

SUPPLEMENT TO THE AGENDA FOR

Health and Wellbeing Board

Tuesday 9 July 2013

3.00 pm

Council Chamber - Brockington

12. ANNUAL REPORTS OF THE SAFEGUARDING BOARDS

To review the Annual Reports of the Adult's Safeguarding and the Children's Safeguarding Boards.

Pages



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	9 th July 2013
TITLE OF REPORT:	Annual Reports of the Safeguarding Boards
REPORT BY:	Herefordshire Safeguarding Adults and Herefordshire Safeguarding Children Boards Business Manager

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

To inform the Health and Wellbeing Board of Safeguarding Boards' assessment of safeguarding in Herefordshire and of their own effectiveness and to enable the Health and Wellbeing Board the opportunity to inform the final annual reports before their publication.

5. Recommendation(s)

THAT THE BOARD:

- (a) **Notes the effectiveness of safeguarding arrangements in Herefordshire as assessed by the Safeguarding Boards;**
- (b) **Acknowledges the priorities of the Boards in relation to specific safeguarding issues in Herefordshire;**
- (c) **Considers how the Health and Wellbeing Board is contributing to service improvement through commissioning within Herefordshire with regard to these safeguarding issues; and**
- (d) **Makes any comments to the safeguarding boards about their future work programmes.**

6. Key Considerations

6.1 Children's Safeguarding

- The annual reports of the Safeguarding Boards enable the Health and Wellbeing Board to understand and assess the multi-agency safeguarding arrangements.
- Herefordshire Safeguarding Children Board has set the following strategic priorities

Further information on the subject of this Report is available from
Andy Churcher, HSAB/HSCB Business Manager on Tel (01432) 260278

for the next three years:

- Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)
 - Improving multi-agency case work.
 - Tackling evidenced safeguarding issues in Herefordshire.
 - Improving the functioning of Herefordshire's Safeguarding Boards.
 -
 - Within the framework of the strategic priorities and as a result of the annual report, and the OFSTED inspection, the Board is focussing on:
 - Using the voice of children and families to be used to improve services.
 - Improving multi-agency work and assessments with children.
 - Improving its leadership and visibility;
 - Strengthening its performance and QA framework in order to ensure that the Board knows exactly how individual agencies are performing and the impact this is having on children
 - Understanding the impact of sexual exploitation and domestic abuse within Herefordshire and the implementation of action plans;
 - Embedding the Levels of Need Guidance in practice across organisations working with children and young people
- 6.2
- Improving the process of communicating analysis of performance data to the Strategic Board
 - Developing an agreed process across West Mercia LSCBs for multi-agency significant case reviews
 - Proactive commissioning in the light of the unmet needs identified by quality assurance work;
 - Herefordshire Safeguarding Children Board structures its work to ensure that it meets its statutory responsibilities, therefore ensuring that the effectiveness of safeguarding arrangements across its partners continues to increase. It is currently reviewing its membership and functioning.

Adults Safeguarding

- Key developments in the way adult safeguarding referrals are received and initially processed by Wye Valley NHS Trust have provided a more robust system for understanding safeguarding issues and the needs of adults at risk in Herefordshire.
- Through this new approach, the Board is beginning to increase its understanding the causes of abuse for adults at risk in Herefordshire and will ensure that it is able to ensure people's needs are met at the earliest point;
- Herefordshire Safeguarding Adults Board has set the following strategic priorities for the next three years:
 - Improving the experience of adults at risk and their communities when they are supported in safeguarding systems
 - Improving multi-agency case work
 - Tackling evidenced safeguarding issues in Herefordshire
 - Improving the functioning of Herefordshire's Safeguarding Boards
- The Board will review and assess the effectiveness of the new referral processes and the response arrangements to inform further development of these;

- The Board will continue its work around the Mental Capacity Act and improving the response to the number of referrals relating to learning disability issues;
- Developing the Board's QA and performance role and championing adults at risk and learning from the inspection for Children's Services.
- The Board will also be developing its work around understanding the quality and effectiveness of safeguarding work undertaken by social care providers across Herefordshire and developing its relationship with them.

7. Consultees

- 7.1 Members of the strategic boards of Herefordshire Safeguarding Adults Board and Herefordshire Safeguarding Children Board are consulted on the Annual Reports and Business Plans before publication.

The Business Plans have been consulted upon and published while the Annual Reports are currently out for consultation before publication.

8. Appendices

- 8.1 HSCB Annual Report 2012-13 (Draft)
HSAB Annual Report 2012-13 (Draft)
HSCB Business Plan 2013-14
HSAB Business Plan 2013-14

9. Background Papers

- 9.1 None identified.



Herefordshire
Safeguarding Children Board

The Board's Vision, Mission and Values

The Board works to the following shared vision, mission and values developed during 2012-13.

Our Vision

Children and young people in Herefordshire grow up in an environment in which their well being needs are met and they are safe from harm.

Our Mission

To work together effectively, as organisations and with children and families, to ensure that local services and arrangements are effective in promoting the well being of children and young people in Herefordshire and keeping them safe from harm.

Our values

- 🧵 The impact on the well being and safety of children and young people in Herefordshire will be at the centre of all HSCB activity.
- 🧵 We will learn and be willing to develop, responding to evidence and best practice.
- 🧵 We will work in an open and honest manner with children, young people, their families and with each other.
- 🧵 We will address the well being needs of children and young people at the earliest opportunity and prevent the need for later child protection intervention whenever possible.
- 🧵 We will challenge each other and be ready to receive challenge as we work together in a spirit of mutual respect.

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Reviewing the Year: April 2012- April 2013

Having started my tenure as chair of Herefordshire Safeguarding Children Board (HSCB) in March 2012, this is the first full year over which I have had the privilege of chairing the board. On taking up the post, it was immediately apparent that there were invaluable advocates for safeguarding representing a range of organisations at the board, but there was also very considerable change being managed across most member organisations. That change, motivated by the enforced need to deliver more with less, continues today and whilst it provides opportunities, also carries significant risks to continuity and the ability to focus the required resources on improving the co-ordination and effectiveness of activity to safeguard children.

This annual report sets out some of the positive development work that has been done in our local safeguarding arrangements. Examples include the opening of the West Mercia Sexual Assault Referral Centre, providing a much improved service for the victims of sexual abuse and the establishment of the accommodation providers forum. Also highlighted are the important areas in which there is a need for substantial and sustained continued improvement in how organisations work together in order to be truly effective.

This year saw substantial rises in the number of children being referred to Children's Social Care and also of children being made subject of child protection plans. Children's Social Care staff and other front line workers have been under considerable pressure responding to the number of children being referred to them. It was also recognised that HSCB quality assurance processes were not being sufficiently effective in informing the board on how well we were collectively working in partnership to safeguard children in need of action to promote their welfare and to protect children at risk. An independent audit conducted in May 2012 reinforced this and raised concerns over the quality of some child protection practice and supervision. The 'Levels of Need' guidance document which sets out the thresholds for intervention in relation to children with different welfare needs was established but was not sufficiently embedded in day-to-day use across all member organisations of HSCB. In addition, although domestic abuse was well recognised to be a problem in Herefordshire as it is nationally, and a range of measures have been taken to address domestic abuse in Herefordshire, it was apparent that there was insufficient strategic management of this issue locally. This is something that is currently subject of specific scrutiny by the Health and Wellbeing Board.

In September, there was an inspection of Local Authority arrangements to safeguard children in Herefordshire conducted by OFSTED. The inspection found good work being done, particularly in the early help being provided to vulnerable children. However, there were enough examples of children who had not been supported to an adequate standard, particularly those in need of protection, that a judgement was made that across areas of Local Authority safeguarding activity, local arrangements were inadequate. Concerns were expressed over social care management of cases, supervision of Social Workers, and quality assurance activity being conducted both by Children's Social Care and HSCB. There had been awareness of the areas in need of development. However, the OFSTED inspection exposed that neither Children's Social Care nor HSCB had in place the necessary searching processes to inform accurate assessment of the effectiveness of practice. As a result, the depth of shortcomings had not been fully recognised or addressed with proportionate priority. It is also important to recognise that other HSCB member organisations working in close partnership in delivering safeguarding processes had not been escalating concerns as would be expected in light of some of the poor practice identified.

It is important to explicitly state that Social Workers and other front line practitioners and their managers safeguarding our children have been working and continue to work in a very

challenging area with huge dedication and that, on a daily basis, children are successfully protected from abuse. Recruitment and retention of skilled workers is itself a challenge in an environment in which good work can be largely unnoticed but when things go wrong, staff can face vilification. I must also pay tribute to the accepting and reflective response that there has been within Herefordshire Council and across all HSCB member organisations to the criticism within the OFSTED report and to the determination to accelerate and sustain the necessary changes.

Following the OFSTED inspection, Herefordshire Supporting and Protecting Children Improvement Board was established to oversee the necessary improvements both within the local authority and HSCB. Since then the pace of improvement has accelerated markedly. Children's social care have instigated a range of Measures to improve the quality of work with vulnerable children and those at risk, to supervise front line work with young people and to monitor performance and quality of practice. HSCB has established a rigorous programme of case audits, both looking at specific children and families and how their circumstances are managed and also how child protection and safeguarding processes are managed across member organisations. A performance report which informs HSCB members of key performance information across organisations including direction of travel and comparison with local neighbours is scrutinised on a regular basis. A multi-agency safeguarding hub will start work in July and this will undoubtedly improve the ability of the key organisations to effectively share information, assess the situation of children and families and make well informed decisions. The way in which multi-agency training is organised and delivered is being changed to improve awareness of what is good child protection practice across those who work with children locally.

The challenges ahead are many and it must be recognised that we are improving from a relatively long standing low base in terms of our safeguarding practice. HSCB and its member organisations must focus on developing consistently high standards in child protection practice before we widen our ambitions. We must continue to foster a mature culture of challenging and welcoming challenge. We must work harder to ask for and listen to the voices of children and families in the process of developing Services. HSCB does not have a high profile in Herefordshire and, as a result, the safeguarding children agenda does not. All HSCB member organisations have prioritised child protection but the extent of financial cuts being endured will unavoidably have an adverse effect on the ability of organisations to resource safeguarding activity to the required level. A peer review process will take place in September and that will provide invaluable feedback concerning what is being successful and what areas of further development needs to be pursued. A follow up OFSTED inspection is expected in the second half of 2013.

With the benefit of hindsight, the issues identified as requiring focus in last year's business plans were about right. However, the Board fell some way short of exerting the required energy, tenacity and mutually questioning and challenging approach to drive development activity with the speed and determination to deliver our plans successfully. I have seen evidence of a much more questioning and challenging approach in recent months and a deep resolve to make the step change that we seek. I am optimistic that the improvement that has been achieved to date can be built on and sustained and that we can achieve our objectives.

Dave McCallum, Independent Chair

How effective are our local Safeguarding arrangements?

The Board's last Annual Report, for 2011-12, cited a range of reasons why it felt that local safeguarding arrangements are generally effective. Evidence laid out in this report suggests that this is still the case, however, the Board is aware, following Ofsted's Inspection of local authority arrangements for the protection of children², that its own effectiveness and its ability to identify and act on areas for concern is not as robust as it had previously thought.

Therefore, Herefordshire Safeguarding Children Board is working closely with Herefordshire Supporting and Protecting Children Improvement Board, set up following the Ofsted Inspection, to ensure its processes are improved, along with safeguarding practice across the organisations. While focussed improvement work has followed the Ofsted Inspection, it is important to note that partners of the Board have been developing their work to improve local safeguarding arrangements throughout 2012-13.

This Annual Report highlights areas where the effectiveness of safeguarding arrangements has improved through the Board's work during 2012-13, as well as areas in which progress has not been made as quickly as expected. The Board has been successful in implementing new services for victims of sexual assault which include the ability to collate evidence from which it is possible to secure convictions, as well as in the development of policies and procedures and of the Board's quality assurance processes.

The Board is aware that further work is also needed in:

- ✿ Embedding the Levels of Need Guidance in practice across organisations working with children and young people
- ✿ Improving the process of communicating analysis of performance data to the Strategic Board
- ✿ Using the voice of children and families to be used to improve services.
- ✿ Developing an agreed process across West Mercia LSCBs for multi-agency significant case reviews

The increased number of referrals made to Children's Social Care are an indication of the increased amount of work that Children's Social Care is having to manage currently. This is of concern to the Board, and the Board is monitoring Social Care practice through performance data and through audit work to assure itself that safeguarding arrangements are effective.

However, following Ofsted's Inspection, Children's Social Care undertook an audit of all cases open to it, as well as those recently closed. It reported to Herefordshire Safeguarding Children Board that a small number of cases needed further assessment to ensure the correct action was taken, but in the vast majority of cases, the correct supportive action had been taken.

Through this evidence and through the intelligence gained from our child death reviews and significant case reviews, the Board is assured that arrangements to safeguard children in Herefordshire are effective.

² The full report is available at www.ofsted.gov.uk/local-authorities/herfordshire

The context of safeguarding children in Herefordshire

Herefordshire is a rural county with a population of 183,600³, with approximately 36,000 of those being under 18 years old.

The County's Integrated Strategic Needs Assessment, Understanding Herefordshire⁴, provides an evidence base to inform commissioning decisions, particularly those relating to priority setting and resource allocation. Using a wide range of data, Understanding Herefordshire identifies the most significant concerns for the county as well as noting performance against historical issues of concern.

Overall, there are few concerns being highlighted by Understanding Herefordshire around the safety and well-being of children indicating that Herefordshire continues to be a safe and supportive place for children to grow and develop. Furthermore, the assessment shows that there have been improvements within the following areas of concern which affect the lives of children:

- 🎗 There have been significant increases in the standard of housing in Herefordshire since 2005 as the rate of substandard housing across all housing types is now in line with national rates.
- 🎗 The number of deaths on Herefordshire's roads has been decreasing over the past fifteen years.
- 🎗 Herefordshire is now above the national average for the proportion of children reaching expected levels of attainment in reading, writing and mathematics in primary schools.

Understanding Herefordshire does however highlight the following areas of concern around the safeguarding and wellbeing of children:

- 🎗 The rate of child protection referrals is above national average.
- 🎗 The rate of children in poverty in Herefordshire has increased slightly although it is significantly below the national average.
- 🎗 The rate of repeat instances of domestic abuse is high compared to the national average.

Herefordshire Safeguarding Children Board is also aware of these issues and is working with partners to appropriately reduce the number of referrals. Where appropriate they have been included within the Board's Business Plan priorities or Risk Register for action and monitoring.

The Board's understanding of the context of safeguarding in Herefordshire is developed through its [Learning and Improvement](#)⁵ processes including its quality assurance programme. The programme includes regular submissions of data about safeguarding themes for a range of agencies as well as themed and case audits throughout the year. The Board developed this program towards the end of the financial year and has used the initial findings to inform the development of its 2013-14 Business Plan.

During the year, the corporate knowledge of member organisations of the Board highlighted further priorities for improvement and responded to those identified by Ofsted in its inspection of our arrangements for child protection⁶. The Board has taken its responsibility for improvement

³ 2012 Population & household estimates for Herefordshire (<http://factsandfigures.herefordshire.gov.uk/1847.aspx>)

⁴ Understanding Herefordshire is available at <http://factsandfigures.herefordshire.gov.uk/1922.aspx>

⁵ More information is available from the [Learning and Improvement](#) page at www.herefordshiresafeguardingchildrenboard.org.uk.

