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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL - SUPPLEMENT

Date: Wednesday 7 March 2012
Time: 10 am
Venue: Warspite Room, Council House

Members:
Councillor Mrs Bowyer, Chair
Councillor McDonald, Vice Chair
Councillors Mrs Aspinall, Mrs Bragg, Browne, Casey, Drean, Gordon, Dr. Mahony, Mrs Nicholson, Dr. Salter and Tuffin.

Members are invited to attend the above meeting to consider the items of business overleaf.

Members and officers are requested to sign the attendance list at the meeting.

Please note that unless the chair of the meeting agrees, mobile phones should be switched off and speech, video and photographic equipment should not be used in meetings.

Barry Keel
Chief Executive

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL

7. PLYMOUTH HOSPITALS NHS TRUST - FOUNDATION TRUST BUSINESS PLAN - TO FOLLOW (Pages 1 - 2)

The panel will receive a copy of the Plymouth Hospitals NHS Trust business plan for foundation trust status.

Please refer to agenda item 12 below.

8. SAFEGUARDING VULNERABLE ADULTS TASK AND FINISH GROUP - TO FOLLOW (Pages 3 - 16)

The panel will receive the report of the safeguarding adult's task and finish group.

11. EXEMPT BUSINESS

To consider passing a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000

PART II (PRIVATE MEETING)

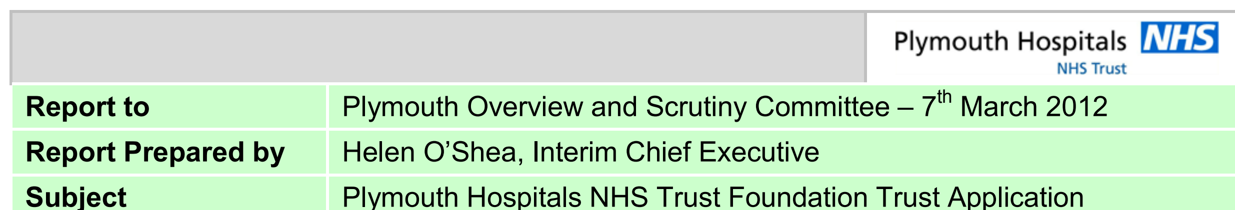
AGENDA

MEMBERS OF THE PUBLIC TO NOTE
that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

12. PLYMOUTH HOSPITALS NHS TRUST - FOUNDATION TRUST BUSINESS PLAN (E3 AND 4) (Pages 17 - 80)

Please refer to agenda item 7 above.



	Plymouth Hospitals NHS NHS Trust
Report to	Plymouth Overview and Scrutiny Committee – 7th March 2012
Report Prepared by	Helen O'Shea, Interim Chief Executive
Subject	Plymouth Hospitals NHS Trust Foundation Trust Application

1 Introduction

Plymouth Hospitals NHS Trust (PHNT) is applying for Foundation Trust status as part of its strategic plan but also in line with National direction for all acute NHS providers. The purpose of this paper is to build upon the information that was previously presented to the Overview and Scrutiny Committee (OSC) in February and to promote a depth and breadth of engagement with the OSC to ensure that the Trust shapes the application in conjunction with our partners and to reflect the ambitions and objectives of the City.

2 Background

All NHS Trusts are required to become a Foundation Trust (FT) or part of an FT by 2014. For PHNT this aligns well with our intention over the last few years to become an FT. The Trust had previously entered the application process and withdrew at the final stages due to recognition that some issues required resolution before FT status could be granted. The earlier application has provided well in terms of understanding the process and by enabling us to actively support our 'Members' and elected 'Governors' to continue in shadow form.

The Trust has signed a Tripartite Formal Agreement (TFA) between ourselves, the Strategic Health Authority (SHA) and the Department of Health (DH). This sets out our fixed timetable for the application and the Trust is performance managed against this, our TFA expects authorisation in February 2013.

