Member Report
Annual Safeguarding Adults Report 2023/2024

Report to: Cabinet

Report from: Executive Director for Adults and Communities

Portfolio: Adult Social Care

Report Date: 17th September 2024

Decision Type: Executive

Council Priority: Meeting Residents Needs

HEADLINE POSITION

1.0 Summary of report

1.1 This report provides an overview of safeguarding activity undertaken by Redcar & Cleveland Adult Social Care, with reference to key partners during the period April 2023 to March 2024.

2.0 Recommendation

2.1 It is recommended that Cabinet note the contents of this report and endorse the continued work of adult social care in meeting our statutory safeguarding duty and delivering preventative services to safeguard adults in our borough.

3.0 DETAILED PROPOSALS

3.1 What are the objectives of the report and how do they link to the Council's priorities?

3.1.1 The Council has a legal obligation to safeguard adults with care and support needs from abuse and neglect; this is supported by the corporate priority of Meeting Residents' Needs. Safeguarding means protecting people's right to live in safety, free from abuse, and neglect. It applies to adults with care and support needs who may be unable to protect themselves from harm. It balances the right to be safe, with the right to make informed choices and self-determination. This includes taking the adult's views, wishes, feelings and beliefs into consideration when deciding on any actions. All interventions aim to promote the individual's wellbeing.

3.1.2 This area of work is known as Safeguarding Adults. Our legal safeguarding duty requires us to respond to any concern about the abuse or neglect of an adult. The broader responsibility of adult safeguarding includes, putting in place preventative support services to safeguard and promote the wellbeing of all adults with care and support needs and their informal carers.

3.2 What do we mean by abuse and neglect?

3.2.1 The definitions of ‘abuse’ and ‘neglect’ have changed since the implementation of the Care Act in April 2015. Abuse may take place in many forms and may include criminal activity. It may take the form of:

1. Physical abuse includes assault, hitting, slapping, pushing, restraint, and misuse of medications.
2. Sexual abuse includes rape, indecent exposure, sexual harassment, and sexual assault.
3. Psychological abuse includes emotional abuse, threats of harm or abandonment, harassment, and verbal abuse.
4. Financial and material abuse includes theft, fraud, internet scamming, and coercion in will writing.
5. Discriminatory abuse includes harassment and slurs or similar treatment because of race, gender, age, disability, sexual orientation, or religion.
6. Organisational abuse includes neglect and poor care practice within an institution or care setting.
7. Neglect or acts of omission includes ignoring medical or physical care needs, withholding of medication, withholding adequate nutrition, and heating.
8. Modern slavery includes slavery, human trafficking, forced labour, domestic servitude.
9. Domestic violence includes abuse that could be psychological, physical, sexual, financial, emotional and “honour” based violence.
10. Self-neglect includes neglecting own personal hygiene, own personal health and includes behaviours such as hoarding which may pose a risk.

3.2.2 Research evidence’s that people with care and support needs are more vulnerable, and often more likely to experience abuse than other adults. Adults who have mental health needs, a learning disability, a physical disability/long-term condition or are elderly and frail, are also likely to be less able to keep themselves safe from harm or seek appropriate help or support if they are experiencing abuse or neglect. Forms of abuse are also criminal offences.

3.2.3 A key part of our prevention strategy is to ensure there is a good awareness of types of abuse, possible signs of abuse and how to report abuse. This will enable people, families, and others in the community to be more vigilant, responsive to concerns and intervene to reduce risk of harm.

3.3 Safeguarding in the workplace

3.3.1 There may be times when any one of us may find ourselves having concerns about something which is happening in the workplace. The Council has a whistleblowing policy in place to help employees raise these concerns in the right way and to protect them when they do. This policy was updated by our Internal Auditor Partners, Veritau Tees Valley, and approved by the Council's Governance Committee in November 2020.

This policy aims to:

1. Encourage workers to raise concerns they have about their workplace or working practices.
2. Make sure managers know what a whistleblowing concern is and how they must address it.
3. Ensure that workers receive a response to any concern raised.
4. Inform workers about how they can pursue an issue further if they are not satisfied with the action taken by the council.