⁶ Ofsted's full report is available at <http://www.ofsted.gov.uk/local-authorities/herefordshire>

very seriously and has been fully engaged in the wider work of the Herefordshire Supporting and Protecting Children Improvement Board.

Levels of Need, Co-ordinated Early Help and Referrals to Social Care

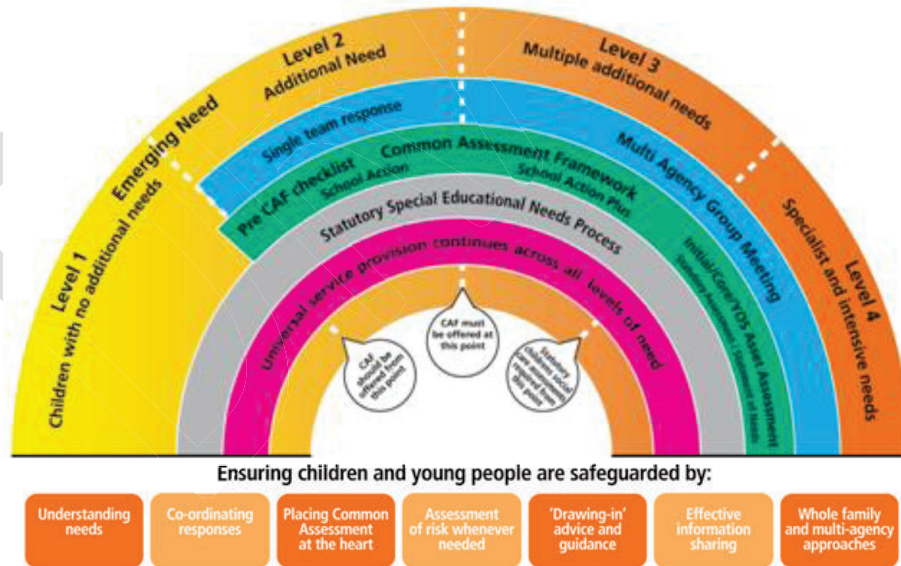
Herefordshire Safeguarding Children Board, in cooperation with its regional partners, maintains multi-agency procedures⁷ to safeguard and promote the welfare of children and with the aim of encouraging close working between agencies to facilitate early intervention and support to meet the needs of children, young people and their families.

These are supplemented locally by The Herefordshire Levels of Need and Service Response Guidance⁸ which gives all practitioners across partner agencies clear guidance as to when they should be providing appropriate responses on their own; engaging the services of a range of other providers through use of the Common Assessment Framework and when it is appropriate to make a referral to Social Care.

The guidance provides the following useful diagram to help practitioners make decisions about the appropriate response to a child, family or young person’s needs and further detail is available in the guidance document.

Ofsted noted that The Herefordshire Levels of Need and Service Response Guidance is a clear document which should be very effective. However, they stated also that thresholds were not being effectively applied by professionals. The Board therefore has begun to promote the guidance more purposefully through its publications and will continue this work during 2013-14. It will also be focussing on thresholds through some of its auditing work in order to assure itself that the guidance is being embedded in practice across agencies.

Embedding the Levels of Need Guidance
Further work needed



Herefordshire has strong engagement across organisations working with children and young people in the Common Assessment Framework (CAF). CAF is a standardised assessment process that enables a child, young person or family to tell their story once, to one professional

⁷ <http://westmerciaconsortium.proceduresonline.com/index.htm>

⁸ Available for download from the [Policies and Procedures page](http://www.herefordshiresafeguardingchildrenboard.org.uk) at www.herefordshiresafeguardingchildrenboard.org.uk.

who can then access a range of services from other organisations as appropriate through the same assessment form.

In 2012-13 the number of CAFs open supporting effective multi-agency co-ordination in work with children and families has remained steady between 950 and 1000 at any one time. On average, 44 CAFs have been completed each month.

In the first half of the year, the number of referrals made to social care (called contacts within social care) continued a downward trend, but following the Ofsted Inspection of local authority arrangements for the protection of children, the number increased significantly. It has since remained high.

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What have we done to improve the effectiveness of child safeguarding in Herefordshire?

a. Evaluating the effectiveness of Child Safeguarding through performance monitoring.

During 2012-13, a significant quantity of performance information has been made available to the Board through its Quality Assurance and Evaluation sub-group, from Children's Social Care as well as across partner organisations (through quarterly single agency performance reports).

This information has been used by member organisations to develop their services and to develop an understanding across relevant organisations of how other organisations discharge their safeguarding responsibilities. There has also been a process of thematic analysis of multi-agency management of a range of issues from children reported missing to child sexual exploitation and allegations made against professionals.

This work has resulted in some significant strategic improvements (e.g. in how children who repeatedly go missing are safeguarded and recognising and responding to childhood sexual exploitation). The sub-group also considered how other relevant multi-agency processes, such as Multi-Agency Public Protection Arrangements (managing the risks posed by dangerous offenders) and Multi-Agency Risk Assessment Conferences (safety planning for the highest risk victims of domestic abuse and their children) were working in terms of safeguarding children.

A concern highlighted following Ofsted's inspection was that the Board has not always identified and focussed on the most significant information and that analysis of performance data has not been strong. This has hampered the ability of the Board to draw and act on clear conclusions reached through that evaluation. A revised Board performance report was completed in December 2012 and this is being further refined in order to ensure that HSCB and Herefordshire Supporting and Protecting Children Improvement Board have access to the same performance information.

Improve the process of communicating analysis of performance data

Further work needed

An area that has not been developed as it should have been is how organisations listen to the voice of the child and staff as part of the quality assurance arrangements. Prior to the Ofsted inspection in September, there were few processes in place to seek the views of children and families. Since then, a strategy has been formulated by Children's Social Care to seek and use the views of service users but the sampling of such information has yet to be implemented. The new quality assurance regime includes an expectation from each member organisation concerning how they seek and take account of children and families in their service delivery. HSCB has developed a link with Herefordshire Children and Young People's Partnership Forum Shadow Board. They receive notes of meetings and have the opportunity to comment on and contribute to plans.

Voice of children and families to be used to improve services.

Further work needed

The joint strategic needs assessment, Understanding Herefordshire, has been considered by HSCB through the year. It was through this that the need to develop services to support victims and children affected by domestic abuse was recognised and the Community Safety Partnership held to account in leading this. However, the document does not include a significant focus on safeguarding issues. This is something that is being addressed for the future. An example is the dearth of information on domestic abuse. This was highlighted by HSCB and a further scoping exercise has been commissioned to examine how services to respond to domestic abuse need to develop.

Within the Board's 2012-13 Business Plan was a commitment to improve multi-agency safeguarding arrangements including the quality of assessment of need, multi-agency child protection planning and delivering effective arrangements for sexual assault examinations.

As part of this commitment, adherence to the multi-agency threshold document, Herefordshire Levels of Need and Service Response Guidance⁹, information sharing, quality assurance and learning from audit were assessed. A detailed audit of cases was commissioned by HSCB and published in April 2012, "An audit of the needs of 108 children in touch with early intervention, child protection and looked after services" highlighted some concerning findings in relation to interpretation of thresholds and multi-agency information sharing.

HSCB did not react sufficiently to effectively address the issues raised in this audit in relation to the management of child protection concerns.

The Ofsted Inspection of September 2012 identified some good practice in Herefordshire, in particular in relation to early help for vulnerable children. However, it exposed that HSCB did not have sufficient awareness of the quality and effectiveness of Local Authority safeguarding arrangements and had therefore not taken necessary action to improve practice that was not of an adequate standard; a primary responsibility of any Safeguarding Children Board.

Embedding the Levels of Need guidance across practice in all organisations. Further work needed

The Quality Assurance and Evaluation sub-group were not holding member organisations rigorously enough to account for providing evidence of their internal effectiveness in safeguarding children and multi-agency audits were not effective enough in shining a light on how well organisations were working together to safeguarding children. Since the Ofsted Inspection, a comprehensive programme of single and multi-agency case audits has been agreed. Each HSCB member organisation is expected to present evidence to the Quality Assurance and Evaluation sub-group on how they are managing their safeguarding responsibilities and regular themed and other case audits are being conducted. This process has already begun, with results being reported to the Board in order that best practice is disseminated and lessons learned. The progress towards ensuring that the necessary development is effectively completed and sustained and that it has a positive impact on children involved will be monitored through the HSCB Steering Group.

The Sexual Assault Referral Centre
Success Story

After significant planning, a sexual assault referral centre was opened in West Mercia in 2012. "The Glade" is an excellent new facility providing a holistic service to adults and children who have been the victim of sexual assault and is the culmination of considerable positive multi-agency collaboration.

In addition to the above business planned through the Board's Business Plan for the year, the Quality Assurance and Evaluation sub-group has identified a range of issues that required addressing through the year and brought them to the attention of HSCB Steering Group and other forums as appropriate where there were concerns about service delivery and how children's safety might be being compromised. These include the management of domestic abuse, missing children, child sexual exploitation and youth homelessness.

There has not been a searching programme of examination of evidence from HSCB member organisations that demonstrates the effectiveness of their individual commitment to safeguarding or multi-agency audit evaluating how effectively they work together. The need for

⁹ Available for download from the [Policies and Procedures page](http://www.herefordshiresafeguardingchildrenboard.org.uk) at www.herefordshiresafeguardingchildrenboard.org.uk.

significant improvement in this area has been recognised but the necessary improvements have needed to be driven in a period of considerable change in personnel and structure and some contraction within HSCB member organisations.

Since the Ofsted Inspection, the Board has formulated a robust process for enquiring into the effectiveness of HSCB member organisations' arrangements for safeguarding and multi-agency audits designed to test how effectively they co-ordinate to safeguard children.



The primary concern for the Quality Assurance and Evaluation sub-group is developing a culture across HSCB member organisations of complete openness in the implementation of a searching and challenging approach to performance management and quality assurance in safeguarding children, both within their own organisations and working with others. Each organisation must examine the effectiveness of their own activity and the impact of what they do on the safety of children in Herefordshire. The audit framework will be onerous for Quality Assurance and Evaluation sub-group

members in the coming year with many members being required for two meetings per month and significant additional associated reading and research. This is coming during a period of significant pressure on all member organisations. However, this work is critical to the ability of HSCB to effectively quality assure activity across organisations to safeguard children in Herefordshire.

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b. Learning and Improvement through Case Reviews.

The sub group of the Board that oversees learning and improvement through case reviews started the year as the Serious Case Review (SCR) Sub Group providing advice and management of SCRs for both Adult and Children's Safeguarding Boards. The group makes initial decisions about case reviews and makes a recommendation to the Independent Chair of Herefordshire Safeguarding Children Board who will make a final decision on the review process in each case.

During 2011-12 it developed to take on a similar role for Domestic Homicide Reviews on behalf of the Community Safety Partnership as well as the management of cases which do not meet the criteria for an SCR but which do merit review. The sub group is now known as the Joint Case Review group.

The meeting had seven cases referred during the year as follows. In addition, a domestic homicide review was commissioned by the group.

Outcome of Referral	Children	Adults
Independently chaired multi-agency review	1	1
Internally chaired multi-agency review	0	1
Single Agency Review	2	1
Did not meet criteria for review.	1	0

During 2012-13 no case met the criteria under Working

Together 2010 (the relevant statutory guidance that was in place during the year) for a Serious Case Review to be commissioned. Under Working Together 2010, Serious Case Reviews were large scale reviews following a set process which were independently chaired. As detailed in the table above, the Joint Case Review sub group decided that two cases were of significant concern to warrant independent facilitation, but were not appropriate to be the subject of a Serious Case Review.

Following the Government's response to the Munro review of child protection¹⁰, in which there is a spirit to move away from the traditional Serious Case Review methodology, to a more systems approach, the Joint Case Review group commissioned Review Consulting to facilitate a review through their Significant Incident Learning Process (SILP). One case review has been undertaken using this methodology and initial feedback has been very encouraging and a structured evaluation is underway.

It is worth noting that the small number of cases makes it difficult to identify any particular themes which have emerged during the period. Herefordshire Safeguarding Children Board, mindful of the requirement to look wider than those cases where the threshold for a formal review is met, undertake a larger number of multi-agency case reviews some through independent facilitation, of cases. For this to be possible, the Board is working during the first half of 2012-13 with other Boards in the West Midlands to develop a shared process for such reviews.

Develop an agreed process across West Mercia LSCBs for multi-agency case reviews.
Further work needed

In order to improve the effectiveness of learning from case reviews, during 2012-13 a more robust system for monitoring the progress and outcome of cases and reviews has been introduced. This is enabling greater scrutiny of review processes and reducing the possibility of any drift in the timeliness of decision-making around referred cases and the management of

¹⁰ A Child-Centred System: The Government's response to the Munro review of child protection, July 2011 is available for download from www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/protection/b00219296/munro

reviews. It is also providing enhanced feedback from all types of reviews making it much easier to analysis outcomes and emerging themes.

The Board now maintains a composite learning and improvement action plan, overseen by its Steering Group, which includes all the agreed actions arising from the recommendations made through case reviews alongside those which have resulted from the Board's thematic and case audit programme. Themes for development that the Board have identified through its learning and improvement processes are described below.



c. Workforce Development: Training and Communication.

Herefordshire Safeguarding Children Board communicates with organisations across Herefordshire through it's:

- 🔗 Membership from partner organisations
- 🔗 Business Plan
- 🔗 Training
- 🔗 Events
- 🔗 Website

Herefordshire Safeguarding Children Board progresses the County's joined-up approach to safeguarding in Herefordshire by bringing together directors and strategic leaders across organisations working with children. Organisations represented include:

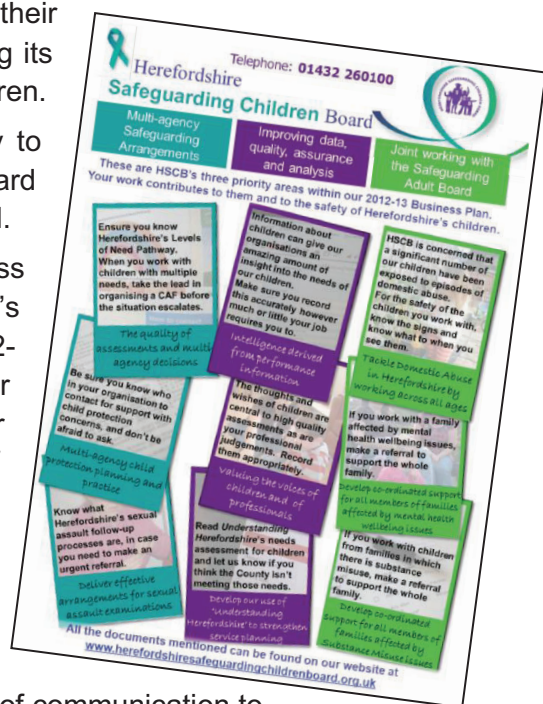
- 🔗 Herefordshire Council, incorporating Children's Social Care, Education Services, Housing and the Community Safety Partnership
- 🔗 NHS Herefordshire
- 🔗 Herefordshire and Worcestershire Youth Offending Service
- 🔗 Herefordshire Voluntary Organisations Support Service
- 🔗 Hoople
- 🔗 Wye Valley Trust
- 🔗 2gether NHS Foundation Trust
- 🔗 Education establishments
- 🔗 West Mercia Police
- 🔗 West Mercia Probation
- 🔗 CAF/CASS
- 🔗 Strategic Health Authority

Further third sector organisations are represented as appropriate within the Board's sub groups. Members of the Board and its sub groups have a range of responsibilities as laid out in its Constitution¹¹ including representing the HSCB within their organisation; and ensure that the organisation is meeting its obligations to safeguard and promote the welfare of children.