3 Consultation and Submission Process

Monitor, the FT regulator, sets clear guidance for aspirant FTs to follow during the application process. This includes, on what, with whom and how long, we need to consult, they prescribe the format of the Integrated Business Plan (IBP), they give us financial scenarios to model and respond to and they recommend model constitutions and governance regimes.

In addition to the Monitor authorisation process there is an SHA preparation and authorisation process. The SHA review our draft IBP and scenario modelling, they commission a historic due diligence review and they undertake a board to board assessment. If we satisfy the SHA process we submit our application to the Secretary of State for Health with SHA support, if the Secretary of State is satisfied they recommend us to Monitor.

The timescales are set out in our TFA:

- consultation commenced on the 3rd January and closes 26th March, we are consulting on our plan, name and Governor constitution.
- a revised, draft, IBP incorporating the consultation feedback is to be submitted to the SHA on the 31st March
- between April and July SHA assessment takes place and further changes are made to the IBP
- the final IBP will be completed by August for submission to the DH
- Monitor assessment commences

This timescale gives us the opportunity to work with our key stakeholders to shape the IBP and ensure that we produce a document that can be recognised and supported by our partner organisations.

4 Current draft IBP

Initial feedback from the OSC quite rightly highlighted the insufficient reference to the City plans and ambitions. This is not a reflection of a lack of knowledge or desire to work collaboratively but a failure to adequately reflect the significance of the partnership and synergy of both organisation's strategies in language that is uniformly recognised.

Appended to this report are the draft IBP executive summary and the chapters relating to both strategy and the market assessment. It is acknowledged that they are first draft and do not yet reflect the feedback we have received, however the view of the OSC on these chapters will be particularly helpful in shaping the next version of the draft IBP.

Once the next version of the IBP is completed a further opportunity to share and debate it would be warmly welcomed.

5 Conclusion

The Trust is part way through the FT application process and is currently engaging with stakeholders, the public and the hospital staff to discuss the strategic direction of the organisation, its name change and the governance arrangements. As part of this process it will receive feedback and update the IBP to appropriately reflect this.

In addition to the standard consultation presentation the OSC are being engaged in a more meaningful discussion to ensure that the IBP is supported, aligned with and reflective of the wider City ambitions.

Recommendations	
1	That the OSC raise questions and make any immediate suggestions for the next draft of the IBP
2	That any further feedback is submitted by the OSC during the consultation period
3	That the March IBP revision is shared and debated with the OSC, at a mutually convenient date, between beginning of April and end of July
4	That the OSC consider if the actions above are sufficient to assure themselves that they have been engaged and that the plan can be supported.

SAFEGUARDING VULNERABLE ADULTS

Health and Adult Social Care Overview and Scrutiny Panel Task and Finish Group

CONTENTS

1. Introduction

2. Executive Summary

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4. Key Issues Arising from the Evidence

5. Findings

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1. INTRODUCTION

The Health and Adult Social Care Overview and Scrutiny Panel scrutinises matters relating to health and public health and hears the views of local residents, with a view to improving health services, reducing health inequalities and improving the health of local residents. The panel also scrutinises the impact of the Council's own services and of key partnerships on the health of its population.

Following the debate at the Council meeting of 20 June 2011 of the Motion on Notice No. 2 (11/12) regarding the care of vulnerable adults, the Health and Adult Social Care Overview and Scrutiny Panel agreed to commence a Task and Finish Group investigation into reporting processes for whistle-blowers and those wishing to raise adult safeguarding alerts.

The Council is required to take account of the recommendations contained within this report when making its decisions with regard to safeguarding vulnerable adults.

I would like to extend thanks to the members of the Health and Adult Social Care Overview and Scrutiny Panel for their commitment in conducting this review. I would also like to thank the witnesses who represented the public, private and community and voluntary sectors who took part in the review process.

Councillor Sue McDonald, Chair.

2. EXECUTIVE SUMMARY

The 'No Secrets' guidelines issued by the Department of Health in 2000, recommended the establishment of multi-agency partnerships to co-ordinate the safeguarding of vulnerable adults across agencies. Although these do not provide statutory powers, they are recognised as strong guidance, and form the main basis for judicial determination of adult safeguarding matters. They have helped to drive forward the safeguarding adults' agenda. In particular they have brought together the main stakeholders and have helped to improve co-ordination, policy, practices and data gathering.

Abuse is defined in 'No Secrets' as a violation of an individual's human or civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. It may also occur through deliberate targeting or grooming of vulnerable people and may be carried out by individuals or groups of individuals. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Abuse may occur in any setting for example where a vulnerable person:

- Lives alone, with a relative, or other(s);
- Attends nursing, residential or day care settings;
- Is in hospital or custodial situations;
- Is receiving support services in their own home;
- Is in other places previously assumed safe;
- Is in a public place;
- Is in education, training or a work place setting.

An individual, a group or an organisation may perpetrate abuse. Most often the perpetrator is someone who is known to the vulnerable person, such as a partner, family members, a neighbour, care provider or another service user.

It is important to recognise that with an ageing population, health and social care agencies, individuals, carers and the voluntary sector will need to work together to prevent abuse, especially in light of new initiatives such as personalisation and direct payments. Raising awareness and protecting vulnerable adults from abuse will be vital as services adapt to the needs of the 6,700 people who are in receipt of Adult Social Care funded services in the City.

During the course of the review members met with a number of witnesses from across the care sectors; the information provided by the witnesses has provided the basis for the recommendations within this report.

Members of the group expressed frustration at being unable to meet with service users and those who had experienced the safeguarding process. Members of the group therefore expect the issue of safeguarding to remain under review by the Health and Adult Social Care Overview and Scrutiny Panel.

3. SCRUTINY APPROACH

The Overview and Scrutiny Management Board approved in principle on 21 September 2011, the establishment of a Task and Finish Group to review the safeguarding adults policies and procedures, with membership drawn from the Health and Adult Social Care Overview and Scrutiny Panel.

3.1 Task and Finish Group Objectives

The group was asked to:

- Consider guidance and procedures and to be assured that care services are protecting vulnerable adults in a range of care settings;
- Understand the triggers for raising an alert;
- Examine multi-agency alerting procedures for reporting alleged cases;
- Ascertain the follow up procedures once an alert has been raised;
- Ascertain how vulnerable adults are treated once an alert has been raised;
- Ascertain what support is available to the alerter, particularly employees in a range of care settings;
- Review the impact of recent care quality commission policy changes;
- Review what role commissioning and contract monitoring of services has in safeguarding adults;
- Raise awareness of safeguarding processes for a range of stakeholders;
- Review and assess the adequacy of policies relating to the protection of whistleblowers;
- Review and assess the adequacy of the current unannounced inspections;

The issue of safeguarding vulnerable adults and how to make a safeguarding alert had been identified by members as a key issue through activity in their wards. Members felt strongly that the Council should not be seen to be failing in its duty to provide an appropriate mechanism for safeguarding issues to be raised and by conducting a task and finish group felt they would be able to make recommendations, which would provide sufficient awareness of safeguarding issues throughout partner agencies and across the wider public.

3.2 Task and Finish Group Membership

The Task and Finish Group had cross party membership comprising the following Councillors –

- Councillor McDonald (Chair)
- Councillor Penberthy
- Councillor Dr. David Salter
- Councillor Mrs Bragg
- Councillor Browne
- Councillor Tuffin

For the purposes of the review, the Task and Finish Group was supported by -

- Giles Perritt and Claire Oatway - Policy, Performance and Partnerships
- Ross Jago, Democratic Support Officer

3.3 Task and Finish Group Methodology

The Task and Finish Group convened over three days on 6 December 2011, 10 January 2012 and the 22 February 2012 to consider evidence and hear from witnesses, review background information and undertake observations by way of a visit.