5. Reassure workers that they are protected from dismissal or negative treatment if they raise concerns.

3.3.2 All our care providers who are regulated by the Care Quality Commission to deliver personal care, have both a whistle blowing policy and safeguarding policy in place. This is so staff feel safe to raise concerns in the commissioned care sector as per the requirements of the Care Quality Commission, and to comply with the Council's contractual terms.

3.4 Six key principles that underpin all adult safeguarding work

3.4.1 The following six principles apply to all sectors and settings including care and support services, further education colleges, commissioning, regulation and provision of health and care services, social work, healthcare, welfare benefits, housing, wider local authority functions, and the criminal justice system. The principles should inform the ways in which our teams and partner agencies work with adults.

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent.
  "I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens."
- **Prevention:** It is better to take action before harm occurs.
  "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- **Proportionality:** The least intrusive response appropriate to the risk presented.
  "I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."
- **Protection:** Support and representation for those in greatest need.
  "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- **Partnership:** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
  "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
- **Accountability:** Accountability and transparency in delivering safeguarding.
  "I understand the role of everyone involved in my life and so do they."

3.5 Making Safeguarding Personal

3.5.1 'Making Safeguarding Personal' (MSP) is a key principle that was outlined in the Care Act 2014, as the foundation of how we should be delivering safeguarding as a statutory function. MSP aims to ensure that the person (adult at risk) and/or their advocate in relation to the safeguarding enquiry, is fully engaged and consulted throughout, and that their wishes and views are central to the final outcomes as much as possible. This means that the person needs to give informed consent for a safeguarding enquiry to progress. When a safeguarding enquiry results in no further action, this can be due to no risk being identified upon enquiry, the risk no longer being present, or the adult deciding they do not want the safeguarding

process to proceed.

3.6 The voice of the adult

3.6.1 People are at the heart of all our safeguarding actions. To ensure we take a personalised approach, getting honest feedback is especially important to us. At the close of each safeguarding enquiry, we ask the adult about their experience of the safeguarding process.

3.6.2 The feedback surveys have indicated that adults and their representatives have felt listened too, that their concerns were taken seriously and that they were happy with how reported concerns were dealt with to keep them safe.
As part of the 'Making Safeguarding Personal' approach, we ask each adult or their representative six questions to help us understand how it has felt to be part of a safeguarding process. Below is a table reflecting the responses to the six questions we ask regarding their experience of safeguarding in 2023/24:

Percentage of people who:	Replied All or Mostly	Replied Not much or at all
Felt listened to during the safeguarding process	100%	0%
Were given information that they understood	100%	0%
Were asked what they wanted to happen	100%	0%
Were happy with the results	100%	0%
Were happy with how staff dealt with the concerns	100%	0%
Felt safer at the end of the safeguarding process	91%	0%

*Where percentages do not add to 100%, answers were not provided by respondents.

3.7 Safeguarding concerns and enquiries

3.7.1 The Council's safeguarding duty applies to any adult or unpaid carer who meets all three key tests in the Care Act 2014. These are:

- An adult who has needs for care and support (whether or not any of those needs are being met).
- The adult may be experiencing, or is at risk of, abuse or neglect.
- As a result of their care and support needs, the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

3.7.2 Once the Council has reasonable cause to believe an adult meets this test, its duty to make enquiries under Section 42 of the Care Act 2014 is triggered. Only when the Council has ensured that all necessary action has been taken to protect the adult, can the safeguarding episode be concluded. Here is an explanation of some of the terminology used in adult safeguarding:

Safeguarding concerns - Any concern about an adult who has or appears to have care and support needs, that they may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this.

Safeguarding enquiries - The purpose of a safeguarding enquiry is to decide what action is needed to help and protect the adult, and aims to:

- Establish the facts about an incident or allegation.
- Ascertain the adult's views and wishes on what they want as an outcome from the enquiry.
- Assess the needs of the adult for protection, support, and redress and how they might be met.
- Protect the adult from the abuse and neglect, as the adult wishes.
- Establish if any other person is at risk of harm.
- Make decisions as to what follow-up actions should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- Enable the adult to achieve resolution and recovery which includes a keeping safe plan.

3.7.3 Safeguarding enquiries may involve a wide range of activities depending on the circumstances. These may include interviewing people who have witnessed or been involved in the incident or reviewing records or policies and procedures. Sometimes, other enquiries will also be needed under other procedures. For example, if a criminal offence is suspected, the police may undertake an investigation, and if so, this will take priority. If the person is an employee, then a disciplinary investigation may be required by the employing organisation.