Therefore, members of the Board have a responsibility to ensure that their organisations understand what the Board is doing and is working towards the priorities of the Board.

The development and publishing of the Board's Business Plan also supports members in ensuring the Board's priorities are promoted among partner agencies. In 2012-13 the Board produced its poster of priorities for practitioners working in Herefordshire as an aide memoir to the need to safeguard and promote the welfare of children.

Through meeting its statutory responsibility to ensure the availability of inter-agency safeguarding training, and through providing additional training and e-learning to meet the needs of Herefordshire, Herefordshire Safeguarding Children Board maintains an on-going line of communication to

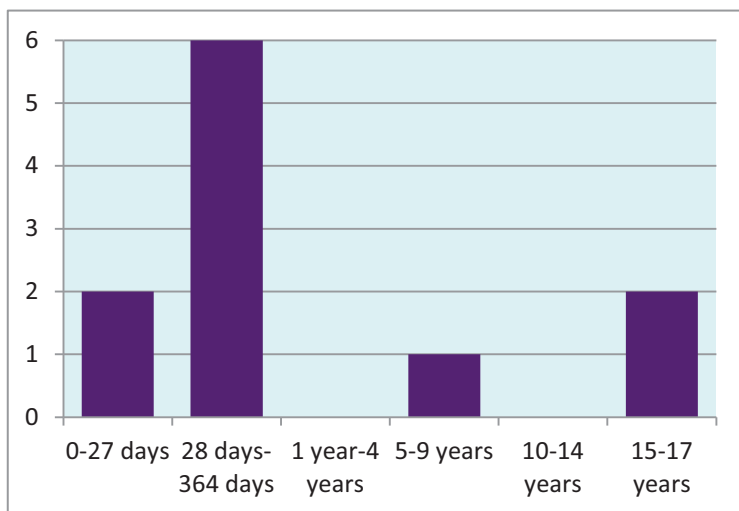


¹¹ Available for download from the [Policies and Procedures page](http://www.herefordshiresafeguardingchildrenboard.org.uk) at www.herefordshiresafeguardingchildrenboard.org.uk.

d. Learning and Improvement through reviews into Child Deaths.

Herefordshire Safeguarding Children Board hosts a Child Death Overview Panels (CDOP) which review all child deaths in the area whatever the cause of death. CDOP is a multi-agency panel, which in Herefordshire is led by Public Health and includes members from health services, Children’s Social Care, the Police and the Coroner’s Office. They determine whether those deaths were preventable and whether there are any lessons to be learnt or issues of concern.

There were a total of 11 deaths of Herefordshire children from April 2012 until the end of March 2013, four male and seven female. The graph shows the ages of those children who died during the year:



Of the 11 cases, CDOP concluded that three of the deaths could potentially have been prevented¹² and there were factors identified which, if modified, could help to prevent similar deaths in future..

Through the reviewing of these deaths, Herefordshire Safeguarding Children Board has been able to take the following action to help reduce the likelihood of children dying through similar circumstances in future:

Lesson Learnt	Action Taken by HSCB
Overcrowded sleeping and smoky environments for sleeping children.	Information about the risks to children of co-sleeping and in hot rooms, and the risk of smoking around children has been reissued to antenatal and post-natal services.
There was not robust understanding of the risks of asthma across health professionals or communicated to sufferers and their families.	Following an in depth review of this case and an audit of GP practice, new guidance has been produced and distributed about the management of asthma in children including: <ul style="list-style-type: none"> • The issuing of information to parents and families. • Better monitoring of inhaler prescriptions. • The use of spacers and nebulisers.
More effective communication is needed between healthcare providers to ensure patients are treated appropriately when attending multiple healthcare providers.	The CCG has taken the lead in reviewing processes to ensure that information about patients accessing health services through different providers is shared appropriately and taken into account when a patient receives another service.

¹² Section 7.23 of Working Together to Safeguard Children 2010 states that preventable child deaths are defined as “those in which modifiable factors may have contributed to the death. These factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths”.

e. Developing and maintaining Policies and Procedures¹³.

Shared with the other Safeguarding Children Boards in the West Mercia region are our online regional Child Protection Procedures. These procedures govern multi-agency child protection work in Herefordshire and build practical guidance on to the principles for practice outlined in Working Together.

Regular updates are made to the procedures in line with statutory changes or to simply amend the procedures to support improvements in safeguarding practice ensuring that they remain up-to-date and in line with the latest evidence based practice and statutory guidance.

In addition, Herefordshire Safeguarding Children Board have refreshed and updated the following procedures during the year to make them more useful for professionals to access and use:

- 🔗 The Multi-Agency Referral Form and guidance for its completion.
- 🔗 Herefordshire Safeguarding Children Board's Case Escalation procedures.
- 🔗 LADO procedures

Updating of policy and procedures as necessary in 2012-13.
Success Story

The Board is aware that following the publication of Working Together 2013 and through the ongoing need to maintain policies and procedures, there will be substantial work to do during 2012-13. The Board will review its processes for updating policies and procedures to ensure its structures are fit for purpose.

Further work necessary to maintain policies and procedures during 2013-14.
Further work needed

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¹³ All policies and procedures mentioned are available to view through the [Policies and Procedures page](http://www.herefordshiresafeguardingchildrenboard.org.uk) at www.herefordshiresafeguardingchildrenboard.org.uk.

2012/13 Strategic Priorities

The HSCB Business Plan 2012/13 set out the Board's strategic aims and specific objectives. The strategic priorities were based on the Board's analysis of priority areas for development and improvement. This section describes the progress made against these specific priorities.

Priority Improvement Area 1

We said we would improve multi-agency safeguarding arrangements.

How we said we would achieve this:

- ✎ Improve the quality of assessment of need
- ✎ Improve multi-agency decision making
- ✎ Improve multi-agency child protection planning and practice
- ✎ Deliver effective arrangements for sexual assault examinations

What did we do?

- ✎ Undertook an audit of over 100 cases to understand the quality of assessments of children with safeguarding needs at level 3 (CAF) and level (referral to social care).
- ✎ Implemented all the recommendations of the audit.
- ✎ Made all the necessary agreements between partners and arrangements to support the creation of the Multi-Agency Safeguarding Hub in 2013-14.
- ✎ Implement the Child Protection Conference Hub.
- ✎ Ensured that all schools have at least one teacher on staff who is trained to level 5 (now specialist).
- ✎ Oversaw the contractual arrangements and implementation of the Herefordshire Child Sexual Assault processes ensuring they became operational in line with planned timescales.

What difference has this made?

- ✎ The majority of these actions will have effects that can be measured during 2013-14.
- ✎ Victims of child sexual assault are supported in an appropriate comfortable environment which also facilitates the collection of forensic evidence that can enable criminal justice procedures to be successful.

Priority Improvement Area 2:

We said we would improve data quality, assurance and analysis

How we said we would achieve this:

- ✎ Improve interrogation of performance information at the Strategic Board
- ✎ Listen to the voice of the child and staff as part of the quality assurance arrangements
- ✎ Develop the use of Understanding Herefordshire to identify needs and strengthen service planning across agencies

What did we do?

- ✎ The Board's data dashboard and dataset have been developed to ensure the right information is raised at Strategic Board level so that concerns can be dealt with through the challenge processes of the Board.
- ✎ A strategy has been formulated by Children's Social Care to seek and use the views of service users.
- ✎ The Board's new Learning and Improvement programme includes an expectation from each member organisation to explain to the Board how they seek and take account of children and families in their service delivery.
- ✎ A link has been developed with Herefordshire Children and Young People's Partnership Forum Shadow Board, made up of young people, who now receive notes of HSCB's meetings and have the opportunity to comment on and contribute to plans.

What difference has this made?

- ✎ Members of the Strategic Board are more aware of the state of safeguarding in Herefordshire and are more able to hold each other to account over safeguarding practice in Herefordshire.

Priority Improvement Area 3:

We said we would improve joint safeguarding arrangements with Herefordshire Safeguarding Adult Board

How we said we would achieve this:

- ✎ Implement joint priorities with the Safeguarding Children Board to tackle domestic abuse.
- ✎ Develop coordinated support for adults and children in families affected by mental health wellbeing issues and adults and children in families affected by substance misuse issues.

What did we do?

- ✎ The Board support the development of a group of senior officers from agencies working across Herefordshire which began a comprehensive needs assessment based on quantitative and qualitative information to assess the current scale of domestic abuse and violence and to understand the current services available.

What difference has this made?

- ✎ Developments in services to tackle domestic abuse are a longer term priority for the Board and improvements in existing services and the commissioning of new services will make a difference in future years.
- ✎ The recommendations from the Hidden Harm work of 2011 were fully implemented and services improved for families affected by mental health issues.

Appendix 1: HSCB Membership at March 2013

Role/Job Title	Agency
Lay Members (x2)	HSCB
Independent Chair	HSCB
Director of Quality	² gether NHS Foundation Trust
Head teacher, Representing Special Schools	Blackmarston School
Head teacher, Representing High Schools	Fairfield High School
Head teacher, Representing Primary Schools	Marlbrook Primary & Little Dewchurch Primary
Director of Personnel, Representing FE Colleges	Herefordshire College of Technology
General Practitioner	NHS Herefordshire
Lead Member for Safeguarding	Herefordshire Council
Assistant Director of Public Health	People's Services, Herefordshire Council
Director of People's Services	People's Services, Herefordshire Council
Head of Safeguarding and Review	People's Services, Herefordshire Council
Secondary School Improvement Advisor	People's Services, Herefordshire Council
Head of Locality Services	People's Services, Herefordshire Council
Assistant Director, Children and Young People Provider Services	People's Services, Herefordshire Council
Head of Additional Needs	People's Services, Herefordshire Council
Assistant Director, Homes and Communities	Strategic Housing, Herefordshire Council
Housing Solutions Manager	Strategic Housing, Herefordshire Council
HR Manager	Ministry of Defence
Head of Safeguarding	NHS Herefordshire
Programme Consultant – Children's Services	Strategic Health Authority
Head of Public Protection	West Mercia Police
DI, Public Protection Unit	West Mercia Police
Head of Service	West Mercia Probation Trust
Chief Executive, Representing 3rd sector	West Mercia Women's Aid
Regional Safeguarding Manager, 3 rd sector	West Mercia Women's Aid
Head of Quality & Safety (Adults)	Herefordshire Wye Valley Trust
Named Nurse, Safeguarding Children	Herefordshire Wye Valley Trust
Director of Nursing and Transformation	Herefordshire Wye Valley Trust
Designated Doctor, Child Protection	NHS Herefordshire
Head of Service	Youth Offending Service

Membership Key	Strategic Board	Steering Group	Both
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Appendix 2: Structure and Attendance

		Strategic Board	Steering Group	QA Sub Group	T&WD Sub Group	Joint Case Review Sub Group	Child Death Overview Panel	SET Task and Finish Group
HSCB (Chair and/or Lay Members)								
2gether NHS Foundation Trust								
Education Establishments								
GPs								
Herefordshire Council (Elected Member)								
People's Services, Herefordshire Council	Education							
	Social Care							
	Localities and Early Help							
	Public Health							
Strategic Housing, Herefordshire Council								
Ministry of Defence								
NHS Herefordshire								
Strategic Health Authority ¹⁴								
West Mercia Police								
West Mercia Probation Trust								
Third Sector								
Herefordshire Wye Valley Trust								
Youth Offending Service								
CAFCASS ¹⁴								
Attendance Key	Not attended 30% or more meetings	Apologies sent and rep attended 30% or more meetings			Attended more than 70%		Not on group membership	

¹⁴ The agencies are not expected to attend all Strategic Board meetings and attendance rating is calculated on their agreed attendance.

Appendix 3: HSCB Budget Summary

Working Together states that all LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.

The following table states how our member organisations contribute financially to the work of the Board.

Agency contributions	2012/13
Herefordshire Council	£124,835
NHS Herefordshire	£45,203
West Mercia Police	£30,165
Youth Offending Service	£645
West Mercia Probation	£4,612
CAFCASS	£550
Funding Carried Forward	£12,685
Total income	£218,695

Expenditure	2012/13
Independent Chair	£27,295
Business Unit Staff and Costs (Manager and Development Officer)	£67,866
Training and development (including HSCB Trainer)	£62,274
Independent Case Review and Auditing	£6,000
Meeting expenses	£1,942
Publicity, information provision and participation	£1,396
Funding Carried Forward	£38,306
Accounting Processes: unassigned expenditure ¹⁵	£13,616
Total expenditure	£218,695

¹⁵ As at July 1st 2013, the Business Unit is working with the Boards' accountant in Hoople to understand and assign this spending.



Herefordshire **Safeguarding Adults** Board

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Introduction

What Annual Reports should do?

Progressing through the legislative process is a government proposal to set local adults safeguarding boards on a statutory footing. Until then there is no statutory guidance for annual reports and not all local authority areas produce them. For the past three years, Herefordshire Safeguarding Adults Board has produced an annual report as a matter of good practice and to ensure its work and knowledge informs the commissioning and organisation of services supporting adults at risk in Herefordshire.

Based upon guidance for local safeguarding adults boards produce by the Association of Directors of Adult Social Services¹ and on the statutory requirements upon the production of the annual reports for local safeguarding children boards, Herefordshire Safeguarding Adults Board produces its annual report to:

- ✘ Assess the effectiveness of safeguarding adults at risk and the promotion of the welfare of adults at risk in the local area.
- ✘ Provide a rigorous and transparent assessment of the performance and effectiveness of local safeguarding arrangements.
- ✘ Identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.
- ✘ Include lessons from reviews undertaken within the reporting period.
- ✘ List the contributions made to the Board by partner agencies and details of what the Board has spent including on Serious Case Reviews and other specific expenditure such as learning events or training.

Herefordshire Safeguarding Adults Board also uses its Annual Report to demonstrate what it is doing to:

- ✘ Develop policies and procedures for safeguarding and promoting the welfare of adults at risk.
- ✘ Communicate to persons and bodies in Herefordshire the need to safeguard and promote the welfare of adults at risk, raise awareness of how this can best be done, and encourage them to do so.

How Annual Reports should be used?

Organisations working with adults at risk can use this report to develop their understanding of Safeguarding in Herefordshire, the work HSAB is doing to support them and to be aware of the critical safeguarding issues relevant to their organisation. This is also a public document which will generate wider community engagement in safeguarding issues.

The annual report is published in relation to the preceding financial year in order to influence local agencies' planning, commissioning and budget cycles.

It is submitted to the Chief Executive of the Local Authority, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

¹ Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services (March 2013) can be downloaded from www.adass.org.uk



The Board's Vision, Mission and Values

The Board works to the following shared vision, mission and values developed during 2012-13.