Witnesses invited:

- Kerrie Todd, Safeguarding Adults Manager, Plymouth City Council
- Pauline Luxton, Plymouth Age Concern
- Detective Constable Karen Anderson, Devon and Cornwall Police Safeguarding Team
- Natalie Self, Caretime Services (Domiciliary Care Provider)
- Debbie Butcher, Commissioning Manager, Plymouth City Council
- Lesley Browne, Care Quality Commission (CQC)
- Maria Mills, Oasis Project
- Michelle Thomas and Dawn Slater, Plymouth Community Healthcare

In order to assist with their deliberations members of the Task and Finish Group were provided with the following background material and documentation:

- Project Initiation Document
- Raising a concern with CQC: A quick guide to health and care staff about whistle blowing
- CQC Enforcement Policy
- CQC Safeguarding Protocol
- Safeguarding Vulnerable Adults – Annual Report April 2010 – March 2011
- Safeguarding Adults – Plymouth's multi agency policy and procedures for Safeguarding Adults: A complete working guide

Members of the group also visited a care home where they met a vulnerable service user who had experience of the Safeguarding Procedure.

4. KEY ISSUES ARISING FROM THE EVIDENCE

The group heard from a number of witnesses from across the public, private and voluntary care sectors. The following is a summary of the evidence received by the group.

4. 1Plymouth City Council, Safeguarding Adults Manager

Kerrie Todd, Safeguarding Adults Manager, provided the group with an overview of the policies and procedures for making and dealing with a safeguarding alert. Kerrie advised the group that –

(a) a document detailing all of the policies and procedures within the city had been produced and provided comprehensive guidance for all providers and detailed what processes would be undertaken should an alert be raised;

(b) the guidance and procedures were reviewed and updated every year;

(c) all anonymous alerts would be assessed and investigated but because of their nature it was impossible for anonymous alerters to receive feedback;

(d) the Safeguarding Manager outlined five stages to the alert procedure, detailed in the "Multi agency policy and procedures for Safeguarding Adults a complete working guide";

i. **Alert** – The safeguarding team would evaluate the risk and make a triage decision on what action was required immediately. A referral would be made to Adult Social Care (ASC) within one working day.
ii. **Referral received** – Once the referral was received by ASC an evaluation of risk would take place. ASC would consider whether the referral is about a person who is or could be an adult at risk under the definition of "No Secrets". This initial evaluation would take place on the day the referral was received.
iii. **Gather information** – An intelligence gathering exercise would take place where information from all statutory agencies about the individual would be gathered. The exercise may identify further risks to the individual and the risk assessment would be adjusted to reflect the new information.
iv. **Decision** – Information gathered would be used to determine whether abuse could be ruled out. If risk of abuse was identified interim protection plans would be put in place and the police would decide whether a criminal investigation would be required. If abuse could be ruled out then the case would be referred for alternative action / services.
v. **Strategy Meeting** – The risk would be further evaluated at a strategy meeting where an investigation would also be planned. Any changes or extension to interim protection plans would take place and the responsible manager would feed back to the alerter. If the adult at risk was identified as lacking mental capacity the Independent Mental Capacity Advocate would be involved. Following the strategy meeting an action plan would be produced and sent within 24 hours.

(e) when an alert was raised there was an **immediate** triage assessment which would take into account current knowledge of the home, whether there had there been any recent concerns and assess whether the manager was capable. An audit would also be undertaken to look for triggers such as whether service users' behaviour was affected when particular members of staff were on duty. If a suspect was identified as an abuser that person or persons would be suspended, police would be contacted, conduct an investigation and pass evidence to the Crown Prosecution Service who would decide whether to prosecute;

(f) free alerter training was offered to all care homes; it was a full day and was not an e-learning package. Attendees discussed value and belief systems and brave, courageous steps taken by those who report safeguarding issues when their jobs were on the line. In 2010-11 791 people attended the full day alerters' training and 36 received half day refresher training. In 2011-12 to date 636 people have received full day alerters training with 170 receiving a half day refresher. There would be a further 100 places available for alerters training by year end.

(g) it was difficult to embed the procedures in care settings not used by the local authority. Local Authorities outside Plymouth commissioned care settings not used by Plymouth City Council (PCC) but PCC had responsibility for safeguarding those residents. It was difficult to assure safeguarding in these settings as PCC did not send clients to those homes;

(h) personal budgets were beyond the reach of the safeguarding team, the team did however provide guidance on safeguards, criminal record bureau (CRB) checks and alerters training. However if service users did not want to insist on CRBs or train their staff there is no legal recourse, although PCC remained responsible for safeguarding issues.

4.2 Plymouth Age Concern

The group heard from Pauline Luxton of Plymouth Age Concern who advised the group that –

(a) day guests were referred to the day service through Adult Social Care, through self referrals or family referrals. Some guests were not in receipt of social care services;

(b) Plymouth Age Concern had encountered many instances of financial abuse by clients own families, for example Plymouth Age Concern were aware of clients who were charged by their own family for the collection of pensions, shopping and housework;

(c) Plymouth Age Concern provided informal contact away from social services and many clients felt more comfortable talking to workers at the service rather then social services;

(d) all staff at the day centre had received the free alerter training provided by PCC and although the day centre was not officially regulated there were regular visits by social care commissioners;

(e) Plymouth Age Concern worked closely with the Citizens Advice Bureau and the Police to provide advice on a variety of issues;

(f) Plymouth Age Concern had always received feedback on the safeguarding alerts they had raised;

(g) Pauline was confident that if Plymouth Age Concern employees and volunteers had a safeguarding concern they were aware of the policy and procedures and would alert the safeguarding team via the published route.

4.3 Devon and Cornwall Police

Detective Constable Karen Anderson of Devon and Cornwall Police provided evidence to the group and reported that –

(a) the Safeguarding Team at Devon and Cornwall police worked within the Public Protection Unit. It was made up of three Detective Constables and a Detective Sergeant who were responsible for safeguarding alerts that had a criminal aspect;

(b) generally cases that were accepted by the team focused on professionals who had abused, although the team also took on cases of family and domestic abuse where workloads allowed;

(c) Plymouth was the first area in the region to have identified officers for this kind of work and there were 12 officers force wide;

(d) alerters would remain anonymous for as long as possible It was often the case that initially an alerter would be reluctant to talk to the Police and did not wish to progress with criminal proceedings. Despite this reluctance the Police had made a number of successful prosecutions;

(e) the personalisation agenda was a great opportunity for people to have control over their own care but it was important that there was a safe place a service user could go to get independent advice, this would require improved advocacy across the City as it was

important that service users were aware of all of the routes available to them to make themselves safe.

4.4 Caretime Services

The group heard from Natalie Self, Deputy Manager of Caretime Services, a company commissioned by the local authority to provide domiciliary care. Natalie advised the group that –

(a) Caretime Services employed 230 full time equivalent staff. It was mandatory that staff undertook a number of training sessions and courses before commencing employment;

(b) if a service user, friend or family member raised a safeguarding concern the deputy manager would look at the history of the user and direct a field coordinator to make contact with the service user and gain further information on the concern. Spot checks also highlighted issues (these were mainly in reference to quality of care);

(c) Caretime Services staff found that the alerter's training was very useful, particularly as the training highlighted other issues then just physical abuse;

(d) if a safeguarding issue was raised it was reported to the Care Quality Commission and PCC Safeguarding Adults Team;

(e) Natalie was confident that the safeguarding processes were well embedded in the organisations and that staff were confident that they would be supported when raising a safeguarding concern.

4.5 Adult Social Care, Plymouth City Council

The group heard from Debbie Butcher, Commissioning Manager. Debbie reported that –

(a) the department commissioned over 200 contracts in regulated services for adult social care. These contracts included over 150 care homes and several domiciliary care providers. The level of domiciliary care provided equated to 10,000 care hours a week distributed between four block providers;

(b) commissioners used a tendering process within which safeguarding was a top priority. 100 per cent of employees in commissioned services would be expected to attend the alerters training and all services used by PCC were registered with the Care Quality Commission;

(c) social workers monitored and provided the department with information on how appropriate care services were and raised any safeguarding concerns. A review team was in place to monitor the quality of care home settings and due to the number of safeguarding alerts which were raised, the department was confident that staff knew the process for making an alert;

(d) Personal Assistants (PAs) employed via direct payments were subject to induction standards which must be achieved before employment. A separate organisation delivered training for PAs and alerters training was a major component;

(e) personal budget holders have advice from social workers during the development of the personal budget. If there was safeguarding issues there were processes in place so that Adult Social Care could retain control of the budget.

4.6 Care Quality Commission (CQC)

The group heard from Lesley Browne, Regional Manager of CQC who reported that –

(a) a team of 13 inspectors covered Torbay, Devon and Plymouth and inspected a mix of services the CQC conducted two types of reviews, responsive and scheduled;

(b) the CQC reported on compliance or non-compliance of the care setting to regulations but did not inspect the quality of care;

(c) the CQC were involved in safeguarding strategy meetings and held regular meetings with commissioners from across the sector in Plymouth.

4.7 The Oasis Project (micro provider)

The group heard from Maria Mills from the Oasis Project. The Oasis project is based within the Crown Centre in the Stonehouse area of Plymouth which provided a number of services to vulnerable adults. Maria advised the group that the project had dealt with a number of vulnerable people which had led the project to contact social services. Workers at the project had experienced different response times from Adult Social Care which varied from very quick response to very slow.

The project had very recently received policies and procedures, preceding the information being received the project had not been aware of the safeguarding alerts process, who to call if they needed to make an alert or that alerters training was available free to voluntary and community groups.

4.8 NHS Devon, Plymouth and Torbay Primary Care Trust Cluster

The group heard from Carol Green, NHS Commissioner for continuing Healthcare Manager, NHS Devon, Plymouth and Torbay Cluster. It was reported to the group that –

(a) Carol was responsible for commissioning the continuing care process and all contracts had safeguarding clauses built within them which were written by the safeguarding manager within the cluster;

(b) Nursing homes across the city were reviewed by clinicians on a regular basis and worked closely with the Local Authority should any alerts be raised;

(c) safeguarding was embedded within the services contracted by the Commissioner and as a result a number of alerts were received on a weekly basis. Alerts often related to poor practice and quality of service. The threshold between abuse, neglect and poor practice were clear;

(d) Safeguarding policies within the city were clear and worked and Carol was confident that the safeguarding processes in place were understood and staff knew how to raise an alert;

(e) in the last two years two care homes had been closed and there were currently three nursing homes which had placements suspended. Commissioners were able to take robust action to tackle care settings which risked the safety of clients.

4.9 Plymouth Community Healthcare

The group heard from Michelle Thomas and Dawn Slater from Plymouth Community Healthcare who reported that –

(a) Plymouth Community Healthcare employed 2,100 staff and the changes in the healthcare system and the creation of the community interest company had provided the opportunity to deliver services in a different way;

(b) All staff were scheduled to receive alerters training and compliance currently stood at 100% for practitioners. Plymouth Community Healthcare followed the multi agency safeguarding procedure and it was felt that the policy was well embedded in the organization;

(c) named adult protection leads provided support to those who raised alerts and adult protection leads worked within localities.

4.10 Visit to User

Two councillors visited a care home and met with a service user who had experience of the safeguarding procedure. The councillors reported back the group and the information received help to inform the findings and recommendations made by the group.

4.11 Other Witnesses

The group had booked a number of other witnesses to talk about their experience of the safeguarding process and whistle blowing. It had not been possible for the witnesses to attend and the requirement to provide this report before the end of the municipal year had not facilitated further meetings.

5. FINDINGS

In reviewing the evidence and analysing all of the data provided the group identified the following points of concern which included:

5.1 Training

A common theme across all sectors dealing with the care was the availability of free safeguarding training provided by the local authority. Members were informed that practitioners who had experienced the training found it informative and useful. However, members expressed concern that there was little knowledge of the availability of free training outside of the professional care system. In particular the voluntary and community sector who provided a large number of services to vulnerable adults were not benefiting from a valuable resource which was available free of charge.

Recommendations – R1, R2, R6.

5.2 Communication

The overriding objective for the Task and Finish group was to understand the level of awareness of the safeguarding process, not only within care providers and commissioners but also the wider community.

It was highlighted that there was much more work to be done in order to convey the safeguarding message to the general public. Highlighted was the need for messages to be clear and consistent with clear lines of communication and access for those who wished to make a safeguarding alert.

Considered of upmost importance was the need for alerters to feel supported and identities protected where appropriate, the group felt that whistle blowers in particular needed to feel that, at least in the early stages of an alert, their anonymity was protected.

Recommendations – R1, R2, R3, R4, R5, R6, R7.

5.3 Other Findings

Members felt that there was not adequate oversight of the safeguarding process. Whilst aware that there was an Adults Safeguarding Board in operation it was felt that the Health and Adult Social Care overview and Scrutiny Committee could play a role in ensuring that the issue is monitored by a committee which had a statutory footing and could make recommendations to which the Local Authority and Health services must pay regard.

Recommendations – R8, R9, R10, R11.

6. RECOMMENDATIONS

The task and finish group recommends to Cabinet that -

R1	all councillors take up the role of corporate carers, that key safeguarding adult messages are communicated during the councillor induction process and alerters training is made available to elected members.
R2	all neighbourhood liaison officers should be offered alerters training and information regarding the alerter's process should be provided at all neighbourhood meetings.

The task and finish group recommends to Cabinet member for Health and Adult Social Care that -

R3	adequate resources are made available to the Safeguarding Adults Manager, so that the key safeguarding messages can be brought together in a communications plan and are received and understood by the general public.
R4	services commissioned by the Council should have it made explicit within contracts that safeguarding publications are made available to all clients and their carers, the information provided should include a clear route for reporting alerts and provide information on the protection of anonymity.
R5	subject to changes to advocacy proposed in the Health and Social Care Bill, Adult Social Care will commission improved independent advocacy across the city which is underpinned by consideration of safeguarding issues. The Assistant Director of Joint Commissioning and Adult Social Care will report to the Health and Adult Social Care Overview and Scrutiny Panel during the development of the services.

The task and finish group recommends to the Safeguarding Adult Manager that –

R6	that 'Churches Together' and the 'Senior Citizens Forum' along with other voluntary and community sector organisations, are offered the free alerters training and provided with clear information on the safeguarding process including how alerter's anonymity

	can be protected if required.

The task and finish group recommends to the Cabinet Member for Customer Services -

R7	that when calling the Council's switchboard alerters should be offered an automated option to be transferred directly to the safeguarding team.

The task and finish group recommends to the Overview and Scrutiny Management Board that –

R8	safeguarding vulnerable adults should remain as a standing item on the Health and Adult Social Care Overview and Scrutiny Panel and the panel should receive regular reports from the chair of the Safeguarding Adults Board and suggest that regular reports to include a regular update on numbers and types of safeguarding alerts.
R9	the Health and Adult Social Care Overview and Scrutiny Panel receive a comprehensive report on safeguarding issues are addressed in the new personalised system and to assure the panel that personal budget holders are fully protected at a future meeting of the panel.
R10	at a future meeting of the Health and Adult Social Care Overview and Scrutiny Panel a report is provided on how safeguarding issues will be addressed in the new personal budget model.
R11	the Local Involvement Network and, subject to the passage of the Health and Social Care Bill, Local Healthwatch are strongly compelled to use the powers given to them to visit care homes, make regular contacts with users and provide a regular report on their activities to the Health and Adult Social Care Overview and Scrutiny Panel.
R12	A further review is carried out by the Health and Adult Social Care Overview and Scrutiny panel in the next municipal year to review the impact of recommendations, this review would include meetings with service users.

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