3.7.4 There are times when an adult does not meet all the section 42 criteria, as set out in 3.7.1, but due to their vulnerability or other risk factors, the Council may still consider it necessary and proportionate to make safeguarding enquiries; this is captured as safeguarding "other".

3.7.5 The table below shows the number of safeguarding concerns and enquiries in 2023-2024, compared to the previous five reporting years.

3.7.6

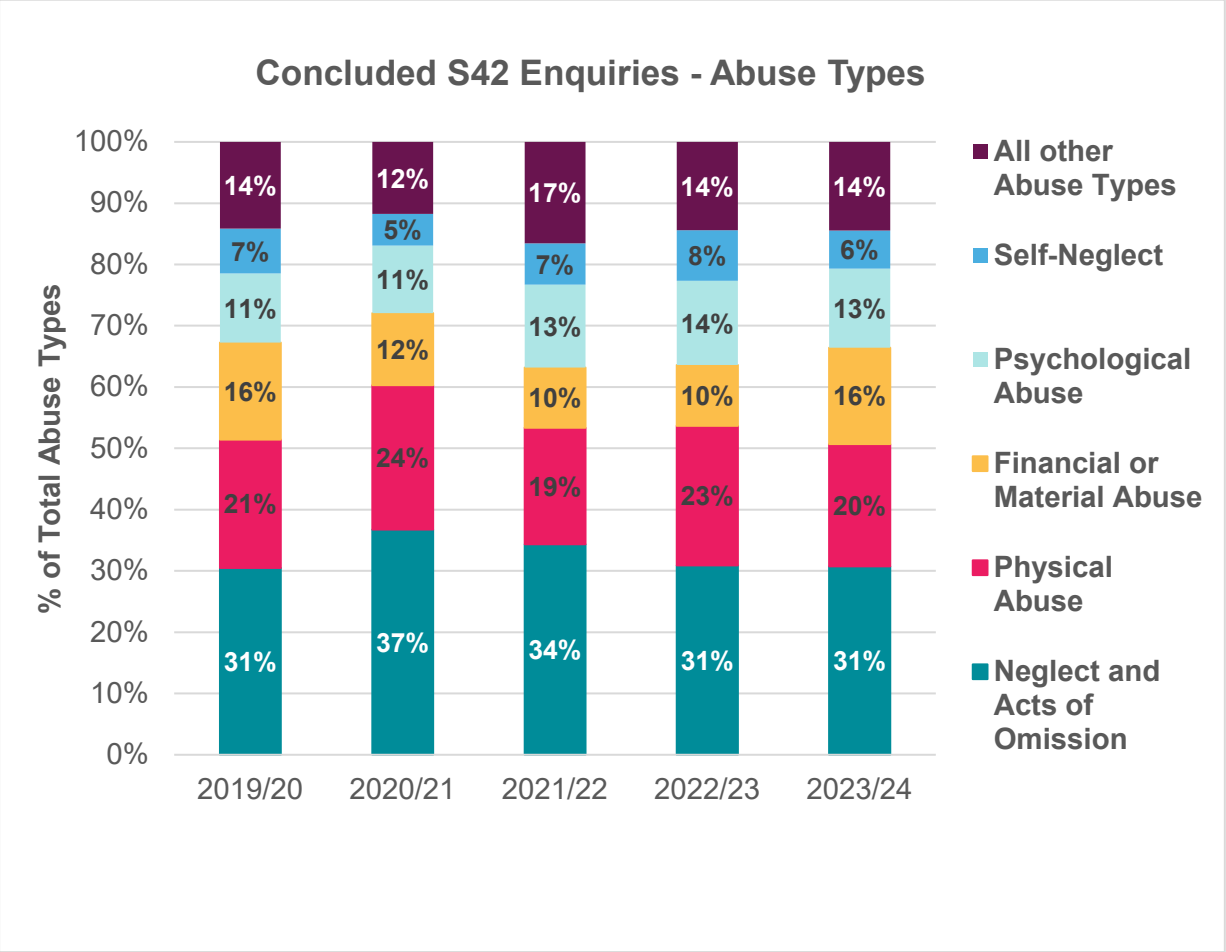
RCBC Figures	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Total No of SG Concerns	1340	1630	1530	1945	1910	1877
Total No of S42 Enquiries	550	790	460	710	540	430
Total No of Other SG Enquiries	15	5	0	0	2	4
% of conversions	42	48	30	36	28	23

3.7.7 There has been a slight decrease in the in the number of safeguarding concerns received in 2023/24 compared to the previous two years, as well as a noted reduction (5%) in the number of concerns that progressed to safeguarding enquiry.

3.7.8 There are a series of safeguarding audits in our work programme to provide assurance of our decision making. This will also consider the source of concerns, and what further prevention work can be completed with partners to address the level of concerns received.

3.8 Type and location of abuse

3.8.1



3.8.2 The highest categories identified of abuse in 2023/24, for the fifth consecutive years, were neglect and acts of omissions followed by physical abuse, financial or material abuse, and psychological abuse. Compared to previous years we can see there has been a percentage decrease in physical abuse, while proportionally financial abuse reported has increased. Our working assumption is that cost of living challenges are likely to have influenced the increased prevalence of financial or material abuse.

3.8.3 Consistent with previous reporting years, the majority of safeguarding enquiries undertaken, were in relation to concerns about abuse in the persons own home (50.4.%), followed by concerns in a residential care setting (29.2%) and a smaller proportion (8%) in nursing care settings. This concurs with the view that people can be at risk of abuse or neglect within any setting, and it is understandable that the majority of concerns are happening in a person's own home, when considered that only 12.5% of all people we work with, are living in a residential or nursing care setting.

3.8.4 The proportion of concerns related to people in residential or nursing care has reduced from 22/23 to 23/24 (reduction of 2% for residential and 4.6% for nursing) which reflects the continued good work our Quality Team is doing with local care homes, as well as our current position in relation to Responding to and Addressing

Serious Concerns (RASC).

3.9 Risks reduced or removed

3.9.1 In the safeguarding enquiries where a risk was identified, the risk was removed in 115 instances and reduced in 247 instances (total of 95.8%). We have not yet received the national/regional data but given the previous five years the highest percentage achieved was 91.0 %, we are expecting to be above the national and regional average. In the sixteen cases where the risk remained, involvement was ceased on the request of the adult.

3.9.2 Sometimes adults with care and support needs will make decisions that professionals entrusted with a safeguarding duty believe to be unwise and does not mitigate the risk to which they are exposed. However, the adult has the right to make choices about their own life, even if we deem these decisions to be unwise. This must be carefully considered when the adult has fluctuating mental capacity, or when these choices place the adult at significant risk, as the law says, 'no one can consent to their own abuse.' The adult is always offered support in how they can keep themselves safe or seek support at any time if they wish to address the risks; we will still take safeguarding action against the adult's wishes if other adults are at risk or we believe the adult is under duress.

3.10 Quality assurance of safeguarding decision making

3.10.1 We have several quality assurance mechanisms to ensure our safeguarding adults practice and decision making is robust, including:

- Sample audits to ensure decision making is proportionate to risk.
- Observation of safeguarding meetings by Principal Social worker.
- Completion of themed audits and feedback learning to Teeswide Safeguarding Adults Board.
- Principal social worker provides independent assurance, as stated in the annual report:

*'A new approach is being developed to ensure **Making Safeguarding Personal** feedback is captured more robustly.*

A new pathway is being developed to ensure lessons learned from Safeguarding Adult Reviews and audits are robustly communicated to the workforce and embedded into practice."

3.11 Mental capacity and advocacy arrangements

3.11.1 In 186 of the 434 S42 enquiries, there were some concerns where the adult lacked the mental capacity to understand the concerns about their wellbeing, and the risks identified. In all186 cases the adult was supported by an advocate, family member or friend. It is our duty to ensure, where there is concern regarding mental capacity, that the adult is supported by a family member or friend. If the adult does not have a family member or friend who would be appropriate to support the adult through the safeguarding process, the council must arrange for an independent advocate to support the adult and make sure everyone is acting in their best interests. The council commissions the Tees Advocacy Hub to provide independent and impartial advocacy for adults who needs this support.

3.12 Deprivation of Liberty Safeguards

3.12.1 Sometimes, caring for a person involves reducing their independence or restricting their free will in some way. If the person has not freely chosen where they will live in order to receive care, or the type of care that they receive, it is possible that this care will take away some of their freedom. In some cases, this may amount to what is called a 'deprivation of liberty.' This is often necessary when caring for someone, but it should only happen if it is in the adult's best interests.

3.12.2 The care a person receives can only deprive them of their liberty if they have not consented to it. If the person has freely chosen and consented to their situation, they have not given up any of their freedom. A deprivation of liberty can only occur in cases where someone lacks the 'mental capacity' to decide where they will live and what care they will receive. Examples of making decisions or placing restriction on someone who lacks capacity could include, deciding on the person's routine, stopping them from walking about at night, or preventing them from leaving. Professionals must make sure that all care a person receives involves as little restriction as possible. However, sometimes it will be necessary to take away some of the person's freedom to provide them with the care they need and keep them safe.

3.12.3 To decide if the amount and type of care an adult receives is in their best interests, the Deprivation of Liberty Safeguards (DoLS) include a set of checks that make sure any care that restricts a person's liberty is both necessary and proportionate. Each year we support suitably experienced social workers to undertake accredited Best Interest Assessor training, to equip our staff to expertly assess whether any deprivation of liberty is in the person's best interests and ensure their choices and freedom are restricted only where necessary and proportionate.

3.12.4 The table below shows the number of DoLS applications received in 2023/24, compared to previous years.

3.12.5

Year	Applications	% Change
2018/19	1711	16
2019/20	1501	-12
2020/21	1591	6
2021/22	1690	6
2022/23	2012	19
2023/24	2250	12

3.12.6 We have seen a continued year on year increase (12%) in the amount of DoLS applications made.

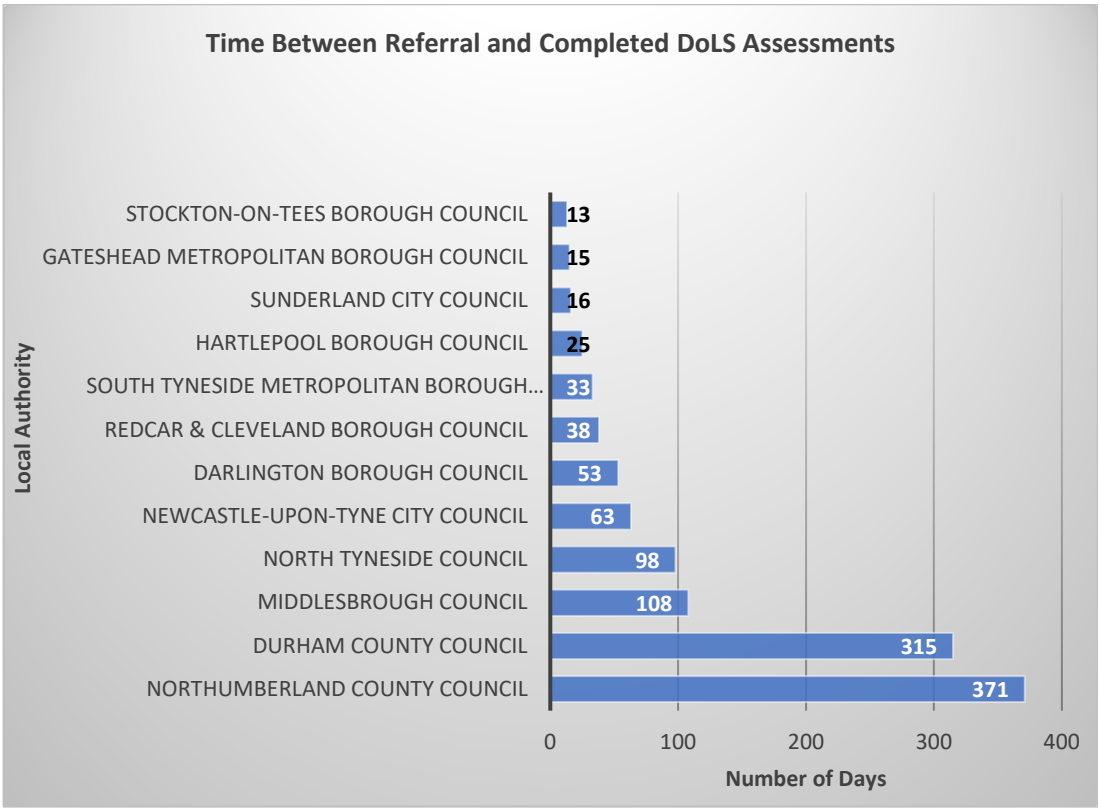
3.12.7 Following the pandemic, there has been an increased awareness of DoLS which tally with increased referrals form providers. In the past year, a new post has been created within South Tees Hospitals Foundation Trust specifically linked to DoLS which has increased the volume of referrals received from the Trust.

3.12.8 As a result of the above, and challenges relating to staffing resources, Redcar & Cleveland Council continue to have a backlog of DoLS referrals. We are currently holding a waiting list of 218 with a median time of 20 days to process but we do

have some that extend this timescale. Currently, the longest waiting has been two months and was assessed low priority using the ADASS priority tool.

3.12.9 The table below compares Redcar & Cleveland with the other eleven North East local authorities in relation to the mean number of days from referral to completed DoLS assessment.

3.12.10



The average for waiting time in England is 153 days and in the North East is 113 days, therefore the council's performance is comparatively good.

3.13 Deprivation of Liberty in the community

3.13.1 Deprivation of Liberty Safeguards only apply to people in care homes and hospitals. For people whose care amounts to a deprivation of their liberty in the community, the Council must make an application to the Court of Protection for the deprivation to be authorised and lawful.

3.13.2 In 2023/24 the council issued 40 applications to the Court of Protection for adults whose care in the community amounted to a deprivation of liberty, which is a slight reduction from the previous year.

3.14 Liberty Protection Safeguards

3.14.1 In March 2022, the draft codes of practice and draft regulations to support Liberty Protection Safeguards (LPS) were published. LPS were intended to replace DoLS. The proposal was that Liberty Protection Safeguards will make provision for deprivations in both care home and community setting, which will equalise the process across all settings. It has now been announced that LPS will not be progressed in the lifetime of this government. There are some national views shared that it is unlikely to be implemented in the current proposed format. As a

directorate, our focus remains to ensure that we are delivering best practice under the Mental Capacity Act 2005, which will enable us to remain agile and responsive to any future reforms under the Act.

3.15 Care sector quality support and management.

3.15.1 The number of people who have left the care industry over the last few years has meant there is a national shortage of social care staff. While this had resulted in people waiting longer at times for a domiciliary care package and appropriate residential/nursing care being more challenging to source, over the past 12 months this has been an improving picture. Currently there are no waiting lists for domiciliary support related to market capacity. We continue to work in partnership with adults, their families and unpaid carers, domiciliary care providers, and our care homes, to ensure all vulnerable adults have been safeguarded and their care needs met.

3.15.2 A 'Quality Market Management' meeting is held weekly to consider provider reports for discussion, agree intervention level, measures, responsible officers and sign off any summary reports for the provider review meetings.

3.15.3 Provider review meetings are held monthly to bring together key personnel from across multiple services and agencies who are regularly in contact with providers. Performance and quality standards are monitored through this meeting where wider multi agency initiatives can be agreed. Typically, conversations are focussed on providers where concerns have been noted and/or enhanced monitoring has been put in place.

3.15.4 Our approach to care quality supports greater scrutiny, supporting more timely action planning to ensure that the provider either achieves the required standard, or is supported in a managed way that enables people to move to appropriate local alternatives. We have strengthened the resource in our commissioning and quality assurance functions to ensure we can have the capacity to deliver on our proactive approach to quality standards management.

3.15.5 Significant work has gone into supporting providers over the past year, however, in some instances, the level of concern and risk about quality of care required a provider to enter the Teeswide Safeguarding Adults Board protocol for Responding to and Addressing Serious Concerns (RASC). Throughout 2023/24, three care providers in Redcar & Cleveland were supported under this protocol, all of whom were already within the process in 2022/23. These were:

- Eston Lodge (previously Briarwood Care Centre)
- Four Season's
- Harmony House

3.15.6 All three providers were successfully supported to improve the quality of care they provide and has been closed to the RASC process. In the latter months, Four Seasons and Harmony have been closed to Provider review meeting framework, with Eston Lodge still receiving oversight and support at level 3 of the framework. We currently have no providers subject to the RASC protocol.

3.15.7 The resource commitment required of the Council and our health colleagues is significant in responding to serious concerns about any care provision. We have collaborated proactively with our partner agencies, supporting the providers to

make improvements to the standards of care. Ensuring all our residents receive quality, safe care will continue to be a challenge, as we continue to navigate our way through the challenges in adult social care.

3.16 Investing in our care sector for the future

3.16.1 Alongside our support work with providers around quality of care, we are continuing to invest in the Well-Led leadership development programme for managers of adult social care services in Redcar & Cleveland. Developed by Skills for Care, the Well-Led programme is highly regarded by the CQC and supports their regulatory approach focusing on the 'Well Led' and 'Safe' key lines of enquiry. Over the last 12 months, we have had no "on site" inspections of our in-house provider services. CQC has reviewed the data, information and notification from our services and confirmed that for all services the "Good" rating remains, based on the evidence provided.

3.16.2 To ensure we remain inspection ready and provide additional support relating to CQC regulations, we have commissioned an independent company, Fulcrum Care, to complete a "mock" inspection in January 2024 at Meadowgate our Intermediate care centre. This has been greatly beneficial to inform a clear action plan for continued improvement. We are now in the process of arranging a similar inspection for Jervaulx Road (learning disability residential care setting) and our Community Reablement teams.

3.17 National Safeguarding Adults week

3.17.1 The Adults Safeguarding Team had taken part in National Adults Safeguarding week commencing the 20th of November 2023. The weeks itinerary included visiting Helmsley House with local Police Community Safety Officers (PCSO's) and a coffee morning at We are With You at the Redcar and Southbank offices. There was additional support from Teeswide Safeguarding Adults Board (TSAB).

3.17.2 The team held a 'meet the safeguarding team' question and answer session, which was attended by various adult social care teams. Visits were also carried out to several care homes to meet both residents and staff.

3.17.3 The week focused on safeguarding our vulnerable adults and allowed us to meet with adults and those that care for them. Adults social care staff attended training that was arranged by TSAB, and we all had a really positive week. This assisted in giving us the opportunity to complete some proactive work and highlighting the inclusive nature of safeguarding being everyone's responsibility.

3.18 PiPOT procedures

3.18.1 The Care Act 2014 statutory guidance requires Safeguarding Adults Boards to establish a framework to respond to allegations against anyone who works, either paid or unpaid, with adults who have care and support needs i.e., persons in positions of trust (PiPOT). In the past Redcar & Cleveland have followed an approach mirroring LADO (Local Authority Designated Officer) requirements for Childrens Services. To ensure we are Care Act compliant and meeting our duties to adults within our community, we developed and launched PiPOT guidance, pathways, and referral mechanisms.

3.18.2 The new guidance and process clearly identifies the responsibilities of the PiPOT Lead within our service and those of the employer, student body or voluntary organisation of the person in position of trust. This enables us to consider risk to adults with care and support needs and facilitate a proportionate response to address concerns raised.

3.19 The role of the Teeswide Safeguarding Adults Board (TSAB)

3.19.1 The Teeswide Safeguarding Adults Board coordinates and ensures the effectiveness of local organisations' work to safeguard and promote the welfare of adults across Tees. This long-established board fulfils our statutory duty by:

- Gaining assurance that local safeguarding arrangements are in place as defined by statutory guidance.
- Gaining assurance that safeguarding practice is person-centred and outcome focused.
- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

3.18.2 The Teeswide Safeguarding Adults Board provides the scrutiny for Teeswide partnership arrangements but is not responsible for the operational work undertaken by the council to fulfil its statutory duty to safeguard adults. That responsibility remains with each of the constituent partner agencies.

3.19 Safeguarding Adults Review

3.19.1 The Care Act (2014) stipulates that Safeguarding Adult Boards must arrange a Safeguarding Adults Review in the following circumstances, in relation to a person with care and support needs.

3.19.2 The Care Act 2014 sets out the criteria for a SAR as follows:

a) *There is reasonable cause for concern about how the Safeguarding Adults Board, its members or organisations worked together to safeguard the adult.*

and

b) *The adult died and the Board knows/suspects this was as a result of abuse or neglect.*

or

c) *The adult is still alive, but the Board knows or suspects the adult has experienced serious abuse/neglect, sustained potentially life-threatening injury, serious sexual abuse or serious/permanent impairment of health or development.*

3.19.3 A Safeguarding Adults Review does not blame an individual practitioner or organisation for their actions, its purpose is to learn from what happened and to identify what can be changed so that harm is less likely to happen in the same way to other people in the future.

3.20 Learning from Safeguarding Adults Reviews (SAR)

3.20.1 In 2023/24 there was no Safeguarding Adults Reviews from Redcar & Cleveland. As TSAB partner we do however share in the learning gained from all SAR's commissioned by the board.

3.20.2 To ensure we have a consistent way of sharing, embedding learning as well as evidence the impact of the learning, we have developed a lessons learned pathway with strong governance oversight. This includes clear actions and timescales from when the learning briefing is published on the TSAB website, to learning events, and sign off by a senior officer and written confirmation to TSAB that all actions have been completed. Within the pathway there is flexibility to consider the appropriate audience and nature for learning events, with tailored specific learning when required.

3.20.3 The Teeswide Safeguarding Adults Board produces an annual report which collates and compares the safeguarding activity of the four Tees local authorities and the other statutory partner agencies Cleveland Police and the ICB (including NHS Primary Care and Acute Trust). The report will also map progress against the key priorities set by the Board. This is presented annually in the cabinet cycle.

4.0 What options have been considered

4.1 Not applicable

5.0 Impact assessment

5.1 **Climate Emergency** - Adult social care conducts meetings via MS Teams where possible to reduce unnecessary car use.

5.2 **Health and Safety** - Adult social care supports people to live a healthy and fulfilling life, promoting their safety as demonstrated in this report. All appropriate Health and Safety procedures are in place and adhered to.

5.3 **Social Value** - Adult social care supports people to live independently for as long as possible in the local community, supporting the Think Local principle of the Social Value Charter.

5.4 **Legal** - Provision of support to adults with care and support needs in the Borough is a statutory responsibility of the council. Failure to comply with policies and procedures guided by legislative frameworks will leave adults at risk of abuse and ill treatment, the council at risk of adverse publicity, reputational damage, and potential litigation.

5.5 **Financial** - To ensure we maintain our ability to discharge our statutory duties as adult social services, it is essential that we continue to manage our money well and continue to invest in efficient, value for money services promoting a recovery and reablement approach.

5.6 **Human Resources** - Safer recruitment processes are in place to ensure that staff employed in the service are suitable and that the staffing levels are appropriate to meet people needs.

5.7 **Equality and Diversity** – Our safeguarding procedures are designed to ensure all adults have an equal opportunity to participate in the process.

6.0 Implementation plan

6.1 Not Applicable

7.0 Consultation and engagement

7.1 The adult social care service consults with adults and their representatives at each stage of the safeguarding process to ensure that the person is supported to identify what they want to achieve to improve their outcomes and lived experience.

7.2 The Teeswide Safeguarding Adults Board leads the development of safeguarding practice across Tees, along with key partner agencies. This includes the council as statutory partner with lead responsibility for safeguarding adults from abuse and neglect. The Board undertakes several public and professional surveys to gain views on the awareness of adult safeguarding and reinforces the principle that safeguarding is everyone's business.

7.3 Our Elected Members continued active interest and contributions, support the work that we do to safeguard our residents and is of great value. Nine rota visits to care homes have been completed in the year, with all feedback being very positive, one comment was made re secure access to the care home, which was subsequently followed up. Ongoing visits are planned for the current year. Through our weekly cabinet members briefing, updates regarding Safeguarding are shared and opportunities for safeguarding assurance activities planned.

7.4 This report has been considered by the Adults, Wellbeing & Health Scrutiny & Improvement Committee on the 9th of September 2024.

8.0 Appendices and background papers

8.1 No background papers other than published works were used in writing this report.

9.0 Contact officer

9.1 **Name:** Cara Nimmo
Position: Assistant Director - Adult Social Care
Email address: Cara.Nimmo@redcar-cleveland.gov.uk
Telephone number: 01642 444381