Vision

The Vision of HSAB is that Herefordshire's adults at risk are able to exercise choice and control in an environment in which their well-being needs are met and they are safe from harm.

Mission

Our Mission is to empower adults at risk and their communities and work together in effective partnerships to ensure that local services and arrangements are effective in promoting the well-being of; preventing harm to; and protecting adults at risk in Herefordshire.

Our Values as we work together are:

- ✦ The impact on the well-being and safety of Herefordshire's adults at risk will be at the centre of all HSAB activity.
- ✦ We will work with adults at risk and their communities to encourage and promote personal responsibility for their own safety while respecting an individual's right to personal choice.
- ✦ We will learn and develop, responding to local and national evidence and best practice to reduce the risk of abuse.
- ✦ We will work in an open and honest manner with adults at risk, their communities and with each other.
- ✦ We will address the well-being needs of adults at risk at the earliest opportunity and prevent the need for later safeguarding intervention whenever possible while supporting choice and control.
- ✦ We will work together being open to receive and bring constructive challenge as part of the process of developing.

Reviewing the Year: April 2012 – April 2013

This is the first full year over which I have chaired HSAB in conjunction with the safeguarding children board. Local safeguarding children boards are on a statutory footing with all relevant organisations being required to be members and contribute to local coordinated activity to safeguard children. It is planned that this will apply to safeguarding adults boards in the future although the timing of such plans reaching fruition have not yet been finalised. Ensuring strong links between the work of the boards is important because there are a number of cross cutting issues that are important to the successful functioning of each (e.g. Domestic and sexual violence, substance misuse and mental ill health).

Herefordshire Safeguarding Adults Board was established to ensure that safeguarding work carried out with all relevant organisations in relation to adults at risk would be coordinated and also effective. The critical imperative for safeguarding adults boards to achieve these objectives have been illustrated by recent high profile cases such as the abuse in the Winterbourne View Residential Care Home.

This annual report sets out the valuable achievements that have been made in the past year. Steps have been taken towards the implementation of a purposeful quality assurance process and there have been a number of significant developments such as the opening of the West Mercia sexual assault referral centre. However, In common with HSCB, there have been concerns over some important elements of safeguarding activity both within constituent member organisations and across the board itself. There is little sampling of the wishes and feelings of adults at risk or their families in relation to how services are delivered to them and how personalised and involving those processes are. There is not a process of regular case and thematic audit to test how well organisations are working together and how effective they are at resolving and mitigating the situations of adults at risk. The sub-groups of the board have not been well supported. When the structure was rationalised and the sub-groups were disbanded in favour of a steering group with work stream lead individuals, that steering group has not so far been well supported either. The board cannot be fully functional until these issues are appropriately addressed.

An independent audit was conducted in September 2012 and this looked at referral processes for those who wanted to report concerns for an adult at risk and the quality of case work and supervision. It must first be stated that this found examples of good practice. However, it also found that there was widespread misunderstanding of what a "safeguarding" matter was rather than a more general care concern. This led to a considerable over referring of cases to the safeguarding team and in turn to a lack of focus on the safeguarding cases that required an appropriate response. The audit also uncovered a number of problems in relation to social care practice in terms of recording and supervision that resonated with some findings in relation to social care work with children.

There was an excellent event in December 2012 in which the regional safeguarding procedures were launched in Herefordshire. It was well attended and represented a useful springboard from which to publicise the cause of safeguarding adults.

There is undoubtedly good work being done to safeguard adults at risk in Herefordshire both within safeguarding teams and across organisations and agencies. As a safeguarding board, however, our problem is that we do not know reliably how high the quality of our work is with enough certainty and we do not know how many vulnerable people might be being let down by systems that might not be working as we want them to. We do not know what service users who have used services locally think of them and how we might do better next time. We also do not have the range of accurate and comparable performance information that



allows us to judge our performance in relation to other statistically similar areas.

The engagement of HSAB members in the business of the Board is distinctly variable. All boards rely on a number of key members who drive forward the business and their energy provides the impetus to make the board effective. In Herefordshire at present, there are insufficient such members in my opinion and this is preventing the necessary forward strides being made. My observation is that there are too many members who regard the board as a series of meetings that have to be serviced rather than the forum to use in order to coordinate and develop services to safeguard those at risk. Many of the most important strategic leaders locally have service delivery responsibility for children and adults and it may be that activity related to the improvement of services for children has somewhat displaced the adults agenda. There is now a real opportunity to take learning from what is being achieved in safeguarding children in order to make similar improvements in services for adults at risk. In addition, the imminent recruitment of two additional members of staff to support the safeguarding boards' Business Unit should allow the unit to provide greater leadership support and training capacity to the Board. The adoption of our vision, mission and values is an important development and I believe that if we can truly live the values, we can be successful in achieving our mission and vision.

Dave McCallum, Independent Chair

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How effective are our local Safeguarding arrangements?

Herefordshire Safeguarding Adult Board continues to facilitate the development of front line safeguarding practice in Herefordshire, where partners are answerable to each other as to how they discharge their safeguarding responsibilities. The Board is aware that there are currently significant financial pressures affecting the provision of adult social care services and health services in Herefordshire and it provides a forum for partners to agree priorities together and support each other through cooperation and challenge to provide high quality, safeguarding focussed services.

This report highlights areas in which safeguarding practice has developed well during the past year as well as acknowledging the fact the some of our development priorities have not been achieved as planned and work will continue during 2013-14 to meet those. It has been helpful during 2012-13 to develop a vision, mission and values² for HSAB which will ensure a common understanding for Board partners and organisations that the Board works with about the focus of the Board's work and the purpose of our working together. In addition, the agreement of three-year priorities for the Board, outlined in the *HSAB Business Plan 2013-14 and Development Priorities 2013-2016* will ensure a longer term focus for the development of the effectiveness of the Board and the effectiveness of safeguarding adults at risk in Herefordshire in the coming years. These priority areas are:

- ✦ Improving the experience of adults at risk and their communities when they are supported in safeguarding systems
- ✦ Improving multi-agency case work
- ✦ Tackling evidenced safeguarding issues in Herefordshire
- ✦ Improving the functioning of Herefordshire's Safeguarding Boards

Herefordshire Safeguarding Adults Board's primary mechanism for assuring itself of the effectiveness of safeguarding arrangements is through its quality assurance programme. The Board has been working to develop this programme during the past couple of years. Although there continues to be a need to develop this further, quarterly reports from partners have already revealed issues to the Board which have been acted upon to improve. A further development for the Board will be the implementation of an effective ongoing multi-agency audit regime within its quality assurance programme. This will give the Board a greater ability to assess safeguarding arrangements and bring challenge to the work of partners.

While the Board acknowledges that the quality assurance programme needs further development the evidence demonstrates that safeguarding arrangements in Herefordshire are increasingly effective. The Board had previously been concerned that the low number of safeguarding alerts being made in the county, which when supported by research, suggested that there was not enough knowledge of safeguarding processes across the practitioners and the public. The number of alerts being made has increased during the past few years. The data, when compared to national statistics and single agency audit work, suggests that the number of alerts being made is now around where it should be and therefore processes are generally known about and safeguarding concerns acted upon appropriately in Herefordshire.

During 2013-14, the Herefordshire Safeguarding Adult Board's quality assurance programme will be developed further to ensure consistent monitoring of the safeguarding work of partners, and to ensure the Board is collating the views of adults at risk and their communities, especially at the point of an alert being made.

² [The Board's Vision, Mission and Values](#) are detailed on page 4.



The Board launched the new regional procedures during the year following a process of ensuring they are localised to fit with the area's processes. The embedding of these safeguarding procedures across practitioners working with adults at risk further formalises safeguarding processes and ensures that safeguarding arrangements are more effective. The development of a full suite of procedures for Herefordshire, and the process of embedding these within practice, continues into 2013-14 but the work undertaken during 2012-13 has significantly enhanced work to safeguard adults at risk.

A further piece of work that has been undertaken during 2012-13 was Herefordshire Council People's Service's Quality Audit in adult social care. The Board fully supported this work and the implementations of its recommendations. The Quality Audit highlighted some key areas for development which have also enhanced the ability of services in Herefordshire to respond appropriately to safeguarding concerns.

The work of the Board contributed to the reconvening of the Domestic Abuse Forum during 2012-13 ensuring that multi-agency work to combat domestic abuse in Herefordshire is given appropriate support from Board partners. Domestic abuse is an issue of concern in Herefordshire and the forum provides an effective mechanism to progress work to support this.

In addition, the Board has developed its training offers to meet the needs of agencies and therefore increase the knowledge and understanding of safeguarding adults at risk across practitioners.

The 2011-12 Annual Report stated that "evidence presented to the Board through staff and user feedback and through case audit suggests that safeguarding arrangements in Herefordshire are generally effective". The work outlined in the 2012-13 Annual Report demonstrated clear developments within safeguarding practice and therefore continued improvements within the effectiveness of Herefordshire's safeguarding arrangements.

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The context of safeguarding adults at risk in Herefordshire

Herefordshire is a rural county with a population of 183,600, and while it is not possible to calculate a single measure of the numbers of adults at risk there are a number of indicators that help us understand the context of safeguarding in Herefordshire.

The county's Integrated Strategic Needs Assessment, Understanding Herefordshire³, provides an evidence base to inform commissioning decisions, particularly those relating to priority setting and resource allocation. Using a wide range of data, Understanding Herefordshire identifies the most significant concerns for the county as well as noting performance against historical issues of concern.

Understanding Herefordshire and the 2011 census include the following relevant indicators

- ✦ **Age:** There are 39 400 people aged 65 and over in Herefordshire; 21.5% of our total population compared to 16.5% across England and Wales.
There are 5 400 people aged 85 and over in Herefordshire; 2.9% of our total population compared to 2.3% across England and Wales.
- ✦ **Social Isolation:** 60% of residents have contact with family, friends or neighbours most days of the week although for one in twenty the contact is once a month or less and a similar proportion (5%) felt lonely most or all the time.⁴
- ✦ **Dementia:** There are an estimated 3 000 people in Herefordshire who have dementia (two-thirds of whom are undiagnosed).
- ✦ **Personal Care:** 12% of adults are limited in their ability to bathe and dress themselves.
- ✦ **Poverty**⁵: Approximately one fifth of households live in poverty in Herefordshire, similar to the national average.

Further context is given by the Annual Vulnerable Adults return that Herefordshire Council has to make to the Department of Health every year:

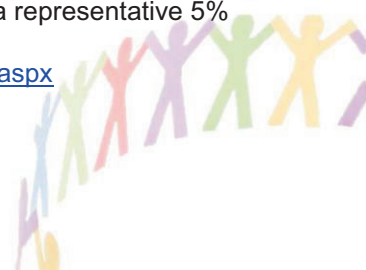
- ✦ **Safeguarding Alerts:** During 2012-13 there were 3191 alerts made to social care by people concerned for the safety of adults. This is a significant increase on the 2180 made during 2011-12, a continuing trend that is understood to be the result of greater understanding across the public and professionals of safeguarding services rather than a significant increase of adults at risk.
- ✦ **Alerts progressing to Referral:** For a wide range of reasons not all alerts become a referral for intervention from the Safeguarding Team in Herefordshire. In 2011-12 738 alerts concerning adults at risk progressed to referral and needed investigation and intervention by the Safeguarding Team.
- ✦ The largest category of safeguarding referrals, with over one third of cases, was neglect and the majority of referrals referred to incidents and situations occurring in the adult at risk's own home.

Herefordshire Safeguarding Adult Board is aware of these issues and is working with partners to respond to them. Where appropriate they have been included within the Board's Business Plan priorities or risk register for action and monitoring.

³ Understanding Herefordshire is available at <http://factsandfigures.herefordshire.gov.uk/1922.aspx>

⁴ This data came from the Herefordshire Quality of Life Survey 2012 and is based on a representative 5% sample of the population and accessed through Understanding Herefordshire.

⁵ Poverty measures are explained at <http://factsandfigures.herefordshire.gov.uk/1975.aspx>



The Board's understanding of the context of safeguarding in Herefordshire is developed through its Quality Assurance Programme, overseen by the Performance, Audit and Quality Assurance Sub Group. The group has received regular submissions of data about safeguarding themes from a range of agencies, although submission of reports has not always been as regular as requested from partners. In addition to this, the Performance, Audit and Quality Assurance Sub Group gains assurance and intelligence about safeguarding in Herefordshire through audit reports from partners. This programme is effective in ensuring that the Board is aware of safeguarding issues, but it is understood that the Quality Assurance Programme needs continued development to ensure the Board is more fully informed of the state of safeguarding in Herefordshire and can act in a more dynamic and proactive manner.

Further development of the Board's Quality Assurance Program is therefore necessary and is included in the 2013-14 Business Plan.

Developing the HSAB's Quality Assurance Programme.
Further work needed

West Midlands Safeguarding Procedures and Adults Threshold Guidance

Herefordshire Safeguarding Adult Board, in cooperation with its regional partners, maintains multi-agency procedures⁶ to safeguard and promote the wellbeing of adults at risk and with the aim of encouraging close working between agencies to facilitate early intervention and support to meet the needs of adults at risk and their communities.

The regionally agreed policies include the Adults Threshold Guidance which gives all practitioners across all our partner agencies clear guidance as to the situations which constitute abuse of adults at risk and what response is necessary, up to situations which warrant an immediate referral to the Safeguarding Team.

The guidance provides matrices to help practitioners make decisions about the appropriate response to situations involving physical, sexual, psychological, financial, institutional and discriminatory abuse and neglect. Further detail is available in the guidance documentation.

Type of abuse	Isolated incident Not SAFEGUARDING No harm – low risk	Possibly SAFEGUARDING Possible harm – some risks	SAFEGUARDING Harm and medium to high risk A Safeguarding Adults Referral MUST be made	
Neglect	<ul style="list-style-type: none"> Isolated missed home care visit where no harm occurs. Adult is not assisted with a meal/drink on one occasion and no harm occurs. 	<ul style="list-style-type: none"> Inadequacies in care provision that lead to discomfort or inconvenience – no significant harm occurs, e.g. being left wet occasionally. Occasionally not having access to aids to independence (if regular may be restraint). Adult at risk living with family care who is failing with caring duties. Temporary environment restrictions but action to resolve is in place. Occasional inadequacies in care from informal carers – no significant harm. 	<ul style="list-style-type: none"> Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs. Poor transfers between services for example - Hospital discharge without adequate planning and harm occurs. Inappropriate or incomplete DNAR - Do Not Attempt Resuscitation. 	<ul style="list-style-type: none"> Ongoing lack of care to extent that health and wellbeing deteriorate significantly e.g. dehydration, malnutrition, loss of independence or confidence. Failure to arrange access to life saving services or medical care Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk Gross neglect resulting in serious injury or death.
Sexual				
Physical	<ul style="list-style-type: none"> One person one pressure ulcer of low grade (grade 1). 	<ul style="list-style-type: none"> Pressure ulcers grade 1&2. 	<ul style="list-style-type: none"> Pressure ulcers grade 3 or multiple grade 2 pressure ulcers. Mismanagement of pressure ulcer grade 3 plus by professionals / paid carers. Serious injury or death as a result of consequences of pressure ulcer development e.g. septicemia 	

Developing and embedding safeguarding policies.
Further work needed

HSAB is aware that while it is positive that these policies and procedures are in place, the Board need to do further work to ensure that they are used

⁶ More information and the downloadable procedures are available by searching for 'Adult safeguarding policies' www.herefordshire.gov.uk



effectively by practitioners across organisations. In addition the Board are working during 2013-14 to ensure that all necessary additional policies exist in Herefordshire to support the regional policies.

The Adult Social Care Business Change Programme

Across the United Kingdom, the delivery of adult social care services is becoming more challenging as in general, the number of adults needing social care support is increasing while overall budgets are significantly reducing. Herefordshire Council, the main commissioner of adult social care services, is investing in its Adult Social Care Business Change Programme in order to ensure the funding of adult social care is sustainable in the coming years. While this is an important piece of work that the Board supports, the program has meant that development resources which might have been otherwise been available to progress the Board's priorities are focussed on business change. For example, the development of safeguarding performance reports for the Board has been delayed.

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What have we done to improve the effectiveness of safeguarding adults at risk in Herefordshire?

a. Evaluating the effectiveness of Adult Safeguarding through performance monitoring.

Herefordshire Safeguarding Adults Board undertakes its role of performance monitoring of safeguarding practice in Herefordshire through its Performance, Audit and Quality Assurance sub group. Within in the 2012-13 Business Plan this sub group was also assigned to monitor the following specific development priorities:

- ✦ **Increasing the number of alerts to safeguarding services which are made in accordance with people's wishes and feelings whilst achieving the balance on the Duty of Care.**

This is a requirement within the West Mercia Multi- Agency Safeguarding Policies and Procedures and is a specific question within the revised alert form which was introduced at the start of the 2012-13 year. The requirement is also included in safeguarding training for front line practitioners. The reporting of performance data on safeguarding referrals has been inconsistent during the year and this is something that the Board, Herefordshire Council and Wye Valley Trust have been working to improve. Towards the end of the reporting year there was an increased level of confidence around the data, but the data only regularly focussed upon the basic safeguarding information, and did not give the opportunity to analyse how people's wishes and feelings were being taken into account when alerts were made. This is something for further development during 2013-14.

All care homes receive an annual quality visit from commissioners where adherence to safeguarding procedures is monitored, including ensuring the wishes of adults at risk are taken into account within their work.

Monitoring how the wishes of adults at risk are taken into account.
Further work needed

- ✦ **The development of Personal Budgets for service users of social care and the outcomes for them.** The development of Personal Budgets in Herefordshire has not progressed as expected during the year. Therefore, the monitoring of outcomes has not been undertaken due to the cohort size. The current Adult Social Care Business Change Programme being undertaken by Herefordshire Council includes the development of Personal Budgets and the ability to monitor outcomes for service users. Herefordshire Safeguarding Adults Board will monitor these outcomes when it becomes practicable to do so.

- ✦ **The development of an HSAB dataset of indicators relevant to the business and priorities of the Safeguarding Adults Board.** It was envisaged that

during the year a dataset could be finalised and quarterly reports received from each partner agency. Although items for the dataset and quarterly reports have been agreed, the submission of quarterly reports from all agencies has not been consistent. For that reason it has not been possible to create a data dashboard for the Board to receive. This work will continue into 2013-14.

Quarterly reports from agencies to inform the HSAB dataset.
Further work needed

- ✦ **Embed the process of on-going case audits to assure the Board of the quality of safeguarding adults practice and to identify areas for further development to improve recording, reporting and outcomes.** During 2012-13 case audits were undertaken and resulting action plans completed. Audits of adult safeguarding within the CCG and across Wye Valley Trust have also been undertaken.



- ✧ **Intelligence about levels of exposure to domestic abuse in Herefordshire from multi-agency audit focussing on the needs of Children reporting to both Boards.** The Domestic Abuse Forum has undertaken a multi-agency audit on domestic abuse with the involvement of members of Herefordshire Safeguarding Adults Board. The findings have been made available to members of the Board and a needs assessment is being developed from the audit which will inform further work and commissioning. Work will continue in conjunction with the Domestic Abuse Forum, which has been reconvened during the year, in part due to pressure being put on key agencies by both safeguarding boards in Herefordshire.

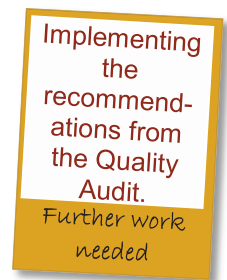


- ✧ **The implementation of all of the recommendations from the Hidden Harm work stream in 2011 and embedding of them in practice.**

This was completed during the year and a report was presented to Herefordshire Safeguarding Children Board who signed off on the findings on behalf of both Boards.

- ✧ **Undertake a multi-agency audit on mental health in Herefordshire resulting in the development of action plans for both HSAB and HSCB.** This work has been significantly delayed through the year, although preliminary work was undertaken towards the end of the year within 2gether NHS Trust, Herefordshire's provider of mental health services.

Further performance monitoring during the year came through Adult Social Care's Quality Audit and subsequent improvement work. This piece of work was led by Herefordshire Council who worked in partnership with the Board to ensure the recommendations were actioned across agencies as appropriate. Work is ongoing, but there have been concerns that the recommendations haven't been implemented as quickly as originally planned. The Board will continue to monitor inter-agency implementation.



b. Learning and Improvement through Case Reviews.

The sub group of the Board that oversees learning and improvement through case reviews started the year as the Serious Case Review (SCR) Sub Group providing advice and management of SCRs for both Adult and Children's Safeguarding Boards. The group makes initial decisions about case reviews and makes a recommendation to the Independent Chair of Herefordshire Safeguarding Adults Board who will make a final decision on the review process in each case.

During 2012-13 the group developed to take on a similar role for Domestic Homicide Reviews on behalf of the Community Safety Partnership as well as the management of cases which do not meet the criteria for an SCR but which do merit review. The sub group is now known as the Joint Case Review group.

The meeting had seven cases referred during the year as follows and of those, three were adults as follows. In addition, a domestic homicide review was commissioned by the group.

Outcome of Referral	Children	Adults
Independently chaired multi-agency review	1	1
Internally chaired multi-agency review	0	1
Single Agency Review	2	1
Did not meet criteria for review.	1	0

During 2012-13 no case met the agreed criteria, as recommended by the Association of Directors of Adult Social Services⁷, for a Serious Case Review to be commissioned. Serious Case Reviews are large scale reviews following a set process which are independently chaired. As detailed in the table above, the Joint Case Review sub group decided that two cases were of significant concern to warrant independent facilitation, but were not appropriate to be the subject of a Serious Case Review.

The Joint Case Review sub group, following the Government's response to the Munro review of child protection⁸, in which there is a spirit to move away from the traditional Serious Case Review methodology to a more systems approach, commissioned Review Consulting to facilitate a review through their Significant Incident Learning Process (SILP). One child case review has been undertaken using this methodology and initial feedback has been very encouraging and a structured evaluation is underway. Towards the end of the year it was agreed that an adult case would be reviewed under SILP methodology. This review is now underway.

In order to improve the effectiveness of learning from case reviews, during 2012-13 a more robust system for monitoring the progress and outcome of cases and reviews was been introduced. This is enabling greater scrutiny of review processes and reducing the possibility of any drift in the timeliness of decision-making around referred cases and the management of reviews. It is also providing enhanced feedback from all types of reviews making it much easier to analysis outcomes and emerging themes.

The Board now maintains a composite learning and improvement action plan, overseen by its Steering Group, which includes all the agreed actions arising from the case reviews alongside those which have resulted from the Board's thematic and case audit programme.

⁷ Guidance is in ADASS's 2005 publication 'Safeguarding Adults' available to download from the Publications page at www.adass.org.uk.

⁸ A Child-Centred System: The Government's response to the Munro review of child protection, July 2011 is available for download from www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/protection/b00219296/munro



c. Workforce Development: Training and Communication.

Herefordshire Safeguarding Adult Board communicates with organisations across Herefordshire through it's:

- ✦ Members from partner organisations
- ✦ Business Plan and Annual Report
- ✦ Training
- ✦ Events
- ✦ Webpages on the Herefordshire Council website

Herefordshire Safeguarding Adults Board progresses the County's joined-up approach to safeguarding in Herefordshire by bringing together directors and strategic leaders across organisations working with adults at risk. Organisations represented include:

- ✦ Herefordshire Council, incorporating Adult Social Care commissioning services
- ✦ Herefordshire Voluntary Organisations Support Service
- ✦ Hoople
- ✦ Wye Valley Trust
- ✦ 2gether NHS Foundation Trust
- ✦ Further Education establishments
- ✦ West Mercia Police
- ✦ West Mercia Probation

Further third sector organisations are represented as appropriate within the Board's sub groups. Members of the Board and its sub groups have a range of responsibilities as laid out in its Constitution including representing the HSAB within their organisation and ensuring that the organisation is meeting its obligations to safeguard and promote the welfare of adults at risk.

Therefore, members of the Board have a responsibility to ensure that their organisations understand what the Board is doing and is working towards the priorities of the Board.

The development and publishing of the Board's Business Plan also supports members in ensuring the Board's priorities are promoted among partner agencies.

The Board also provides inter-agency safeguarding training through Hoople as well as providing additional training to meet the needs of Herefordshire through which it maintains an on-going line of communication to front line staff across the adults at risk workforce in Herefordshire.

Herefordshire Safeguarding Adults Board oversees its planning and provision of training through its Training and Workforce Development sub group. Within in the 2012-13 Business Plan this sub group was also assigned to monitor the following specific development priorities:

✦ **Include mandatory awareness training on appropriate safeguarding for vulnerable adults, young people and children, in induction training for all staff in any agency.** This indicative content was included within the development of the new training strategy to ensure that all providers were aware of the required content. A Train the Trainers course was developed which can be accessed by independent/voluntary providers and includes the requirements to record all training that can be collated and sign up to a quality assurance scheme. As a result quarterly reports will be available to HSAB on basic training in these areas.

✦ **Multi-agency safeguarding practice development sessions to be run in each locality to provide practitioners across agencies with a forum for developing evidence based practice and work together.** Practitioner Forums were launched in Nov 2012 and are run every other month. In 2012-13 there were 3 sessions 63 people attending, representing Wye Valley NHS Trust, 2gether and Herefordshire Council.

New training offers were developed to meet agency needs.

Success Story



- ✦ **Staff understand positive risk taking and the current legal framework and relevant case law for safeguarding.** Significant communications and training has been undertaken with safeguarding staff across statutory agencies (social care, health and police) to ensure positive risk taking and balancing people's wishes and feelings whilst achieving the balance on the Duty of Care.

Further achievements of the group include the development and delivery of training to support the implementation of the West Mercia Multi- Agency Safeguarding Policies and Procedures. There has also been targeted training provided on the requirements of the Public Sector Equality Duty and training sessions on Understanding New Communities.

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d. Developing and maintaining Policies and Procedures⁹.

HSAB's Policy, Procedures and Operations sub group's role within the Board is to plan and implement the development and review of policies and procedures across agencies working with adults at risk.

During the first half of 2012-13, Herefordshire Safeguarding Adults Board, worked with its regional partners to develop the West Mercia Multi-Agency Safeguarding Policies and Procedures. This shared set of procedures aims to ensure that the needs and interests of adults at risk are respected while a timely, professional and ethical response is made to any adult at risk who may be experiencing abuse. Once agreed by the regional partners, each safeguarding adults boards had to localise the procedures to ensure they fitted with local processes and organisational structures. This task was completed during the autumn and in December 2012 HSAB held a launch conference attended by over 200 people from adult social care, health services, care providers and the police. At the same time, the extensive policies and procedures were published on Herefordshire Council's website. Subsequent work was then undertaken through the remainder of the year to ensure that the regional procedures, including the Threshold Guidance, are built into working practice.



HSAB will continue to work during 2013-14 to assess the further development work necessary and to ensure the new policies are embedded in practice across agencies.

The Policy, Procedures and Operations sub group lacked consistent leadership and focus through two changes in chair persons and a number of cancelled meetings that affected attendance. It was therefore unable to progress the other priorities of the Board assigned to it from the 2012-13 Business Plan, but members of the Board ensured the priorities were picked up in other forum where possible:



- 🔗 The development of contractual arrangements to include minimum safeguarding standards has begun through discussions with Herefordshire Council's contracts department. Discussions are ongoing into 2013-14 and research into best practice examples from other areas has been completed to inform the work.
- 🔗 The Adult Social Care Business Change Programme being undertaken by Herefordshire Council has picked up the development of a strategic pathway and set of standards to support risk enablement and is also focussed on ensuring that safeguarding practice isn't negatively affected by the current rounds of organisational change.

⁹ More information and the downloadable procedures are available by searching for 'Adult safeguarding policies' www.herefordshire.gov.uk



2012/13 Strategic Priorities

The HSAB Business Plan 2012/13 set out the Board's strategic aims and specific objectives. The strategic priorities were based on the Board's analysis of priority areas for development and improvement. This section describes the progress made against these specific priorities.

Priority Improvement Area 1:

We said we would improve multi-agency safeguarding arrangements.

How we said we would achieve this:

- ✘ Ensure that adults at risk of harm are supported to reduce their risks and have safe services delivered, while ensuring independence, choice and control.
- ✘ Ensure people who need safeguarding support receive a multi-agency approach from a competent workforce.
- ✘ Ensure people receive good quality assessments of their needs.
- ✘ Deliver effective arrangements for sexual assault examinations

What did we do?

- ✘ Developed and launched the regional multi-agency policies and procedures and threshold guidance which give clear guidance to practitioners about assessing need and taking appropriate action and outlines how professionals across agencies should work together to make decisions about appropriate action.
- ✘ Developed the Board's ability to monitor the safeguarding work of partners through its quality assurance programme, including quarterly performance data from partners.
- ✘ Work started during 2012-13 to ensure that all contracts between Board partners and organisations working with adults at risk include minimum safeguarding standards.
- ✘ Oversaw the contractual arrangements and implementation of the Herefordshire Sexual Assault Referral Centre ensuring it became operational in line with planned timescales.

What difference has this made?

- ✘ There is clarity for people working with adults at risk about how and when they should be making safeguarding alerts. This has supported the increases in appropriate alerts being made to Herefordshire's safeguarding team.
- ✘ Monitoring performance data has enabled to Board to challenge partners around specific safeguarding issues and hold them to account for improvements.
- ✘ Victims of sexual assault are supported in an appropriate, comfortable environment which also facilitate the collection of forensic evidence that can enable prosecution.

Priority Improvement Area 2:

We said we would improve data quality, assurance and analysis

How we said we would achieve this:

- ✘ Improve interrogation of performance information

- ✘ Develop the use of Understanding Herefordshire to identify needs and strengthen service planning across agencies

What did we do?

- ✘ Developed the Board's quality assurance programme to ensure quarterly reporting from Board partners in order to inform the Board's understanding of the effectiveness of safeguarding arrangements in Herefordshire.
- ✘ Ensured that the Health and Well Being Board, established during the year, had sufficient links with Herefordshire Safeguarding Adults Board and safeguarding issues are highlighted to them to ensure an appropriate focus.

What difference has this made?

- ✘ Herefordshire Safeguarding Adults Board has been able to challenge partners and hold them to account in instances where their performance data has highlighted issues that need action.

Priority Improvement Area 3:

We said we would improve joint safeguarding arrangements with Herefordshire Safeguarding Adult Board

How we said we would achieve this:

- ✘ Implement joint priorities with the Safeguarding Children Board to tackle domestic abuse.
- ✘ Develop coordinated support for adults and children in families affected by mental health wellbeing issues and adults and children in families affected by substance misuse issues.

What did we do?

- ✘ The Board supported the development of a group of senior officers from agencies working across Herefordshire which began a comprehensive needs assessment based on quantitative and qualitative information to assess the current scale of domestic abuse and violence and to understand the current services available.
- ✘ The recommendations from the Hidden Harm work of 2011 were fully implemented.

What difference has this made?

- ✘ Developments in services to tackle domestic abuse are a longer term priority for the Board and improvements in existing services and the commissioning of new services will make a difference in future years.
- ✘ Services improved for families affected by mental health issues.



Appendix 1: HSAB Membership at March 2013

Role/Job Title	Agency
Director of Quality	2gether NHS Foundation Trust
Specialist Practitioner for Safeguarding	2gether NHS Foundation Trust
	Care Quality Commission
Director	Herefordshire Carers Support
Director of Personnel, Representing FE Colleges	Herefordshire College of Technology
Lead Member for Safeguarding	Herefordshire Council
Director of Nursing and Transformation	Herefordshire Wye Valley Trust
Head of Quality & Safety (Adults)	Herefordshire Wye Valley Trust
Service Unit Director	Herefordshire Wye Valley Trust
Head of Operational Adult Safeguarding	Herefordshire Wye Valley Trust
Senior Manager Mandatory Training	Hoople Ltd
Safeguarding Trainer	Hoople Ltd
Independent Chair	HSAB
Head of Safeguarding	NHS Herefordshire
Assistant Director of Public Health	People's Services, Herefordshire Council
Assistant Director, Adult Commissioning	People's Services, Herefordshire Council
Director of People's Services	People's Services, Herefordshire Council
Head of Safeguarding and Review	People's Services, Herefordshire Council
Senior Equality, Integration and Partnership Officer	Places and Communities, Herefordshire Council
Housing Manager	Places and Communities, Herefordshire Council
Community Safety Manager	Places and Communities, Herefordshire Council
Assistant Director, Homes and Communities	Strategic Housing, Herefordshire Council
Housing Solutions Manager	Strategic Housing, Herefordshire Council
Head of Public Protection	West Mercia Police
Inspector	West Mercia Police
Training Lead	West Mercia Police
Head of Service	West Mercia Probation Trust
Safeguarding Lead	West Mercia Women's Aid

Membership Key	Strategic Board	Sub Groups	Both
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Appendix 2: HSAB Budget Summary

Herefordshire Safeguarding Adults Board and Herefordshire Safeguarding Children Board share a joint Business Unit and joint budget. The existing budgets were therefore combined. The tables below summarise the combined budget for 2012-13 but it should be highlighted that the pre-existing budget for Herefordshire Safeguarding Adults Board was a £20, 000 contribution from Herefordshire Council.

The following table states how our member organisations contribute financially to the work of the Board.

Agency contributions	2012/13
Herefordshire Council	£124,835
NHS Herefordshire	£45,203
West Mercia Police	£30,165
Youth Offending Service	£645
West Mercia Probation	£4,612
CAFCASS	£550
Funding Carried Forward	£12,685
Total income	£218,695
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Expenditure	2012/13
Independent Chair	£27,295
Business Unit Staff and Costs (Manager and Development Officer)	£67,866
Training and development (including HSCB Trainer)	£62,274
Independent Case Review and Auditing	£6,000
Meeting expenses	£1,942
Publicity, information provision and participation	£1,396
Funding Carried Forward	£38,306
Accounting Processes: unassigned expenditure ¹⁰	£13,616
Total expenditure	£218,695

¹⁰ As at July 1st 2013, the Business Unit is working with the Boards' accountant in Hoople to understand and assign this spending.





Business Plan
2013-14 and
Development
Priorities
2013-16

Herefordshire
Safeguarding Adults Board

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Foreword by the Independent Chair

The last year has been a challenging one from which everyone involved in safeguarding activity in Herefordshire has learned a great deal. We learned that we need to be very clear about what beneficial difference the organisations that make up HSAB are making to the safety and welfare of our adults at risk. We need to be sure that all professionals having contact with adults who might be at risk are aware of signs and indicators of abuse and know how to report concerns, whether they relate to general care and welfare or possible abuse. Those directly involved in safeguarding adults at risk must be demonstrably working to the highest standards and the processes that are used to co-ordinate their work must be constantly monitored to ensure their effectiveness. We need to listen actively and carefully to the voices of service users and act on them to be responsive, constantly improving the way we work, individually and together to maximise positive impact.

Many organisations that make up the membership of HSAB are changing the way they structure themselves to be leaner and more efficient because of the current financial situation. Some will have to make hard decisions about work that they will no longer be able to do. HSAB has been re-structured to reduce the meetings that members attend and concentrate instead on getting the valuable work done to monitor and improve services for adults at risk. HSAB's agreed priorities have been identified with the collective conviction that we must focus on ensuring that we are getting the basics of safeguarding right before we widen our ambitions. I am completely satisfied that staff within all HSAB member organisations are working under enormous pressure and with huge commitment to safeguard adults at risk. However, despite some notable achievements last year, the Board committed to work that was not achieved and this was unacceptable. HSAB members have assessed this year's plan as fully deliverable within the resources available. They now need to use the Board to hold their own and other member organisations to account in delivering on our commitments.

The Ofsted Inspection of safeguarding arrangements was undoubtedly a catalyst for considerable fast track development in the safeguarding children agenda in Herefordshire. I believe that there is a risk that owing to the absence of such an inspection framework in relation to adults, the same focus is not brought to bear here. However, the commitment of the organisations in Herefordshire to securing safeguarding services of the highest quality and integrity however is evidenced by involvement in the sector led peer review and support approaches, during 2103/14. There is also a significant opportunity to take the learning from the development of our safeguarding children framework and adapt it to make the improvements necessary to evolve our safeguarding adults arrangements to successfully deliver on our plans. We must take this opportunity and, by doing so, I am confident that we can achieve our mission and ultimately, our vision; that Herefordshire's adults at risk are able to exercise choice and control in an environment in which their well-being needs are met and they are safe from harm.



David McCallum, Independent Chair
Herefordshire Safeguarding Adults Board



Endorsed by Jo Davidson, Director
of People's Services

Introduction

It is the mission of both Herefordshire Safeguarding Adults Board and Herefordshire Safeguarding Children Board to work together effectively, as organisations and with adults at risk and their communities and children and their families, to ensure that local services and arrangements are effective in promoting the well-being of adults at risk, their communities, children and young people in Herefordshire and keeping them safe from harm.

During the past year HSAB has worked to improve the experiences of adults at risk and their communities by supporting the development and implementation of multi-agency procedures and through identifying areas of concern in practice through its monitoring of safeguarding performance data. The Board has then worked together to resolve these areas of concern while increasing the expectations of organisations working with adults at risk to ensure that their staff are trained appropriately. In assessing its own effectiveness, the Board has also noted that further improvements need to be made in the way it functions to ensure a greater level of impact on adults at risk.

The Board's Business Plan for 2013-14 is ambitious as it expects its revised structure to enable it to deliver upon its strategic development priorities for 2013-2016. The Business Plan identifies the necessary actions that the Board and its members agree to undertake during the year in progressing its four Development Priorities:

- ✦ Improving the experience of adults at risk and their communities when they are supported in safeguarding systems
- ✦ Improving multi-agency case work.
- ✦ Tackling evidenced safeguarding issues in Herefordshire.
- ✦ Improving the functioning of Herefordshire's Safeguarding Boards.

Herefordshire Safeguarding Adults Board progresses the County's joined-up approach to safeguarding in Herefordshire by bringing together directors and strategic leaders across organisations working with adults at risk. Organisations represented include:

- ✦ Herefordshire Council
- ✦ Herefordshire Clinical Commissioning Group
- ✦ West Mercia Police
- ✦ Wye Valley NHS Trust
- ✦ 2gether NHS Foundation Trust
- ✦ West Mercia Probation
- ✦ Adult education establishments
- ✦ Herefordshire Voluntary Organisations Support Service
- ✦ Hoople

HSCB's Vision, Mission and Values

During 2012-13 Herefordshire Safeguarding Adult's Board developed its statement of purpose outlining its vision for adults at risk and their communities in Herefordshire, its mission as it works together to bring about that vision and the values that it works to.

Our Vision

Herefordshire's adults at risk are able to exercise choice and control in an environment in which their well-being needs are met and they are safe from harm.

Our Mission

Empower adults at risk and their communities and work together in effective partnerships to ensure that local services and arrangements are effective in promoting the well-being of; preventing harm to; and protecting adults at risk in Herefordshire.

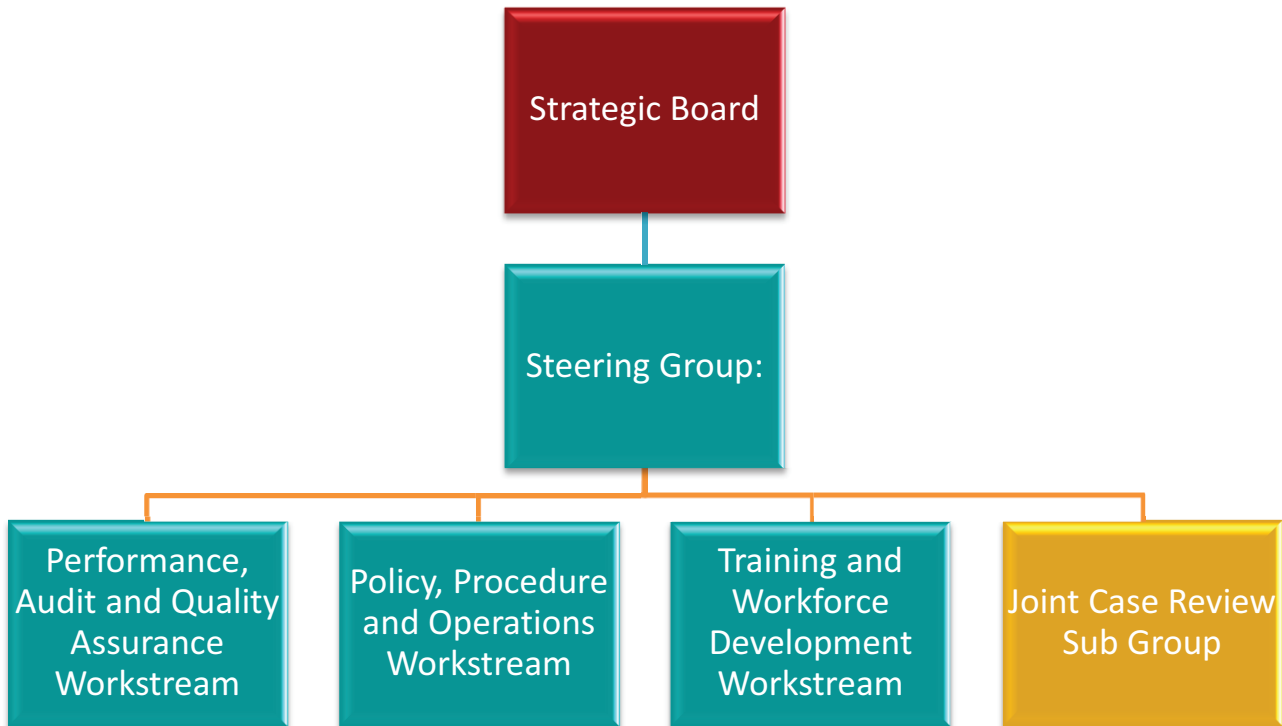
Our values

- ✦ The impact on the well-being and safety of Herefordshire's adults at risk will be at the centre of all HSAB activity.
- ✦ We will work with adults at risk and their communities to encourage and promote personal responsibility for their own safety while respecting an individual's right to personal choice.
- ✦ We will learn and develop, responding to local and national evidence and best practice to reduce the risk of abuse.
- ✦ We will work in an open and honest manner with adults at risk, their communities and with each other.
- ✦ We will address the well-being needs of adults at risk at the earliest opportunity and prevent the need for later safeguarding intervention whenever possible while supporting choice and control.
- ✦ We will work together being open to receive and bring constructive challenge as part of the process of developing.

Structural Arrangements

Herefordshire Safeguarding Adults Board works in close collaboration with Herefordshire Safeguarding Children Board and arrangements have been made to ensure they support each other's work and respond appropriately to their work and findings. These arrangements include the shared Independent Chair and Business Unit, Joint Case Review sub group, joint Risk Register and aligned development priorities.

The structure of Herefordshire Safeguarding Adults Board is as follows:



Strategic Board

The Strategic Board sets the performance, policy and strategic priorities for Herefordshire Safeguarding Adults Board and is responsible for ensuring that statutory requirements are met and the quality of safeguarding practice is maintained and developed across its partners. Members of the Board include directors and senior managers with strategic and resource oversight of relevant agencies and organisations in Herefordshire who are in a position to commit resources and enable change within their organisations.

Steering Group

Towards the end of the business year 2012-13, Herefordshire Safeguarding Adult Board decided to amalgamate its discrete sub groups into an operational Steering Group in order ensure a more joined up approach to its work, reduce duplication and to reduce the expectation of members to attend multiple meetings.

As the operational arm of the Board, the Steering Group ensures work is planned and progressed to meet the priorities set and monitored by the Strategic Board. As such, it is responsible for ensuring that the business plan for the Board is delivered. It tasks individual agencies and lead officers with responsibility for delivering key activities, in line with the overall aims of the Business Plan, and holds them to account for effective delivery of agreed actions.

The Steering Group meetings monitor progress on the following workstreams:

Performance, Audit and Quality Assurance: Responsible for providing assurance to the Strategic Board that all agencies, individually and collectively, are meeting their requirements to safeguard adults at risk. It has oversight of all multi agency and single agency audits and analysis of performance data about safeguarding within relevant agencies in Herefordshire. It is critical to the Board in assisting with its scrutiny and challenge role.

Training and Workforce Development: Responsible for producing a training strategy and ensuring any safeguarding adults training is quality assured.

Policy, Procedure and Operations: Responsible for ensuring that local standards, policies and procedures are in place in relation to safeguarding adults in vulnerable situations.

Joint Case Review Sub-Group

In Herefordshire, a shared process has been agreed for learning from cases of concern involving cases where a child or adult at risk dies or it is thought that work between agencies was not effective and didn't prevent a child or adult at risk suffering considerable harm. The Joint Case Review sub group oversees this work.

The Joint Case Review sub-group receives nominated cases by professionals which might meet the threshold, and decides, in a multi-agency forum, whether a review is necessary and what kind of review is appropriate. The group then makes a recommendation to the Independent Chair who, after reviewing the evidence himself, makes a final decision. The group is then responsible for monitoring reviews as they are undertaken and the implementation of learning from them.

The group also functions as a sub group of the community safety partnership (which is incorporated into the work of Herefordshire Partnership Executive Group - HPEG) to review incidences of domestic homicide and make recommendation to HPEG upon whether to commission a domestic homicide review.

Multi-Agency Working Beyond Herefordshire Safeguarding Adult Board

There is a positive culture of working together between board partners in Herefordshire who also work together in other settings. A significant proportion of partner agencies also work together under the remit of Herefordshire Safeguarding Children Board as well as through the Domestic Abuse Forum, Multi-Agency Public Protection Arrangements, Multi-Agency Risk Assessment Conferences and Herefordshire Partnership Executive Group.

HSAB Development Priorities 2013-2016

Herefordshire Safeguarding Adults Board has identified the following development priorities for the next 3 years and highlighted action areas within those. Future years will be added to as the safeguarding agenda develops.

DEVELOPMENT AREA 1: Improving the experience of adults at risk and their communities when they are supported in safeguarding systems			
Develop a multi-agency response and implementation plan to relevant guidance and legislation regarding safeguarding adults at risk.	13-14	14-15	15-16
Every agency to ensure the voice of adults at risk and their communities is captured and used to improve services.	13-14	14-15	15-16
Improve the quality of reflective supervision and the involvement of management in case decision making.	13-14	14-15	15-16
Develop culture of settled caseloads for staff to ensure better relationships between professionals and the adults at risk they are supporting.	13-14	14-15	15-16
DEVELOPMENT AREA 2: Improving multi-agency case work.			
Improving the management and monitoring processes of safeguarding alerts.	13-14	14-15	15-16
Improving multi-agency case decision making.	13-14	14-15	15-16
Improving multi-agency case assessments within adult social care.	13-14	14-15	15-16
Improving multi-agency case assessments across agencies	13-14	14-15	15-16
DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.			
Families affected by mental health wellbeing issues and families affected by substance misuse issues (lead by HSAB and involving HSCB)	13-14	14-15	15-16
Mortality Rates for Herefordshire County Hospital	13-14	14-15	15-16
Young adults transitioning from children's to adults' social care.	13-14	14-15	15-16
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.			
Develop the culture of constructive challenge within the Board.	13-14	14-15	15-16
Develop an evidence base of safeguarding casework across all agencies to demonstrate and learn from our good practice and show how we are meeting and exceeding our statutory responsibilities.	13-14	14-15	15-16
Agree a model of SCRs and significant case reviews within Herefordshire.	13-14	14-15	15-16
Develop the Board's processes for Qualitative and Quantitative reporting and analysis.	13-14	14-15	15-16
Develop our knowledge of the safeguarding adults at risk workforce and its development needs.	13-14	14-15	15-16
Undertake a peer learning process with a more established Board to identify areas for further Board development.	13-14	14-15	15-16



HSAB Business Plan 2013-14				RAG		
DEVELOPMENT AREA 1: Improving the experience of adults at risk and their communities when they are supported in safeguarding systems				Process	Completion	Impact
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			
Action Area: Develop a multi-agency response and implementation plan to relevant guidance and legislation regarding safeguarding adults at risk.				Monitored by: HSAB Steering Group (Policy, Practice and Operations Workstream)		
CCG, David Farnsworth	Assurance will have been given to the Board that learning from The Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis 2013) has been made and implemented.	July 2014	Midterm progress report to Steering Group.			
Herefordshire Council, Sarah Cox	Assurance will have been given to the Board that Mental Capacity Act policy is implemented and embedded across agencies.	Dec 2013	Completion report to Steering Group.			
CCG, Lynne Renton	Herefordshire multi-agency action plan implemented and reviewed in response to Transforming Care: A National Response to Winterbourne View Hospital	Jan 2014	Midterm progress report to Steering Group.			
Action area: Every agency to ensure the voice of adults at risk and their communities is captured and used to improve services.				Monitored by: HSAB Steering Group (Performance, and Quality Audit Workstream)		
HSAB PAQA Chair, Lynne Renton	All member agencies will have reported the mechanisms they are using for capturing the views of adults at risk and their communities and their families at all stages of their work to the PAQA sub group within their quarterly reports. delivered in Q4.	March 2014	Through PAQA Workstream reports to HSAB Steering Group.			

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RAG Code	Process	An Agreed Process Is In Place	Plans In Place To Develop Process But Not Yet Agreed	No Progress In Agreeing Process
	Completion	Fully Completed	Risk Won't Be Completed Within Timescale	Failure To Complete
	Impact	No Judgement Will Be Made Until Audited To Assess Impact		

HSAB Business Plan 2013-14				RAG		
DEVELOPMENT AREA 2: Improving multi-agency case work.				Process	Completion	Impact
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			
Action area: Improving the management and monitoring processes of safeguarding alerts.				Monitored by: HSAB Steering Group (Policy, Practice and Operations Workstream)		
156 Herefordshire Council, Head of Operations, Mandy Appleby	A report will have been delivered to the Board's Steering Group setting out how alerts are being managed, any delay in processing these on Frameworki and detailing planned improvements and how these will be measured.	July 2013	Report to come to the HSAB Steering Group meeting in July 2013.			
	A report will have been delivered to HSAB Strategic Board on the improvements that have been implemented, the outcome of audit and any further actions planned.	Nov 2013	Report and plan to be presented to November's Steering Group and then to the HSAB Strategic Board meeting in Dec13.			
	All actions will have been implemented and impact audit undertaken and reported to HSAB Strategic Board.	March 2014	Completion reports to Steering Group. Report presented to the HSAB Strategic Board meeting in March 2014.			
Action area: Improving multi-agency case decision making.				Monitored by: HSAB Steering Group (Policy, Practice and Operations Workstream)		
HSAB PPO Lead, Sarah Cox	A report will have been delivered to the Board's Steering Group on our safeguarding policy and procedures (including what we have, what we	August 2013	Report to come to the HSAB Steering Group meeting in August 2013.			



RAG Code	Process	An Agreed Process Is In Place	Plans In Place To Develop Process But Not Yet Agreed	No Progress In Agreeing Process
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	Impact	No Judgement Will Be Made Until Audited To Assess Impact		

HSAB Business Plan 2013-14				RAG			
DEVELOPMENT AREA 2: Improving multi-agency case work.				Process	Completion	Impact	Progress Update and Planned Future Actions
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency				
	need to develop, what we need to update, and whether we do these for Herefordshire, or work with the regional procedures) with an action Plan for the agreed improvements.						
HSAB PPO Lead, Sarah Cox	A multi-agency priority plan for the implementation and embedding of procedures to underpin the regional procedures will have been agreed by the Strategic Board.	Nov 2013	Report to come to the HSAB Steering Group meeting in October 2013.				



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	Impact	No Judgement Will Be Made Until Audited To Assess Impact		

HSAB Business Plan 2013-14				RAG		
DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.				Process	Completion	Impact
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			
Action area: Families affected by mental health wellbeing issues (lead by HSAB and involving HSCB)				Monitored by: HSAB Steering Group		
JCR Chair, Paul Meredith	Implement recommendations arising from the Bridgend LSCB serious case review of Family T.	Sept 2013	Reported as part of the half year ongoing reports from JCR to HSAB Steering Group.			
Action area: Mortality Rates for Herefordshire				Monitored by: HSAB Steering Group		
CCG, David Farnsworth	A review of Quality Indicators will be undertaken and findings reported to Strategic Board including Hospital Standardised Mortality Rates (HMSR) and Summary Hospital-level Mortality Indicators within Wye Valley NHS Trust.	Sept 2013	External report and action plan to HSAB Steering Group.			



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RAG Code	Process	An Agreed Process Is In Place	Plans In Place To Develop Process But Not Yet Agreed	No Progress In Agreeing Process
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	Impact	No Judgement Will Be Made Until Audited To Assess Impact		



HSAB Business Plan 2013-14				RAG		
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.				Process	Completion	Impact
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			
Action area: Develop the culture of constructive challenge within the Board.				Monitored by: HSAB Strategic Board		
Business Manager, Andy Churcher	An effective system for documenting challenge across the Board to capture learning and good practice will be developed and maintained.	Sept 2013	Synopsis to be included in Steering Group's quarterly report to Strategic Board.			
HSAB TWD Lead, Ali Chambers	A training needs analysis with Board members will have been undertaken to ensure all members have appropriate training and development opportunities to support their role.	Sept 2013	Synopsis to be included in Steering Group's quarterly report to Strategic Board.			
Business Manager, Andy Churcher	All Board members to undertake training identified through the TNA.	March 2014	Synopsis to be included in Steering Group's quarterly report to Strategic Board.			
Business Manager, Andy Churcher	Attendance at all Board meetings will be monitored; an action plan to increase level and consistency of attendance of member agencies will have been developed and implemented.	Sept 2013	Synopsis to be included in Steering Group's quarterly report to Strategic Board.			
Business Manager, Andy Churcher	The Board's Induction Pack will have been refreshed and re-launched to support new (and existing) members at all levels of Board business.	Mar 2014	Synopsis to be included in Steering Group's quarterly report to Strategic Board.			

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RAG Code	Process	An Agreed Process Is In Place	Plans In Place To Develop Process But Not Yet Agreed	No Progress In Agreeing Process
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	Impact	No Judgement Will Be Made Until Audited To Assess Impact		



HSAB Business Plan 2013-14				RAG		
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.				Process	Completion	Impact
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			
Action area: Agree a model of SCRs and significant case reviews within Herefordshire.				Monitored by: HSAB Steering Group		
HSAB Chair of JCR Sub Group, Paul Meredith	Case reviews using alternative formats will have been evaluated by those involved in the processes and reported to Steering Group.	Sept 2013	Report and proposal to be presented to Sept's Steering Group.			
	The most appropriate format for reviews within Herefordshire will have been decided upon.	Sept 2013	Steering Group to report their recommendation to October's Strategic Board.			
Action area: Develop the Board's processes for Qualitative and Qualitative reporting and analysis.				Monitored by: HSAB Steering Group		
HSAB PAQA Lead, Lynne Renton	A multi-agency quarterly reporting and audit schedule to facilitate standardised presentation of qualitative and qualitative information and analysis and learning will be developed and implemented.	Nov 2013	Finalised reporting schedule to be presented to June's Steering Group. Bi-monthly monitoring of progress.			
HSCB, Business Manager Andy Churcher	A robust system of communicating qualitative and quantitative safeguarding performance information and analysis is established from the sub groups to the Strategic Board so that it can effectively monitor and challenge the effectiveness of child	Jan 2014	Monthly reports to be presented to Strategic Board members.			

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	Impact	No Judgement Will Be Made Until Audited To Assess Impact		



HSAB Business Plan 2013-14					RAG			
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.					Process	Completion	Impact	Progress Update and Planned Future Actions
Lead Org & Officer	How impact and progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency					
	protection practice							
Action area: Develop our knowledge of the people working with adults at risk and their development needs.					Monitored by: HSAB Steering Group (T&WD Workstream)			
HSAB, Chair of T&WD, Alison Chambers	TNA will have been undertaken across agencies and training needs catered for through the further development of the Board's Training Strategy.	Sept 2013	Findings to be included in the T&WD workstream quarterly report to November's Steering Group.					
Action area: Undertake a peer learning process					Monitored by: HSAB Steering Group			
HSAB Business Manager, Andy Churcher	A peer learning process will have been undertaken with a more established Board to identify areas for further Board development.	March 2014	Findings to be reported to Strategic Board Members following the process.					
HSAB Business Manager, Andy Churcher	An Action Plan to embed learning from peer learning process with have been written and implemented.	Sept 2014	Action plan to be finalised with Strategic Board at its June 2014 meeting with actions complete by Sept 2014.					

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RAG Code	Process	An Agreed Process Is In Place	Plans In Place To Develop Process But Not Yet Agreed	No Progress In Agreeing Process
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Herefordshire Safeguarding Children Board

Business Plan 2013-2014 and Development Priorities 2013-2016

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Foreword by the Independent Chair

The last year has been a challenging one from which everyone involved in safeguarding activity in Herefordshire has learned a great deal. We learned that we need to be very clear about what beneficial difference the organisations that make up HSCB are making to the safety and welfare of our children. We need to be sure that all professionals involved in safeguarding are able to work to the highest standards at all time and how effective the processes are that are used to co-ordinate their work. We need to listen carefully to the voices of children and families and act on them to constantly improve the way we work, individually and together.

Many organisations that make up the membership of HSCB are having to change the way they structure themselves to be more lean and efficient because of the current financial situation. Some will have to make hard decisions about work that they will no longer be able to do. All those organisations have prioritised the need to keep children safe and promote and safeguard their welfare; HSCB members now need to hold their own and other member organisations to account in doing so.

Many real improvements have been made in the way that HSCB member organisations work together to safeguard children since the Ofsted Inspection of September 2012, in which serious shortcomings were identified in some local safeguarding work. It has been impressive to see the energy and commitment that has secured that improvement. This HSCB plan will require that energy and commitment to be sustained over the coming months and years if the rate of improvement is to continue and become embedded. Herefordshire Supporting and Protecting Children Improvement Board (established after the Ofsted Inspection) will also oversee this work and hold us to account for delivering the sustained improvement that we need. By working to this plan within the values that HSCB members have adopted, I have no doubt that we can make significant and positive strides towards achieving our vision that children and young people in Herefordshire grow up in an environment in which their well being needs are met and they are safe from harm.



David McCallum, Independent Chair
Herefordshire Safeguarding Children Board



Endorsed by Jo Davidson, Director of People's Services

Introduction

It is the mission of both the HSAB and the HSCB to work together effectively, as organisations and with children and families, to ensure that local services and arrangements are effective in promoting the well being of children, young people and people at risk in Herefordshire and keeping them safe from harm.

2012-2013 has been a year of development and change for Herefordshire Safeguarding Children Board as the member organisations of the Board have identified further priorities for improvement and responded to those identified by Ofsted in its inspection of our arrangements for child protection. The Board is taking its responsibility for improvement very seriously and has been fully engaged in the wider work of the Herefordshire Supporting and Protecting Children Improvement Board

The Board's Business Plan for 2013-14 builds upon the following agreed development areas for 2013-2016 for the Board in meeting its statutory objectives and functions¹ and identifies the necessary actions that the Board and its members agree to undertake during the year:

- ✚ Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)
- ✚ Improving multi-agency case work.
- ✚ Tackling evidenced safeguarding issues in Herefordshire.
- ✚ Improving the functioning of Herefordshire's Safeguarding Boards.

Herefordshire Safeguarding Children Board progresses the County's joined-up approach to safeguarding in Herefordshire by bringing together directors and strategic leaders across organisations working with children. Organisations represented include:

- ✚ Herefordshire Council
- ✚ Herefordshire Clinical Commissioning Group
- ✚ 2gether NHS Trust
- ✚ CAFCASS
- ✚ West Mercia Probation
- ✚ West Mercia Police
- ✚ Education establishments
- ✚ Wye Valley NHS Trust
- ✚ Herefordshire and Worcestershire Youth Offending Service
- ✚ Herefordshire Voluntary Organisations Support Service

¹ The statutory objectives and functions of Local Safeguarding Boards are outlined in Section 3 of [Working Together to Safeguard Children](#) and described in detail in Section 14 of the [Children Act 2004](#) in Regulation 5 of the [Local Safeguarding Children Boards Regulations 2006](#) respectively.

HSCB's Vision, Mission and Values

During 2012-13 Herefordshire Safeguarding Children's Board developed its statement of purpose outlining its vision for children and young people in Herefordshire, its mission as it works together to bring about that vision and the values that it works to as it works together.

Our Vision

Children and young people in Herefordshire grow up in an environment in which their well being needs are met and they are safe from harm.

Our Mission

To work together effectively, as organisations and with children and families, to ensure that local services and arrangements are effective in promoting the well being of children and young people in Herefordshire and keeping them safe from harm.

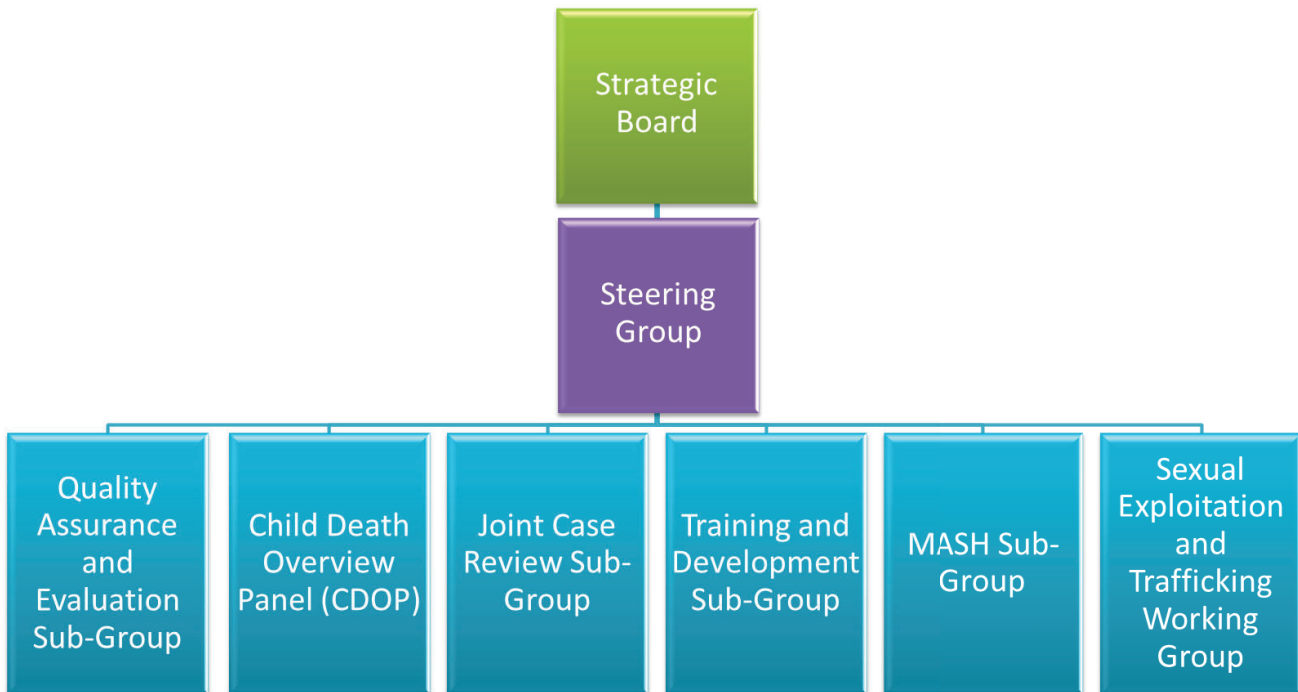
Our values

- 🎗 The impact on the well being and safety of children and young people in Herefordshire will be at the centre of all HSCB activity.
- 🎗 We will learn and be willing to develop, responding to evidence and best practice.
- 🎗 We will work in an open and honest manner with children, young people, their families and with each other.
- 🎗 We will address the well being needs of children and young people at the earliest opportunity and prevent the need for later child protection intervention whenever possible.
- 🎗 We will challenge each other and be ready to receive challenge as we work together in a spirit of mutual respect.

Structural Arrangements

Herefordshire Safeguarding Children Board works in close collaboration with Herefordshire Safeguarding Adults Board and arrangements have been made to ensure they support each other's work and respond appropriately to their work and findings. These arrangements include the shared Independent Chair and Business Unit, Joint Case Review sub group, joint Risk Register and aligned development priorities.

The structure of Herefordshire Safeguarding Children Board is as follows:



Strategic Board

The Strategic Board, sets the performance, policy and strategic priorities for Herefordshire Safeguarding Children Board and is responsible for ensuring that statutory requirements are met and the quality of safeguarding practice is maintained and developed across its partners. Its membership comprises directors and senior managers with strategic and resource oversight of relevant agencies in Herefordshire who are therefore able to commit resources and enable change within their agencies.

Steering Group

As the operational arm of the Board, the Steering Group ensures work is planned and progressed to meet the priorities set and monitored by the Strategic Board. As such, it is responsible for ensuring that the business plan for the Board is delivered. It tasks individual agencies and lead officers with responsibility for delivering key activities, in line with the overall aims of the Business Plan, and holds them to account for effective delivery of agreed actions.

Quality Assurance and Evaluation Sub-Group

This group is responsible for providing assurance to the Strategic Board that all organisations, individually and collectively, are meeting their requirements to safeguard and promote the welfare of children. It has oversight of all multi-agency and single agency

audits and audits to ensure that all HSCB member organisations are working with the need to safeguard the welfare of children at the forefront of their activity. This group also provides analysis of performance data about safeguarding within and between relevant agencies in Herefordshire and undertakes thematic and case audits to gather further learning and drive improvement.

Child Death Overview Panel (CDOP)

CDOP reviews all child deaths within Herefordshire, identifies necessary learning and disseminates that learning to all agencies as appropriate in order to take all action necessary to avoid such tragedies in the future. As Herefordshire is too small an area for further analysis of child deaths to be statistically significant, Herefordshire's CDOP works in partnership with the regional Child Death Overview Panels to identify further learning. CDOP also ensures that local rapid responses to sudden and unexpected child deaths are appropriate and in accordance with national guidance.

Joint Case Review Sub-Group

Local Safeguarding Children Boards have a statutory responsibility to undertake significant, multi-agency reviews of cases where a child has died, or it is thought that work between agencies was not effective and didn't prevent a child suffering considerable harm. The Joint Case Review sub-group receives nominated cases by professionals which might meet the threshold, and decides, in a multi-agency forum, whether a review is necessary and what kind of review is appropriate. The group then makes a recommendation to the Independent Chair who, after reviewing the evidence himself, makes a final decision. The group is then responsible for monitoring reviews as they are undertaken and the implementation of learning from them.

In Herefordshire, a similar process has been agreed for learning from cases of concern involving adults at risk and the Joint Case Review sub group oversees this. It also functions as a sub group of the community safety partnership (which is incorporated into the work of Herefordshire Partnership Executive Group - HPEG) to review incidences of domestic homicide and make recommendation to HPEG upon whether to commission a domestic homicide review.

Training and Development Sub-Group

Responsible for ensuring that there is appropriate safeguarding training to meet the need the Herefordshire's needs identified through the training strategy and the Board's on-going work.

Sexual Exploitation and Trafficking Working Group

Responsible for the implementation of HSCB's Sexual Exploitation and Trafficking Action Plan.

Multi-Agency Safeguarding Hub (MASH) Sub-Group

Overseeing the implementation of the MASH in Herefordshire, this group will develop into a governance group once the MASH is fully operational from September 2013. More information about the MASH can be found by searching for "Multi Agency Safeguarding Hub" at www.herefordshire.gov.uk.

HSCB Development Priorities 2013-2016

Herefordshire Safeguarding Children Board has identified the following development priorities for the next 3 years and highlighted action areas within those. Future years will be added to as the safeguarding agenda develops.

DEVELOPMENT AREA 1: Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)			
Every HSCB member organisation to ensure the voice of children, young people and their families is captured and used to improve services.	13-14	14-15	15-16
Improve the quality of reflective supervision and the involvement of management in case decision making.	13-14	14-15	15-16
Implement changes in safeguarding practices and HSCB functioning to meet the statutory changes within Working Together.	13-14	14-15	15-16
Ensure HSCB member organisations work together to meet safeguarding needs as the workforce for children, young people and families changes due to reduced funding.	13-14	14-15	15-16
DEVELOPMENT AREA 2: Improving multi-agency case work.			
Improving multi-agency case decision making.	13-14	14-15	15-16
Improving multi-agency case assessments within children's social care.	13-14	14-15	15-16
Improving multi-agency case assessments across agencies	13-14	14-15	15-16
DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.			
Domestic Abuse.	13-14	14-15	15-16
Sexual Exploitation and Trafficking.	13-14	14-15	15-16
Children Missing from Care.	13-14	14-15	15-16
Children Placed in Herefordshire by Other Local Authorities.	13-14	14-15	15-16
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.			
Develop the culture of constructive challenge within the Board.	13-14	14-15	15-16
Develop an evidence base of safeguarding casework across all agencies to demonstrate and learn from our good practice and show how we are meeting and exceeding our statutory responsibilities.	13-14	14-15	15-16
Agree a model of SCRs and significant case reviews within Herefordshire.	13-14	14-15	15-16
Develop and review our knowledge of the children's workforce and its development needs.	13-14	14-15	15-16
Undertake a peer learning process with an 'Outstanding' Board to identify areas for further Board development.	13-14	14-15	15-16
Write and implement an Action Plan to embed learning from peer learning process.	13-14	14-15	15-16



HSCB Business Plan 2013-14				RAG			
DEVELOPMENT AREA 1: Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)				Process	Completion	Impact	
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency				Progress Update and Planned Future Actions
Action area: Every agency to ensure the voice of children, young people and their families is captured and used to improve services.				Linked to HSPCIB Priority 1.2; 1.6; 1.10; 1.11; 4.7			Monitored by: HSCB Quality Assurance and Evaluation Sub Group
HSCB, Chair of QA Damian Barratt	All member agencies report the mechanisms they are using for capturing the views of children, young people and their families at all stages of their work to the QA sub group within their quarterly reports delivered in Q2.	Sept 2013	Through QA Sub Group's reports to Steering Group.				
HSCB, Chair of QA Damian Barratt	All members report to HSCB learning from their analysis of the views of children, young people and their families to the QA sub group within their quarterly reports delivered in Q3 onwards.	Dec 2013	Through QA Sub Group's reports to Steering Group.				
HSCB, Chair of QA Damian Barratt	HSCB monitors the implementation of actions arising from analysis of views of children, young people and their families. This will be reported to the QA sub group within agency quarterly reports delivered in from Q4.	Mar 2014	Through QA Sub Group's reports to Steering Group.				
HSCB, Business Manager Andy Churcher	HSCB analyses and reports on common themes arising from agencies' collection of the views of children, young people and their families, proposing development actions.	Mar 2014	Report to be presented to April 2014's Steering Group meeting.				
Action area: Improve the quality of reflective supervision and the involvement of management in case decision making.				Linked to HSPCIB Priority 4.22; 4.24; 4.25			Monitored by: HSCB Training and Workforce Development Sub Group

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RAG Code	Process	An Agreed Process Is In Place	Plans In Place To Develop Process But Not Yet Agreed	No Progress In Agreeing Process
	Completion to Timescale	Fully Completed	Risk Won't Be Completed Within Timescale	Failure To Complete
	Impact	Judgement will be made through an appropriate assessment of impact as part of HSCB's Learning and Improvement Framework .		



HSCB Business Plan 2013-14					RAG			
DEVELOPMENT AREA 1: Improving the experience of children, young people and families when they are supported in safeguarding systems (i.e. CAF, Social Care)					Process	Completion	Impact	Progress Update and Planned Future Actions
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency					
HSCB, Chair of T&WD Hazel Blankley	An agreed set of minimum standards for case management and professional supervision will have been established. Impact will be measured in the longer term through processes for listening to the experiences of children, young people and families involved with safeguarding systems.	July 2013 March 2014	To be reported to July's Steering Group Meeting.					
HSCB, Chair of QA Damian Barratt	An agreed set of processes for monitoring compliance with the supervision of minimum standards across agencies will have been developed and implemented. Impact will be measured in the longer term through processes for listening to the experiences of children, young people and families involved with safeguarding systems.	Sept 2013 March 2014	Inclusion within quarterly reports from agencies to the QA Sub Group.					
Action area: Implement changes in safeguarding practices and HSCB functioning to meet the statutory changes within Working Together 2013.				Linked to HSPCIB Priority 3.2		Monitored by: HSCB Steering Group		
Herefordshire Council, Head of Safeguarding and Review Paul Meredith	The areas of practice which must change will have been identified and a multi-agency action plan to outline how this will be done will have been agreed.	July 2013	Bimonthly reporting to Steering Group on progress.					
HSCB, Chair of Steering Group Dave McCallum	The action plan will have been fully implemented.	Oct 2013	Bimonthly reporting to Steering Group on progress.					

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RAG Code	Process	An Agreed Process Is In Place	Plans In Place To Develop Process But Not Yet Agreed	No Progress In Agreeing Process
	Completion to Timescale	Fully Completed	Risk Won't Be Completed Within Timescale	Failure To Complete
	Impact	Judgement will be made through an appropriate assessment of impact as part of HSCB's Learning and Improvement Framework .		



HSCB Business Plan 2013-14				RAG		
DEVELOPMENT AREA 2: Improving multi-agency case work.				Process	Completion	Impact
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			
Action area: Improving multi-agency case decision making.		Linked to HSPCIB Priority 1.5; 2.5; 2.11; 2.13; 3.1; 3.21; 3.27; 3.36; 4.26			Monitored by: HSCB Steering Group	
HSCB, Chair of Steering Group Dave McCallum	A process for agencies not in on-going support relationships with children and families (e.g. Police) to instigate and input into a CAF will have been developed.	Sept 2013	Bi-monthly reports from nominated agencies to Steering Group.			
Herefordshire Council, Head of Locality Services Tina McGrath	A baseline of CAF timeliness and effectiveness will have been established; an action plan to increase timeliness and effectiveness reporting within children's social care's quarterly reports to QA Sub Group will have been developed and implemented.	Sept 2013	Through QA Sub Group's monthly reports to Steering Group.			
Herefordshire Council, Assistant Director CYP Provider Services Kathy O'Mahony	A baseline of multi-agency involvement in strategy decisions will have been established; an action plan to increase involvement reporting within children's social care's quarterly reports to QA Sub Group, triangulated with reports from other agencies will have been developed and implemented.	July 2013 Sept 2013	Through QA Sub Group's monthly reports to Steering Group.			
HSCB, Chair of MASH sub group Jon Roberts	Herefordshire's Multi-Agency Safeguarding Hub will be implemented in line with the MASH Implementation Plan.	Sept 2013	Through MASH Sub Group's quarterly reports to Steering Group.			
Action area: Improving multi-agency case assessments within Children's Social Care.		Linked to HSPCIB Priority 3.28; 3.33; 3.34			Monitored by: HSCB Steering Group	

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RAG Code	Process	An Agreed Process Is In Place	Plans In Place To Develop Process But Not Yet Agreed	No Progress In Agreeing Process
	Completion to Timescale	Fully Completed	Risk Won't Be Completed Within Timescale	Failure To Complete
	Impact	Judgement will be made through an appropriate assessment of impact as part of HSCB's Learning and Improvement Framework .		



HSCB Business Plan 2013-14					RAG			
DEVELOPMENT AREA 2: Improving multi-agency case work.					Process	Completion	Impact	Progress Update and Planned Future Actions
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency					
Herefordshire Council, