sub group – 5 meetings held

Service	Attendance
Chair	80%
SYP	100%
DCCG	60%
SYF&R	40%
SAU	100%
RDASH	20%
DBHFT	80%
SLHD	40%
DMBC Adult Services Area Team	60%
DMBC Operational Safeguarding Adults Team	100%
DMBC MCA DoLS Team	60%
DMBC Contrats	0%
DMBC Legal	0%

Safeguarding Adults Review Panel – 7 meetings held

Service	Attendance
Chair	86%
DMBC	50%
SYP	86%
DCCG	100%
SAU	100%
RDASH	71%
DBHFT	100%

Workforce sub group – 5 meetings held

Service	Attendance
Chair	60%
DMBC	60%
SYP	0%
DCCG	40%
SAU	100%
RDASH	60%
DBHFT	20%
SLHD	60%

Doncaster Safeguarding Adults Board Strategy

Vision

“Working together to safeguard vulnerable adults in Doncaster and respect, and empowering them to take charge of their lives”

Strategic Objective

SO1. To review the constitution of the DSAPB in line with current legislation, statutory guidance, national and local priorities to safeguard adults at risk across Doncaster.

SO2. To deliver the DSAPB Strategy through a Performance Framework, holding agencies to account and embedding lessons learned through robust governance and quality assurance processes.

Key Deliverables

- 1.1 Embed South Yorkshire Procedures across Doncaster through the development and roll out of a formal launch.
- 1.2 Revise the Board constitution to reflect the DSAPBs relationship with other Partnerships
- 1.3 Engage with Prison Services to understand the needs of the prison population with a view to embedding safeguarding.
- 1.4 Develop Process for Overarching Safeguarding Cases.
- 1.5 To revise the Memorandum of Understanding with CQC to clarify role and responsibilities across the multi-agency partnership to safeguard adults at risk
- 1.6 Embed Joint Safeguarding Multi-agency Capability Framework in practice across the partnership.
- 1.7 To review Doncaster Safeguarding Adults Policy and Procedures every 3 years
- 1.8 Develop Multi-agency training quality assurance process.

- 2.1 To review agencies and board substructure to ensure it is fit for purpose
- 2.2 To review multi-agency representation at Board to safeguard adults at risk
- 2.3 Revise the Board Strategic plan 2013-16 in line with emerging guidance / legislation
- 2.4 Ensure robust work plan governance is in place to deliver the strategic plan and inform Board of progress
- 2.5 Ensure robust governance in place to assure the Board that actions from SCR/LLRs are being implemented
- 2.6 Ensure robust risk management processes are in place (risk register) to identify, mitigate and inform the Board about risk in relation to achieving the Board's strategy
- 2.7 To produce an Annual Report that provides clear, accessible information for the public and agencies detailing the work and progress
- 2.8 To undertake a rolling programme of audit to provide assurance on:
 - Process and quality measures
 - Quality assure appropriateness of referrals
 - Implementation of actions to improve practice
- 2.9 To produce a quarterly report that collates a dashboard of information relating to;
 - Performance, outcome, process and quality measures, themes and trends

Success Indicators

- DSAPB ensures high quality, effective and up to date policies, procedures and guidance is accessible and embedded in practice across the Partnership
- Updated Board constitution with an emphasis on positive challenge
- Risk Management Framework for adults at risk
- Systematic and transparent approach to Serious Case and Lessons Learned Reviews
- The DSAPB receives assurance that the Safeguarding work force have the skills and competence to deliver a full range of social and legal interventions.

- DSAPB membership ensures the right agencies and right managerial level are members of the Board and are held to account for their agencies engagement and attendance at the Board and sub group meetings
- The Board will be fit for purpose to deliver the strategic plan through its structure, robust governance arrangements and multi-agency representation
- Through its annual report the DSAPB provides a clear and transparent assessment of performance and the effectiveness of local services, including lessons learned from Serious Case reviews.
- The Board is able to make strategic decisions based on information it receives
- Safeguarding practice continues to improve

The Strategic objectives have been aligned to sub groups for accountability purposes, however it is recognised that the strategy also has a number of cross-cutting aims where a

Strategic Objectives 2013 - 16 - Revised 10.6.14

“Empower and prevent abuse, enabling them to live safely with dignity and make their own decisions about their own safety and wellbeing.”

SO3. To develop a Safeguarding Adults Preventative Strategy that empowers adults at risk to protect themselves from abuse, supporting communities and people through effective risk management in personalisation of their care.

- 3.1 Develop a Safeguarding Adults Preventative Strategy that outlines Doncaster’s approach to preventing adults at risk from abuse to include;
 - Board’s responsibility for self-neglect to inform management of adults at risk (VARMM) to inform Strategy
 - Proposed model to manage adults at risk through reportable concerns (low level concerns)
- 3.2 Implement Making Safeguarding Personal across the multi-agency partnership
- 3.3 Implement Safeguarding Adults Communication Plan
- 3.4 Embed a consistent approach to assessing mental capacity across partnership through assurance;
 - sign up to MCA Joint Agency Agreement
 - formal launch of MCA1,2,3 forms across multi-agency partnership
- 3.5 To develop user satisfaction feedback mechanism

- Clear approach to preventing abuse in Doncaster and how it intends to do this.
- Personalisation embedded in the Safeguarding Adults process to support and empower adults at risk
- Effective engagement with the population of Doncaster
- Raised awareness of Safeguarding Adults, preventing abuse and reporting
- Increased alerts and referrals from hard to reach groups
- Assurance a consistent approach to the Mental Capacity Act 2005 embedded across multi-agency partnership
- Outcome measures in place and embedded in performance framework

SO4. To review the needs of adults at risk with due regard to economic, social and legislative changes regarding factors such as social issues, criminal behaviour, mental and physical health and wellbeing, with a view to improving / shaping services to better meet their needs.

- 4.1 Engage with JSNA process to identify and assess the needs of adults at risk to prevent abuse across Doncaster.
- 4.2 Assess the impact of legislation and statutory guidance providing regular updates to Board

- Increased knowledge of the needs of Doncaster population to inform future service development
- Board able to make strategic decisions in relation to emerging legislative and statutory guidance.
- Service design is based on local need.

Appendix 5

Doncaster Safeguarding Adults Board Strategic Objectives 2013-16

Strategic objectives are cross cutting and interrelated therefore sub groups will be required to contribute to other strategic objectives where appropriate.

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To the Chair and Members of the Health and Adult Social Care Scrutiny Panel

Health on the High Street

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight Cabinet Member for Public Health and Well-being	All	No

EXECUTIVE SUMMARY

1. This report is to highlight the importance of the role that the High Street can have on the health and wellbeing of Doncaster residents. A report by the Royal Society of Public Health (RSoPH) in 2015 ranked Doncaster in the top 25% of healthiest retail areas but also provided recommendations on how the High Street has an important role to play in supporting the public's health.
2. This report uses the RSoPH document as a basis to map the existing work that is taking place to address the negative aspects of some business activities but also on the positive health promoting aspects that we can encourage (see appendix 1).

EXEMPT REPORT

3. There is no exempt information contained in this report.

RECOMMENDATIONS

4. Based on the information provided by the RSoPH and the existing work taking place the panel is asked:-
 - a. To take note of the existing work of licensing, environmental health, trading standards and public health to address business activities that may be detrimental to health (Appendix 1).
 - b. Support future work to ensure that health is integral in the policies of the Council including Doncaster's emerging local plan
 - c. Support work with local businesses to create opportunities for health promotion activities.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

5. Creating Doncaster as a healthy place to live, work and play is vital if we wish to improve the health and wellbeing of our residents. The high street can have a role to play in supporting our residents to lead healthy lives in relation to the design of the environment and the businesses that are placed there.
6. In Doncaster, life expectancy for both men and women is lower than the England average and within the borough there are clear inequalities. Life expectancy is 9.4 years lower for men and 6.3 years lower for women in the most deprived areas of Doncaster than in the least deprived areas (Health Profile for Doncaster 2014, APHO).
7. There are 22.8% of over 18's who smoke in Doncaster which compares poorly to the national average of 18%.
8. Alcohol related admissions to hospital have increased over the last few years and are now significantly higher than the national average.
9. Overweight and obese adults are a significant issue with 74.8% of adults in Doncaster carrying excess weight (overweight or obese) resulting in Doncaster having the 2nd highest rate in England (Active People Survey, 2014).
10. The costs of physical inactivity are significant to Doncaster an estimation of the total cost of physical inactivity to the economy including treating diseases and sickness absence being £21,434,207 (Turning the Tide of Inactivity, 2014).
11. Loneliness affects many residents especially those that are older or more vulnerable and we have 40-45% of Doncaster carers feeling that they are socially isolated.
12. Healthy high streets can provide opportunities to meet friends, support communities and meet the needs of local people by connecting people and being a place for people to meet.
13. With the health and wellbeing challenges that we face in Doncaster it is imperative that health is a key priority and taken into account in all aspects of policies and work that relate to the environment where Doncaster residents live, work and play.

BACKGROUND

14. The Royal Society of Public Health published their report "Health on the High Street" in 2015. It was written in light of the negative changes that have happened to some high streets in the country owing to the rise of out of town and internet shopping and the economic downturn.
15. The report places importance on the high street as an important part of vibrant communities and that they have an important role to play in supporting the public's health. Unfortunately high streets can be home to business activities that may undermine and harm the public's health such as fast food restaurants, bookmakers and tanning salons.

16. The report researched the positive and negative impact that businesses on the high street can have from the public's health. They reviewed evidence as well as using input from public and expert opinions to develop a table of the best and worst businesses in relation to health promotion.

Most health promoting	Least health promoting
Health services	Tanning shops
Pharmacies	Fast food takeaways
Leisure centres/health clubs	Bookmakers
Libraries	Payday lenders
Museum and art galleries	
Pubs and bars	

17. They used this alongside a scoring system based on to what extent these businesses:-

- Encourage healthy lifestyle choices
- Promote social interaction
- Allow greater access to health care services and/or health advice
- Promote mental wellbeing.

18. The report authors used desk based research in 70 of the largest towns and cities to provide a ranking of the unhealthiest retail areas. This highlighted that the 10 unhealthiest retail areas are situated in some of the areas with the worst health outcomes. Doncaster was ranked **in the top 25% healthiest retail areas.**

19. The area used for Doncaster is unknown and the information was requested from the RoSPH but unfortunately they were unable to provide the specific location but they do not have access to the data that they used in the report.

20. It is worth noting with this survey the definition of least and most health promoting. The scoring was on the basis of several factors, including 'promoting social interaction' and 'promoting mental well-being' – it could be argued that whilst we recognise the dangers of out of control gambling and the effect this has on personal economy and wellbeing, it also provides opportunity for social interaction that would otherwise not take place. Alternatively pubs and bars provide social interaction but in some cases where there is proliferation and discount bar promotions which encourage irresponsible drinking behaviour can contribute to unhealthy behaviours.

21. Therefore it is advised that future work using this approach must consider areas individually based on the specific characteristic of that community and residents.

OPTIONS CONSIDERED

22. It is recognised that the influence that planning and environmental functions can have on improving health and wellbeing and reducing inequalities. There are a number of opportunities to strengthen joint working between Public Health and Environment & Regeneration.

- Build on the existing good work that has already taken place and

consider further ways that Public Health and Environment & Regeneration can work closely together on shared priorities and areas of focus.

- Provide dedicated Public Health Officer resource to provide support and expertise on the evidence based approaches to creating Doncaster as a healthy place to live.
- Through the development of Doncaster’s Local Plan, review how to update and improve planning policy controls over health issues such as betting shops, payday lenders as well location of development, creating accessible & safe places, community interaction, green infrastructure in order to create healthy inclusive communities.
- Investigate the development of Supplementary Planning Guidance on Creating a Healthy Environment for Doncaster’s Local Plan so that it includes some of the principles in the RSoPH report as well as addressing wider health and wellbeing issues.

REASONS FOR RECOMMENDED OPTION

23. Effective joint working will enable health and planning colleagues to integrate their joint priorities and influence wider partners such as developers and the private sector.

IMPACT ON THE COUNCIL’S KEY OUTCOMES

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster’s vital services</i> 	<p>Designing attractive places can create strong economic benefits with more walkable high streets having increased footfall and trade.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Healthy high streets can provide residents with healthy choices, be a place to meet people and provide health promoting services.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our</i> 	<p>Designing attractive high street environments that are accessible easily by walking and cycling encourage residents to visit and support local businesses.</p> <p>Well designed and maintained high</p>

	<p><i>Communities</i></p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Bringing down the cost of living</i> 	streets can be the heart of the community providing opportunities for interaction helping reduce social isolation for some residents.
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	Council services are modern and value for money.	
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

24. Health outcomes in Doncaster are improving but are significantly worse than the national average. There are many risks associated with not providing an environment that makes healthy choices, easy choices, which can contribute to a reliance on health and social care services and impact on overall health and wellbeing.

LEGAL IMPLICATIONS

25. There are no significant implications associated with this report

FINANCIAL IMPLICATIONS

26. There are no significant implications associated with this report

HUMAN RESOURCES IMPLICATIONS

27. There are no significant implications associated with this report.

TECHNOLOGY IMPLICATIONS

28. There are no significant implications associated with this report

EQUALITY IMPLICATIONS

29. There are no known implications at this time.

CONSULTATION

Officers

30. The Health on the High Street report has been discussed with colleagues from Licensing, Development Control, Environmental Health and Public Health. Information has been provided by colleagues to populate the mapping of existing work.

Members

31. The portfolio holder for Public Health has been briefed on the recommendations proposed in this paper.

BACKGROUND PAPERS

32. Royal Society for Public Health (2015) Health on the High Street. London.
<https://www.rsph.org.uk/en/about-us/latest-news/press-releases/press-release1.cfm/pid/792B0BEF-F0FF-4349-B34BB5E5041A2D17>

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Appendix 1: Health on the High Street – Mapping of activity in Doncaster


The table below outlines areas of work that supports our high streets in Doncaster to be health promoting and to mitigate business activity that can have detrimental effects on our health. The template is based upon those businesses considered to be the least health promoting and the specific recommendations by the Royal Society of Public Health report “Health on the High Street”. A number of the recommendations made by the RSoPH are aimed at central government policy. Other examples of local work have also been included that may support high streets to become more health promoting.

All premises			
	RSPH Recommendation	Examples of Local Doncaster Action	
1	A limit on the proportion of each type of business on a high street to avoid saturation and provide affordable choice (in particular fast food outlets).	DMBC Public Health Intelligence team have been doing a piece of work to map childhood obesity by community to distribution of fast food outlets with the aim to inform future action.	
2	For planning controls to prevent the proliferation of betting shops, payday lenders and fast food outlets	<p>Planning policies are in place that restrict the number of non-retail uses such as fast food and betting outlets within existing town centres. Non-retail uses must not detract from the character and vitality of the shopping street or create an unacceptable length of non-retail frontage. In addition, proposals that are likely to create or aggravate environment, amenity, traffic or parking problems and are inappropriate in scale and type to the centre will not be permitted.</p> <p>The emerging Local Plan will review how to update and improve planning policy controls over health issues such as betting shops, payday lenders as well location of development, creating accessible & safe</p>	

		<p>places, community interaction, green infrastructure in order to create healthy inclusive communities.</p> <p>Conditions are imposed on planning permissions, where necessary, to restrict opening hours and prevent the use of premises as hot-food-takeaways. Hot-food-take-aways are only permitted in existing centres, employment areas and existing retail parks</p>	
3	Include health as a condition for licensing of all types of businesses	Changes to the licensing objectives require national government action. In Doncaster, there has been the use of Cumulative Impact Policy in a number of streets in the Town Centre in relation to premises selling alcohol. Doncaster is not going to support the deregulation of late night fast food outlets enabling licensing to have the ability to monitor these establishments.	
4	For legislation that allows local councils to set their own differential business rates	If this power becomes available to local councils this could allow favourable business rates to be applied to those businesses that are deemed to be health promoting.	
5	Greater promotion of healthy products within shops	Obesity OBA plan aims to work with local organisations to increase access to healthier food.	
6	Encourage retailers to change the positioning of unhealthy snack foods, such as sweets and chocolates, away from checkouts and queuing areas	A recommendation for government to ban the positioning of unhealthy food items next to checkouts and queuing areas.	
7	Encourage shops to move e-cigarettes from next to checkouts	This is a call on government to ban the positioning of e-cigarettes next to all checkouts to prevent the normalisation of their use.	

		Doncaster has a targeted e cigarette project including advisory inspections regarding new underage sales requirements and sampling for product safety.	
Bookmakers, payday lenders and pawn brokers			
8	High street businesses to signpost customers to a wide range of support charities.	In Doncaster, we have provided GP surgeries with information on the impact that gambling can have on individual's lives. Recent mapping has identified that there is no correlation between the locations of gambling establishments and areas of high deprivation, but that they are where there are a lot of shops. The Senet Group (promote responsible gambling standards) has promoted gambling addiction services throughout GP practices in Doncaster.	
9	Bookmakers to halve the maximum stake on fixed odds betting terminals (FOBTs) from £100 to £50	This is a recommendation for government action.	
10	Introduction of cigarette-style health warnings	This is a recommendation for government to ensure there are clearly displayed warnings of the health risks to gambling and debt. The association between severe debt and mental health is well-established.	
Tanning Salons			
11	Encourage tanning salons to switch from sunbeds to offering spray tans		
12	Unmanned tanning salons to be banned in England and the use of safety goggles enforced for all sunbed users	This is a call on the government. In Doncaster, there are 40 sunbed salons and no known unmanned tanning salons. Visits by DMBC are via requests from the premises or if there has been a complaint. Information on the operation of these salons is limited.	

	Premises encouraged to comply with legislative controls on radiation levels , product safety and underage sales	All premises advised of the legislative changes in radiation limits for these products, the authority is in the process of visiting these premises to gauge compliance and take appropriate enforcement action to gain compliance.	
Fast Food Outlets			
13	Fast food outlets encouraged to control portion sizes, adopt healthier cooking methods and improve the health environment they provide	<p>Obesity OBA plan aims to work with local organisations to increase access to healthier fast food outlets, as yet I am aware of no work with local outlets, however, this is a possibility in the future.</p> <p>Doncaster participated in the healthier catering advice pilot for Italian Restaurants and pizza takeaways and for the reduction in trans fats (2013) - the 2 pilots never developed into a full initiative but the info is still available for use – see embedded files</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Italian restaurant tips v3.doc </div> <div style="text-align: center;">  Pizza takeaway tips v3.doc </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  Tips on artificial trans fats - for testing with </div> <div style="text-align: center;">  Tips on artificial trans fats - Additional infor </div> </div>	
14	Mandatory food hygiene ratings and calorie and nutrition labelling for fast food outlets	RSPH recommend that the English government make it mandatory to display food hygiene ratings and for fast food outlets to provide clear nutritional information.	
Premises Licensed to Sell Alcohol			

15	For tighter controls on the numbers of premises licensed to sell alcohol in already saturated areas	 Model CIP for Doncsater.pdf Doncaster is one of 20 pilot areas under the Local Alcohol Action Areas. This report outlines the evidence to assess the feasibility of a CIP outside of the town centre for off licenced premises. The Licensing Policy Statement is currently under review with a new policy to be in place by January 2016. It is looking likely that the CIP in the town centre will be retained with the addition of 2 extra streets and new CIP areas will be introduced for part of Wheatley and Bawtry. (TBC 26/11/15). If adopted in their current form these CIPs will apply to all licensed premises including alcohol and late night refreshment premises.	
	Control of the premises that have already have licences	Intelligence lead inspection programme tacking counterfeit and illicit sales including the use of responsible authority powers to review and possibly revoke premise licences	
Other aspects that impact on a health promoting high street (these areas are mentioned in the RSoPH report but not in their recommendations)			
	Legal Highs		
	The authority has a zero tolerance to sales of these products and the premises that sell them.	Seizure of offending product where evidence of the unsafe nature of the products is found. Forfeiture proceedings where products are analysed as being psychoactive and unsafe/dangerous under product safety legislation. Guidance to any retailer on the new legislative requirements that are proposed to be in place	

		in April 2016	
	Illegal/counterfeit tobacco & alcohol		
	Outlets selling these products are encouraged to comply with legislative controls on tobacco and Nicotine control.	Intelligence lead enforcement programme tackling illicit and counterfeit tobacco sales. Intelligence lead programme of underage sales enforcement. Including the use of Tobacco banning orders where required Review of compliance with the Tobacco advertising and Promotion at small retail premises. Targeted e cigarette project including advisory inspections regarding new underage sales requirements and sampling for product safety. Partnership Education programme (Fakes cause fires) targeted at fake/illicit tobacco and electrical goods and the increased risk of fire.	
	Underage sales		
	Premises selling products with age restriction	See alcohol, Tobacco/Nicotine products sunbed entries.	
	Good Urban design		
	Good urban design principles can make a high street attractive and enable residents feels safe as well as encouraging active travel and a place for social interaction.	The Doncaster Core Strategy encourages good urban design via policy CS14. This is supported by detailed guidance in the Development Guidance and Requirements Supplementary Planning Document. Both are adopted Council documents and are therefore material considerations in the consideration of planning applications. Amongst other things they seek to ensure new developments create attractive, safe and accessible commercial environments and public places. Once adopted the new Local Plan will supersede the Core Strategy and introduce a range of planning policies to	

		support these objectives.	
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To the Chair and Members of the Health and Adult Social Care Scrutiny Panel

Sector Led Improvement & LGA Peer Review Update

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Glyn Jones	ALL	No

EXECUTIVE SUMMARY

1. This report outlines the current performance and assessment framework for Adult Social Care, with a focus on the Sector Led Improvement (SLI) Framework. It summarises our current status at each stage of the process – including an update on the recommendations made in the LGA peer review. The report also outlines opportunities for members to become involved in the performance and assessment process.

EXEMPT REPORT

2. N/A

RECOMMENDATIONS

3. Members of the Panel are asked to:
 - Note the current performance and assessment framework of Sector Led Improvement for Adult Social Care.
 - Accept the current status of SLI activity in Doncaster and the actions from the LGA peer review.
 - Consider the opportunity to be involved in the completion of Doncaster's Adult Social Care self-assessment risk tool.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Sector Led Improvement framework allows an external challenge to the quality and performance of our Adult Social Care and support arrangements in Doncaster. Where improvements are required, the framework offers support from peers and best practice organisations. Adult Social Care in Doncaster has benefitted from the framework and it continues to assist in our Transformation of care and support.

BACKGROUND

The Sector Led Improvement Framework

5. The outcomes framework 'Transparency in Outcomes' (2011) removed the requirement for councils responsible for Adult Social Care, to have an annual performance assessment (APA) from the Care Quality Commission. The requirement for councils to be responsible for their own improvement was introduced, which was to be enabled through the production of a Local Account and the development of a '**Sector Led Improvement' (SLI)** framework.
6. The Association of Directors of Adult Social Services (ADASS) took the lead on the development of SLI, and has done this through its regional forums. The ADASS Group for Yorkshire and the Humber, which is made up of Directors of Adult Social Care from each of the 15 Local Authorities in the region, has overseen the development of and approved an approach to SLI. The approach provides an improvement framework that promotes external challenge, peer support and collective responsibility for improvement. The Yorkshire and Humber framework consists of five stages:
 1. **Self-Assessment**
 2. **Reality Checks** – through customer access mystery shopping
 3. **Desktop Review** – Annual Assessment report for each Council
 4. **Annual Performance Event**
 5. **Improvement Programme** – programme of activity to include Peer reviews, thematic reviews, buddy arrangements.
7. Doncaster has participated in the development and running of the improvement framework.

Current Status for each SLI stage

Self-Assessment

8. The Local Government Association (LGA) and ADASS have now developed a self-assessment risk tool. We are currently piloting the tool which will be complete at the end of November. The findings of the risk tool will be collated and used to produce a regional risk report for Directors.

There will be opportunity for members to contribute to the self-assessment over the coming months.

Reality Checks

9. The annual mystery shopping assessment provides valuable, free insight into customer experience in accessing social care. The services are checked by volunteer mystery shoppers and rated. Doncaster is now rated **Good or Fair** in all areas of assessment. Officers in our Customer services and Adult social care teams have worked with the NHS to make improvements as a result of previous assessments, and will continue this in 2015/16.
10. Along with two other Councils, we are now recruiting mystery shoppers in Doncaster to add to the regional pool.

Desktop Review

11. A desktop review allows an annual independent assessment of our performance.
12. The Adult Social Care Outcomes Framework (ASCOF) – provides a consistent, comparable performance framework for ASC. There are 27 performance indicators in the framework – roughly half of these derived from activity returns and the others from user and carer surveys. Our Performance Assessment for 2014/15 shows Doncaster is in the top 3 councils in the region for improvement across the 27 indicators.
13. However we have some areas where performance is a concern. These are consistent with those regional areas for concern. Specifically these are;
 - **Residential admission rates for older people**
 - **Re-ablement**
 - **Take up of Direct payments for social care users**
14. Our improvement leads in these areas and operational staff have taken up our full allocation of places at the regional Masterclasses in Wakefield on 29th October 2015.
15. We now have data from the 14/15 user survey which will allow a deeper analysis of the reasons for the decline in people surveyed stating they have as much **Social contact** as they would like.
16. We will be engaging with the ADASS lead to assist with our work on **Residential admissions** and improving **Social contact**.

Annual Performance Event

17. This annual event focuses on the common areas for improvement in the region. Managers and workers from Doncaster attended the 2015 event held in Wakefield on 29th October. This 2015 event featured focussed on;
 - Admissions to residential care
 - Delayed discharge from Hospital
 - Re-ablement services
18. From this event, a programme of improvement activity is agreed for the next year. The programme for 2016 is currently being agreed by Directors from across the region.

Improvement Activity

19. The region has an annual programme of targeted improvement activity to assist improvement. This will include peer challenges and reviews.

LGA peer challenge

20. The LGA were commissioned to co-ordinate a peer challenge of Adult Social

Care, which took place in January 2014. The review team were on-site for five days and presented a final report back to the Council in March 2014.

21. The agreed areas of focus for the peer challenge were;

- Vision, Strategy and Leadership
- Outcomes for people who use services
- Participation
- Resource and Workforce Management
- Service Delivery and Effective Practice

22. Across the areas of focus, the challenge team highlighted 43 strengths and 41 areas for consideration. The report was accepted in full by Cabinet on 11th April 2014 and a commitment was made to utilise this independent view of Adult Social Care in Doncaster as part of our improvement activity and SLI framework.

23. The main points from the report can be summarised using quotations from the final report as;

“Adult social care in Doncaster is well run, having benefitted from stable leadership over time. There is clear ambition and support for the adult social care modernisation agenda and a willingness to make and carry through difficult decisions. Staff work hard and there are some notable areas of practice that are worth publicising on a wider stage”.

Overall, the review team felt that adult social care is “well placed to modernise”. There was a strong message however that in order to deliver a modernised service we “need to up the ambition and pace of changes to the personalisation offer and organisational culture”.

“There needs to be a greater focus on designing and delivering services alongside service users [co-production] and a need to be more agile with front line staff being empowered to deliver whilst having a greater understanding of performance which drives their behaviours”.

24. All 84 points made in the report were incorporated into the directorate improvement plans for 14/15 and 15/16. A review of progress on these points by the directorate leadership team in Summer 2015 showed that there were some actions which were still outstanding. These have been highlighted in our draft self-assessment (section 8 of this report) and will be managed as a priority through the focussed transformation plan by the Directorate Leadership Team and Improvement Board.

25. These actions are:

- Modernisation to be progressed at pace
- Improve use of co-production to design and plan services
- Increase the number of people taking up Direct payments
- Reduce the rate of residential admissions and numbers in care
- Performance to be better understood by staff at front line
- Modernisation of care market
- Recruitment and retention of staff in the care sector

OPTIONS CONSIDERED

26.

- A) For the panel to note the content of the report and to take the opportunity to become involved in the completion of the self-assessment for Doncaster.
- B) For the panel to note the content of the report and not be involved with the self-assessment.

REASONS FOR RECOMMENDED OPTION

27. The recommended option is to note the content and to become involved in the development of the self-assessment. This will allow the self-assessment to become a rounded document which represents the views of members and officers.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

28.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The SLI framework provides assurance and challenge to Adult Social Care in Doncaster.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p>	

	<ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	Council services are modern and value for money.	Performance Improvement is a fundamental element in achieving value for money.
	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

29. None

LEGAL IMPLICATIONS

30. There are no legal implications as a result of the report. Implications should be reconsidered when the self-assessment has been completed and further action under the SLI framework is determined.

FINANCIAL IMPLICATIONS

31. There are no direct financial implications arising from this report or the SLI process.

HUMAN RESOURCES IMPLICATIONS

32. None

TECHNOLOGY IMPLICATIONS

33. None

EQUALITY IMPLICATIONS

34. None

CONSULTATION

35. None

BACKGROUND PAPERS

36. LGA Peer Review Doncaster Report March 2014

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Dave Hamilton
Director of Adults Health and Wellbeing

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL WORK PLAN REPORT 2015/16

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing	All	None

EXECUTIVE SUMMARY

1. The Panel is asked to note and consider the updated work plan report for 2015/2016.

EXEMPT INFORMATION

2. Not exempt

RECOMMENDATIONS

3. The Panel is asked to consider and comment on the revised work plan attached at Appendix A;

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Overview and Scrutiny function has the potential to impact upon all of the council's key objectives by holding decision makers to account, reviewing performance and developing policy. The Overview and Scrutiny of health is an important part of the Government's commitment to place patients at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, local authorities can assist to reduce health inequalities and promote and support health improvement. The Health and Adult Social Care Overview and Scrutiny Panel have been designated as having responsibility of carrying out the health scrutiny function.

BACKGROUND

5. Overview and Scrutiny has a number of key roles which focus on:
 - Holding decision makers to account
 - Policy development and review
 - Monitoring performance (both financial and non-financial)
 - Considering issues of wider public concern.

Health and Adult Social Care Overview and Scrutiny Workplan Update

6. Attached for the Panel's consideration at Appendix A is the updated work plan report for the Panel's consideration.

Correspondence with the Executive

7. Following a discussions around Direct Payments at the Panels meeting on the 23rd September 2015, a letter was sent to the Executive which has been attached in Appendix B.

Yorkshire Ambulance Service NHS Trust

8. Members will recall at the last meeting it was agreed that Wakefield Health Overview and Scrutiny Committee undertakes the ongoing monitoring of improvement actions against the CQC inspection report on behalf of Yorkshire Health Overview and Scrutiny Committees, with input from the Chairs of other local authority Overview and Scrutiny Committees.
9. The Yorkshire Ambulance Service held its Quality Summit on 18th August, from which a regional action plan was being developed, and will be considered at the first meeting of the Local Authority Scrutiny Chairs scheduled for 14th January, 2016.

Working Together – CCG's

10. The Chair attended a meeting of the following CCG's and Local Authorities Barnsley, Bassetlaw, Doncaster, Hardwick, North Derbyshire, Rotherham, Sheffield and Wakefield. The meeting was arranged to introduce the Commissioning working Together Programme (a collaboration across the health services to consider how to improve health of communities), to Overview and Scrutiny at an early stage before formal public consultation was required. It was proposed that Hyper Acute Stroke Services would be the first issue for consideration.

11. The next step would be to develop joint Overview and Scrutiny arrangements with a formal request being forwarded to Chief Executives of each Council from the Working Together Programme. The Panel is asked to note that arrangements would need to be approved through each council’s democratic process.

OPTIONS CONSIDERED

12. There are no specific options to consider within this report as it provides an opportunity for the Panel to develop a work plan for 2015/16.

REASONS FOR RECOMMENDED OPTION

13. This report provides the Panel with an opportunity to develop a work plan for 2015/16.

IMPACT ON COUNCIL’S KEY OBJECTIVES

	Outcomes	Implications
1.	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster’s vital services</i> 	<p>The Overview and Scrutiny function has the potential to impact upon all of the council’s key objectives by holding decision makers to account, reviewing performance and developing policy through robust recommendations, monitoring performance of council and external partners services and reviewing issues outside the remit of the council that have an impact on the residents of the borough.</p>
2.	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
3.	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	

4.	All families thrive. <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
5.	Council services are modern and value for money.	
6.	Working with our partners we will provide strong leadership and governance.	

RISKS AND ASSUMPTIONS

14. To maximise the effectiveness of the Overview and Scrutiny function it is important that the work plan devised is manageable and that it accurately reflects the broad range of issues within its remit. Failure to achieve this can reduce the overall impact of the function.

LEGAL IMPLICATIONS

15. The Council's Constitution states that subject to matters being referred to it by the Full Council, or the Executive and any timetables laid down by those references Overview and Scrutiny Management Committee will determine its own Work Programme (Overview and Scrutiny Procedure Rule 6a).
16. Specific legal implications and advice will be given with any reports when Overview and Scrutiny have received them as items for consideration.

FINANCIAL IMPLICATIONS

17. The budget for the support of the Overview and Scrutiny function 2015/16 is not affected by this report however, the delivery of the work plan will need to take place within agreed budgets. There are no specific financial implications arising from the recommendations in this report. Any financial implications relating to specific reports on the work plan will be included in those reports.

EQUALITY IMPLICATIONS

18. This report provides an overview on the work programme undertaken by Health and Adult Social Care Overview and Scrutiny. There are no significant equality implications associated with this report. Within its programme of work Overview and Scrutiny gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

19. The work plan has been developed in consultation with Members and officers.

BACKGROUND PAPERS

20. None

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David Hamilton
Director Adults, Health and Well-Being

Health and Adult Social Care (H&ASC) Overview & Scrutiny Panel Workplan 2015/2016 & 2016/2017 – Fixed Panel Meetings

2pm 29 th July 2015 Formal	10am 23 rd September 2015 Formal	10am 25 th November 2015 Formal	9:30am 26 th November 2015 Informal	10am 26 th January 2016 Formal	10am 16 th March 2016 Formal
Implementation of the Care Act – July 2015 (1st Meeting) – Retrospective and Prospective.	Public Health Self-Assessment/Public Health Commissioning	Healthy High Street (following on from Royal Society of Public Health report)	Sexual Health– Signposting for young people/partnership working (how successful is this) – Joint Meeting with CYP O&S	Implications of ageing population (not just dementia).	Public Health Protection Responsibilities
H&WB Strategy Refresh (incl. inequalities and 'Well North')	Personalisation/Direct Payments – considerations of actions to promote greater personalisation and direct payments	Modernisation and peer review plan – tracking progress and challenge		Children's health early years 0-5 including health visiting and family nurse partnership (jt with CYP)	Integration of Health Colleagues – what does this mean for Doncaster
Better Care Fund – update/progress including low level prevention service		Adult Safeguarding Annual Report		Review of arrangements to deliver high quality care for people in residential homes/care homes/admissions long term care	Cancer

Ongoing Areas

- Update on Regional Joint Health Overview and Scrutiny Committee re: Children and Adults Cardiac review: -
- **Mid-September** meeting to look at to understand the outcome/implications of the review

H&ASC O&S Areas (May Change – TBA)

- Quality accounts - review
- Yorkshire Ambulance Service – failure to meet targets/Industrial issues – CQC undertaking inspection (see what the outcome is)
- Cancer – Education and awareness (specific scope to be agreed) H&WB looking at it in Nov 2015
- Sexual Health (Informal Meeting TBA Mid Nov) – Signposting for young people/partnership working (how successful is this) – informal joint meeting with CYP O&S
- Transfer of health – outline what is now in the contract and responsibilities - informal joint meeting with CYP O&S

Councillor David Nevett
Edenthorpe and Kirk Sandall
Email: david.nevett@doncaster.gov.uk

22nd October 2015

Mayor Ros Jones
Doncaster Council
Floor 4
Civic Office
Waterdale
Doncaster
DN13BU

Dear Ros

PERSONALISATION/DIRECT PAYMENTS – CONSIDERATION OF ACTIONS TO PROMOTE GREATER PERSONALISATION AND DIRECT PAYMENTS

At a recent meeting of the Health and Adult Social Care Overview and Scrutiny, the Panel met to consider the actions being taken to promote greater personalisation and direct payments.

It was very pleasing to hear about the positive work that is being undertaken including the potential use of instant access cards as a payment mechanism, training and improving working relations and support with money management. The Panel discussed a number of areas; in particular, their concerns including the low take up of direct payments in Doncaster, the time taken to set up direct payments, provision of advice and information and implications of the closure of Social Education Centres

One area that the Panel discussed more at length was about the provision of advice and information. Members were informed that there was a challenge in respect of what was available and it was acknowledged that some kind of mechanism was needed to communicate this information. A Member of the Panel commented that there was an excellent opportunity to engage with the third sector, to market direct payments and social prescribing but that it needs to be more joined up. Reference was also made at the meeting to GISMO, an online tool to search for voluntary, community and faith sector groups in Rotherham.

Following the discussion, the Panel recommended that in light of the above there **needs to be more interaction with Members within their communities and wards.**

Page 1.

Page 2 continued.

A full set of minutes from this meeting can be found shortly on our new website pages at <https://doncasterintranet.moderngov.co.uk/ieListDocuments.aspx?CId=135&MId=2106>.

On behalf of the Panel, I would like to thank Pat Higgs, Assistant Director for Adult Social Care for taking the time to attend the meeting and respond to questions raised by the Panel.

I would be grateful if you could provide a response to this letter no later than 22nd November 2015.

Yours sincerely

Councillor David Nevett
Acting Chair of Health and Adult Social Care Overview and Scrutiny Panel

cc. Jo Miller, Chief Executive
Chair/Vice Chair of O.S.M.C.
Councillor Pat Knight, Portfolio holder for Public Health and Wellbeing
Dave Hamilton, Director Adults, Health and Wellbeing
Pat Higgs, Assistant Director for Adult Social Care