



Report to Policy Committee

Author/Lead Officer of Report:

Dr Tim Gollins, Assistant Director Safeguarding and Mental Health

Contact:

Report of: Director of Adult Health & Social Care

Report to: Adult Health & Social Care Policy Committee

Date of Decision: 21st September 2022

Subject: Safeguarding Adults Update and Delivery Plan

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given?				
Has appropriate consultation taken place?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Has a Climate Impact Assessment (CIA) been undertaken?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below: -				
<p><i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i></p>				

Purpose of Report:

Safeguarding Adults is everyone's responsibility.

The Adult Health and Social Care Strategy Living the Life You Want to Live and subsequent Delivery Plan agreed at Committee on 15th June 2022, made a commitment towards improving outcomes for Adults from abuse and neglect and enabling a shift towards prevention of harm. This paper sets out a Delivery Plan and key milestones to deliver upon that Commitment.

The report explains how new ways of working, specifically Making Safeguarding Personal (MSP) and Strengths-based approaches to social care, are impacting positively to change practices, referral rates and numbers of safeguarding referral and notes new models under development.

The Committee are asked to comment upon and approve the Adult Safeguarding Delivery Plan and agree a schedule that they are updated upon progress against it.

Recommendations

It is recommended that Adult Health and Social Care Policy Committee:

- Approves the Adult Health & Social Care Safeguarding Delivery Plan.
- Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis.
- Requests that the Director of Adult Health & Social Care reviews and refreshes the plan on a biannual basis for subsequent consideration by the Committee.
- Endorses the Safeguarding Adults Strategic Partnership Board Annual Report for 2021/ 2022.

Background Papers:

- Appendix 1 – Adults Health and Social Care Safeguarding Adults Delivery Plan
 Appendix 2 – Safeguarding Adults Strategic Partnership Annual Report
 Appendix 3 – Equalities Impact Assessment
 Appendix 4 – Climate Impact Assessment

Lead Officer to complete: -		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: Ann Hardy Legal: Patrick Chisholm Equalities & Consultation: Ed Sexton Climate: Jessica Rick
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	SLB member who approved submission:	<i>Alexis Chappell, Director Adult Health and Social Care</i>

3	Committee Chair consulted:	<i>Councillor George Lindars-Hammond and Councillor Angela Argenzio</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
Lead Officer Name: Dr Tim Gollins		Job Title: Assistant Director Access, Mental Health and Wellbeing
Date: 12/09/22		

1 PROPOSAL

- 1.1 Safeguarding Adults is everyone's responsibility. The Adult Health and Social Care Strategy Living the Life You Want to Live and subsequent Delivery Plan agreed at Committee on 15th June 2022, made a commitment towards improving outcomes for Adults from abuse and neglect and enabling a shift towards prevention of harm. This paper sets out a Delivery Plan and key milestones to deliver upon that Commitment.
- 1.2 The report explains how new ways of working, specifically Making Safeguarding Personal (MSP) and Strengths-based approaches to social care, are impacting positively to change practices, referral rates and numbers of safeguarding referral and notes new models under development.
- 1.3 The Committee are asked to comment upon and approve the Adult Health and Social Care Safeguarding Adults Delivery Plan and agree a schedule that they are updated upon progress against it.
- 1.4 The Committee are also asked to endorse the Safeguarding Adults Strategic Partnership Annual Report attached at *Appendix 2* by the Independent Scrutineer which was noted at the Safeguarding Adults Strategic Partnership Board on 9th September 2022.

2.0 BACKGROUND

- 2.1 Safeguarding Adults is everyone's responsibility.
- 2.2 Safeguarding means protecting people's right to live in safety, free from abuse and neglect. Statutory safeguarding applies to adults with care and support needs who may not be able to protect themselves. It can also include neglect, domestic violence, modern slavery, organisational or discriminatory abuse.
- 2.3 Protecting vulnerable people's rights and supporting their safety encompasses working closely with our partners, such as when doctors are considering compulsory treatment or admission to psychiatric hospital. It also means working with people who may lack capacity to decide on what care and support needs they have and making sure that when care and support arrangements are put in place, they are the least restrictive arrangements possible.
- 2.4 It also means having effective systems of working which enable safe, person led continuity of care at key transition points in vulnerable peoples' lives including when people return home from hospital, live in another authority or need ongoing support as a young person becomes a young adult. Overall, it means protecting vulnerable people's human rights to liberty, privacy, and family life.
- 2.5 Making Safeguarding Personal (MSP)¹ involves respecting the views of vulnerable people. It means that when practitioners are working with a person where safeguarding processes are necessary, that we take the time to listen and understand and support their wishes and desired outcomes.

¹ [Making Safeguarding Personal | Local Government Association](#)

2.6 This entails working alongside vulnerable people in safeguarding situations in the least restrictive way possible, so that the approaches we take improve their wellbeing, provide opportunities for independence, and help people realise their views, wishes and outcomes.

2.7 Encompassing safeguarding is our wider vision and commitments for adult health and social care described in our strategy, Living the Life You Want to Live:

Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are - and when they need it, they receive care and support that prioritises independence, choice, and recovery’.

2.8 In line with the vision and our commitments made and our statutory duties, a self-assessment was undertaken in 2021 using *ADASS Towards Excellence in Social Care*, an Internal Audit of Safeguarding, review of our performance, review of safeguarding referral and ways of working, to identify our current position, areas of strength, development, and opportunities to improve the lives and outcomes of people of Sheffield by safeguarding people from harm.

2.9 Following on from this an *Adult Safeguarding Delivery Plan* has been developed to coordinate our activities as a Council to ensure safety and preventing harm of people in need of care and support across Sheffield. It’s been developed in partnership with colleagues and partners to support a partnership approach to implementation. The Safeguarding Delivery Plan can be found at *Appendix 1*.

2.10 Key enablers have been introduced to assure delivery of the plan and performance outcomes, which include:

- Leadership - A new leadership model, which includes a specific focus on operational leadership of safeguarding, strategic leadership in relation to the safeguarding board and the effective governance of safeguarding across Adult Health and Social Care. This was reported to Committee in June 2022².
- Prioritisation – Safeguarding Adults is an area for further development as part of the Councils Delivery Plan, which was approved at Strategy and Resources Committee on 30th August 2022³. This supports endorsement and awareness of the importance of Safeguarding Adults across the Council.
- Care Governance - Implementation of a Care Governance Strategy⁴ and service wide quality and performance clinics following approval of the Strategy at Committee in June 2022 which ensures routine and structured approach towards governance, assurance, and performance across Adult Health and Social Care. As part of this, an outcomes and performance clinic has been introduced to embed a focus on continuous improvement throughout Adult Health and Social Care.

² [Adult Health and Social Care Overview Presentation](#)

³ Councils Delivery Plan - Draft Protocol for Cabinet Reports ([sheffield.gov.uk](#))

⁴ [Adult Health and Social Care Governance Strategy](#) and [Performance Management Framework](#)

- Quality and Outcomes – Implementation of a safeguarding coordinating group has been developed to coordinate performance, delivery of the Safeguarding Adults Delivery Plan, safeguarding continuous improvement and ensure a joined-up approach across the Council and with partners. It will be co-chaired by the Assistant Director Access, Mental Health and Wellbeing and Chief Social Work Officer and report into the Performance Clinics, Safeguarding Executive Partnership Board, Councils Performance and Delivery Board and Joint Health and Care Quality Board.
- Capacity - Dedicated officer capacity to support coordination and implementation of the safeguarding delivery plan and the liberty protection safeguards delivery planning. It is planned that this capacity will be fully implemented by February 2023 as part of a wider organisational change process.
- Citizen Involvement - A dedicated citizen involvement post and development package to ensure we deliver upon our commitment towards meaningful co-production and a focus on delivery of improved wellbeing outcomes. It's planned that this will be fully implemented by February 2023.

2.11 Alongside the enablers for change, our priority is towards development of new models and ways of working with individuals, carers and partners and the Sheffield Safeguarding Board which can deliver improved people outcomes and enables a greater shift towards prevention of abuse and neglect. Examples include:

- A multi-agency screening hub as a way of improving individuals experience of safeguarding, reducing duplication and a multi-agency shift towards earlier intervention and prevention of abuse.
- A review of our practice guidance, operations and pathways to ensure a shared approach clarity of our arrangements, a partnership focus and how well they are connected across the Council and with partners working towards the prevention of abuse and neglect.
- Development of a shared statement relating to Conversion Therapy. A policy is planned to be brought to the Safeguarding Board and Committee in December 2022.
- A review of our approach to transitions of young people to adult services – an update was provided at Strategy & Resources Committee on 30th August 2022 regards our progress⁵.
- The Changing Futures Programme which aims to embed a learning and system changes towards supporting people experiencing multiple disadvantages. A report is planned for Adult Health and Social Care Policy Committee on 22nd November 2022 outlining learning and progress made, particularly in relation to the prevention of abuse.

⁵ [Draft Protocol for Cabinet Reports \(sheffield.gov.uk\)](https://www.sheffield.gov.uk/cabinet-reports)

- Preparations for the introduction of Liberty Protection Safeguards (LPS) and reductions in the backlog of Deprivation of Liberty (DOLs) Authorisations. A report is planned for February 2023 Adult Health and Social Care Policy Committee setting out our progress and plans for embedding LPS.
- Improved governance and oversight of business continuity and resilience, health and safety, market resilience and contract management. Reports are planned to Adult Health and Social Care Policy Committee on our progress throughout the year.

2.12 Benchmarking and collaboration across local, regional, and national partners is important, enabling our teams to work to a common understanding of what good looks like and contributing to the development of shared quality standards. It means that we are embedding a culture of learning and continuous improvement across social care and a culture based on partnership and collaboration.

2.13 To that end, Sheffield is involved in and leading development of regional benchmarking, which includes development of quality standards and a 'what good Safeguarding looks like' toolkit. This activity is expected to be completed by October and will inform further updates and development of the Delivery Plan and our models and ways of working within Sheffield.

2.14 To ensure effective oversight and accountability of the *Delivery Plan* and our performance in relation to safeguarding, its proposed to provide an update to the Committee, Sheffield Adult Safeguarding Strategic Partnership Board and Sheffield Council Performance Delivery Board every 6 months.

3.0 SAFEGUARDING PERFORMANCE AND QUALITY ASSURANCE

3.1 Safeguarding Partnership Annual Report

3.1.1 A report is published annually on the Sheffield Adult Safeguarding Strategic Partnership Board performance and an annual account of progress against the Partnerships strategic priorities.

3.1.2 The report covers the period from April 2021 through to March 2022, a period that continued to present unprecedented challenges for partners as the global pandemic COVID-19 continued to impact.

3.1.3 The annual report demonstrates that partners have faced significant challenges during the year. However, there has also been significant innovation, and safeguarding has been maintained as a priority with a range of examples of positive developments.

3.1.4 The Independent Chair has noted that since her arrival, she has seen a real commitment to working together, and the willingness to address the need for

change. She has seen great examples of innovation, with Sheffield at the leading edge locally and contributing nationally to emerging policy on interventions that support adults and their families and prevent escalation of need.

The Committee is asked to endorse the Annual Report 2021 – 2022.

3.1.5

3.2 Safeguarding Adults Performance

3.2.1 The Adult Safeguarding Partnership Board reviews performance on a regular basis, which includes a focus on how the partnership is embedding Making Safeguarding Personal through reviewing individual outcomes achieved.

3.2.2 An overview of the Partnership Board performance for Quarter 1 2022/2023 tells us that:

- The number of adults who were asked about their desired outcomes was 80.4% and was an increase by 8% from last quarter and a 20% increase from last year at same time. With that 64.58% adults said that their outcomes had been met and in 77.8% the risk was removed or reduced, which is an increase from previous quarters and from last year at the same time. These are trajectories we want to build on.
- The number of people satisfied with how the safeguarding episode was 76.7% and a slight increase from previous quarter. Again, this a trajectory we want to build upon and see a continued increase.
- 1382 contacts were received between April and June 2022, compared with 2208 in the same period last year.
- From March 2020 – March 2022 the source with the highest number of contacts has consistently been the Police however this quarter Care Providers had the highest number of contacts (Care Providers 424 vs Police 265). This is due to a change in how Police contacts are being managed and recorded in recognition that not all contacts were safeguarding enquiries. This is a trajectory we also want to build upon as it means that we are evidencing proportionality in our response.
- 21% (303 contacts) of the contacts proceeded to a formal Section 42 safeguarding enquiry.
- There has been a slight downward trend in the number of working days from contact to determining the statutory criteria. The average number of working days it took to establish if a person met the criteria for an enquiry was; April (27), May (26), June (33) making June the highest average number of working days from contact to determining statutory criteria since December 2021. This is an area we want to improve upon over the next 12 months.

3.2.3

It is aimed that by addressing our waiting lists as part of our service improvement activity, managing contacts differently and introducing a MASH and Early Help Service as part of our strategic developments this will establish new ways of working which build capacity and sustainability to be responsive and assess within timescale as well as increase satisfaction with the process and outcomes of individuals.

3.2.4

For the Delivery Plan, benchmarking has been provided against Yorkshire and Humber authorities but our ambition is to benchmark with Core Cities and CIPFA benchmarking groups also to provide a clearer comparison with comparator authorities as we go forward. From the benchmarking with Yorkshire and Humber authorities we know that we benchmark well in terms of outcomes being met but need to develop our approach to removing or reducing risk.

3.2.5

To support ongoing learning and development, its intended to use the Local Government Association Safeguarding Community of Practice as a way of comparing and learning from other authorities so that we can embed best practice across the service. The Safeguarding and DoLS Coordinators will coordinate and proactively embed learning from benchmarking to support continuous improvement and its planned to incorporate benchmarking within statistical returns.

3.3 Service Improvements – Safeguarding Waiting Lists

3.3.1 During 2021, the First Contact teams were under significant pressure resulting from several key drivers:

- An increase in referrals for services because of pent up demand created during the time when Covid restrictions were in place.
- A consequent increase in acuity since multiple issues compounded over the Covid period and subsequently emerged simultaneous, creating additional complexity and the need for multi-agency solutions
- The transfer of a significant number of Safeguarding contacts from Sheffield Health and Social Care Trust (SHSC) in December 2021 due to improvements in Sheffield City Council conformity with legislation.
- General increases in demand due to longer-term demographic trends and technological developments that support people live more independent and autonomous lives in the community with significant disabilities.

3.3.2 These challenges have been addressed by First Contact teams in several ways:

- Agency staff have been used to build capacity to reduce the length of time people have been waiting for further assessment.
- To establish long term sustainability, the First Contact Service looked into solutions and from that changed the service into a First Response

Service and a Short-Term Assessment Service focused around strengths based conversations.

- The First Response service aims to resolve contacts within 2 working weeks. The Short-Term Assessment Teams will support the person for up to 80 days, albeit that this general time scale has some flexibility so that the staff can respond to individual needs. The 80-day timescale is achieved 85% of the time.

3.3.3 The Strength based conversations are a key aspect of our change as they promote a person's independence and autonomy, contribution of family and friends to solve issues and how voluntary, community and faith sectors might help resolve challenges.

3.3.4 The conversation also 'signposts' people wherever possible to information and advice that will assist them to help themselves or gain appropriate support independently. A specific project is underway to develop our web-based information, advice and guidance offer to citizens that will complement this work.

3.4 Service Improvements - Deprivation of Liberty (DOL)

3.4.1 A deprivation of someone's liberty occurs when:

- The person lacks capacity to consent to the restrictions imposed
- The person is under 'continuous supervision and control'
- The person is 'not free to leave'.

3.4.2 Each deprivation of liberty must be authorised by the local authority.

3.4.3 There is a waiting list for reviews of Deprivations of Liberty (DOLs) that have been made in the past and which subsequently need renewing. This number is currently (Sept 22) 763. There are also 501 new DOLs referrals waiting for authorisation for the first time. This waiting list has arose for similar key drivers as that of the First Contact Team has experienced alongside drivers relating to leadership focus and service capacity to respond to DOLS within the service.

3.4.4 The waiting list is being addressed by:

- Recruitment of additional independent Best Interest assessors. Hampered by Tax changes that mean the role has now become far less financially attractive for current social workers seeking extra money.
- Recruitment of agency staff to build capacity to increase the number of authorisations being made.

- The use of business support staff to triage the backlog and check to see if there are changes in circumstances that mean authorisations are not needed.
- To establish long term sustainability, a DoLS Coordinator has been established and recruited to provide dedicated operational leadership and to build in ways of working which maintain an effective response.

3.4.5

In undertaking the improvement activity, the waiting list has reduced by 88 over 3 weeks. Its planned, as reported to Committee on 15th June that the waiting list will be cleared by 31st March 2023 and this will enable the service to build long term sustainability in relation to implementation of Liberty Protection Safeguards. The Director of Adult Health and Social Care Report to each Committee will demonstrate trajectory towards reducing this waiting list.

3.4.6

The DOL's systems and processes will change substantially with the introduction of the new Government scheme called Liberty Protection Safeguards (LPS). LPS will replace the Deprivation of Liberty Safeguards (DOLS). This was announced in a Mental Capacity (Amendment) Bill which passed into law in May 2019.

3.4.7

The drafted LPS code of practice proposes some key changes to how deprivations of liberty must be managed. These are:

- LPS will apply to people in care homes, hospitals, supported accommodation, Shared Lives accommodation and, importantly, people in their own homes.
- LPS will apply to everyone from the age of 16 years.
- LPS will need to be authorised in advance where possible by what will be termed 'the Responsible Body', which will be any statutory body, not just the local authority
- Where a person is deprived of their liberty before an authorisation has been given, the Mental Capacity Assessment (MCA) must be amended to provide the authority to continue to care for the person.

3.4.8

The implications are significant because it will mean additional responsibilities for social care, as social workers will have to confidently operate the Mental Capacity Act legislation as deprivations of liberty where they occur in people's own homes will need authorisation. This will result in a significant increase in the volume of work for adult health and social care as well as other statutory bodies who will be required to provide authorisations in institutions.

3.4.9

The legislation is not expected to come into force until late 2023-4, but work is underway to develop, through a broad training programme, the workforce's understanding of the mental capacity legislation, what constitutes a deprivation of liberty and how to safeguard the person who lacks capacity to consent (to restrictions) in least restrictive ways available. A report on our preparations is planned for February 2023 Committee.

4 HOW DOES THIS DECISION CONTRIBUTE

4.1 Organisational Strategy

- 4.1.1 This proposal meets the Safe and Well and Effective and efficient Adult Social Care outcomes as set out in the Adult Social Care Strategy in several ways.
- 4.1.2 This proposal also supports a broad range of strategic objectives for the Council and city, and is aligned with existing policies and commitments, including: -
- *Our Sheffield: [One Year Plan](#)* – under the priority for Education Health and Care, Enabling adults to live the life that they want to live and the Councils new delivery plan.
 - SCIE [Making Safeguarding Personal \(MSP\)](#) using Strengths-based approaches to social care
 - Safeguarding means protecting people’s right to live in safety, free from abuse and neglect. This is everyone’s responsibility.
 - *Conversations Count*¹⁰: our approach to adult social care, which focuses on listening to people, their strengths, and independence.
 - *Our new ASC Operating Model* - this aligns to that new arrangement by ensuring a dedicated focus on safeguarding adults
 - *Unison Ethical Care Charter*¹³: signed up to by SCC in 2017¹⁴, the Charter ‘establishes a minimum baseline for the safety, quality and dignity of care’.

5 HAS THERE BEEN ANY CONSULTATION?

- 5.1 A crucial element in the successful prevention of abuse is the increased involvement in people receiving, and staff directly delivering care, in the development of all key parts of the plan. Throughout the sector, we know that involving and coproducing these makes them more likely to be successful.
- 5.2 To enable this, the governance structures will include the voices of those receiving care, carers, partners, and care providers so that we ensure we deliver what matters to people of Sheffield. This includes co-developing a mechanism (e.g., Citizens Board) so that people with lived experience are equal partners.
- 5.3 An overall approach to coproduction and involvement is also a key element of the delivery plan, ensuring that the voice of citizens is integrated into all major developments ahead. This includes signing up to Think Local Act Personal Making It Real. A dedicated item on this is proposed as part of the Committee’s forward plan
- 5.4 The design and build of the multi-agency safeguarding hub is being led by a multi-agency group who will be part of the hub delivery going forward. Our review of governance, contracts and safeguarding pathways is based upon feedback from practitioners who deliver these services. The proposals will

mean that people who are at risk will receive a quicker response which will not only improve safety but will reduce the need for repeat chaser calls

5.5

Changing futures is recruiting people with lived experience of multiple disadvantage and is working with them to co-produce pathways to improve outcomes. This best practice is and will continue to inform and deliver the best possible services to meet outcomes.

6 RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

6.1 Equality Implications

6.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010, collectively referred to as the 'general duties to promote equality'. Section 149(1) contains the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:

1. eliminate discrimination, harassment, victimisation and any other conduct that is connected to protected characteristics and prohibited by or under this Act;
2. advance equality of opportunity between those who share a relevant protected characteristic and those who do not;
3. foster good relations between those who share a relevant protected characteristic and those who do not.

6.1.2 The proposal described in this report is consistent with those requirements. It aims to develop a more efficient and person-centred approach and, as referenced in the Consultation section above, to ensure citizens' voices and experiences help to inform and develop the processes.

6.1.3 The nature and purpose of Adult Health & Social Care means that people sharing the protected characteristics of Age and/or Disability will be directly impacted by the proposals. However, the safeguarding remit means that people sharing certain other protected characteristics (e.g. Sex, Race, Sexual Orientation) may also be particularly affected.

6.2 Financial and Commercial Implications

6.2.1 The saving of £200,000 was taken from the 2022/23 budget and to be achieved in full requires the Committee to bring the overspend back into line.

6.2.2

The changes proposed are expected to improved customer outcomes and reduce budget pressures of £200,000 in the area of safeguarding and protecting people This is to be achieved by:

Increased efficiency due to: -

- The introduction of a multi-agency safeguarding hub, reducing time spent on inappropriate safeguarding referrals and reducing duplication of activity.
- Providing clarity about pathways for inappropriate safeguarding referrals to reduce the incidence of repeat callers.
- Improving shared practice guidance and pathways to bring clarity of roles and improved multi-disciplinary working to reduce duplication
- Efficiencies in safeguarding processes as a result of mental health social work function returning to the Council
- Reviewing existing governance arrangements, contracts and support services in relation to safeguarding and protecting people to reduce duplication and improve value for money

6.2.3

Over the longer term, we will look to embed learning and whole system changes in relation to working with people experiencing multiple disadvantage to improve outcomes and reduce costs in ways of working.

6.3 **Legal Implications**

6.3.1 The core purpose of adult health and social care support is to help people to achieve the outcomes that matter to them in their life. The Care Act 2014 sets the Council's statutory power to direct the provision that:

- promotes wellbeing
- prevents the need for care and support
- protects adults from abuse and neglect (safeguarding)
- promotes health and care integration
- provides information and advice
- promotes diversity and quality.

6.3.2 Beyond the Act itself the obligations on Local Authorities are further set out in the Care Act statutory guidance issued by the government. By virtue of section 78 of the Act, Local Authorities must act within that guidance.

6.3.3 The Care Act Statutory Guidance at paragraph 4.52 requires Local Authorities to:

“... have in place published strategies that include plans that show how their legislative duties, corporate plans, analysis of local needs and requirements (integrated with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), thorough engagement with people, carers and families,

market and supply analysis, market structuring and interventions, resource allocations and procurement and contract management activities translate (now and in future) into appropriate high quality services that deliver identified outcomes for the people in their area and address any identified gaps".

4.3.4 This report therefore sets out how the Authority will meet its statutory obligations and it is itself a requirement of the wider Care Act framework.

4.3.5 The Living The Life You Want to Live – Adult Social Care Strategy which was approved in March 2022 set out the high-level strategy to ensure these obligations are met. This report builds upon that by setting out how the aims of the strategy will be delivered and provides for the monitoring and review encouraged by the statutory guidance.

4.4 **Climate Implications**

4.4.1 Discussions have taken place with appropriate colleagues regarding Climate Implications, and it has been agreed that there is nothing relevant in this respect.

4.4.2 It is planned within the forward plan of the Committee to bring a specific Climate Action Plan in February 2023.

4.5 **Other Implications**

4.5.1 There are no specific other implications for this report. Any recommendations or activity from the detailed workplans of the strategy will consider potential implications as part of the usual organisational processes as required.

7 ALTERNATIVE OPTIONS CONSIDERED

5.1 The alternative options considered were:

Do not complete a Delivery Plan for Safeguarding Adults. This would not provide the assurances required to the Committee, Safeguarding Partnership Board and Council ensure that our safeguarding duties are met.

8 REASONS FOR RECOMMENDATIONS

6.1 Recommendations

It is recommended that Adult Health and Social Care Committee:

1. Approves the Adult Health & Social Care Safeguarding Delivery Plan.
2. Requests that the Director of Adult Health & Social Care provides the Committee with updates on progress against the Delivery Plan on a six-monthly basis.

3. Requests that the Director of Adult Health & Social Care reviews and refreshes the plan on a bi-annual basis for subsequent consideration by the Committee.
4. Endorses the Safeguarding Adults Strategic Partnership Board Annual Report.

6.2 Reasons for Recommendations

- 6.2.1 An approved delivery plan for the strategy gives a structured approach to delivery of the prevention of abuse and neglect and the protection of people's rights. It will also provide greater accountability and transparency of how will do this.
- 6.2.2 Asking for regular updates and refreshes of the plan will keep the Committee, wider stakeholders, and the public the ability to hold the Council to account for progress and provide an additional mechanism to input to future development.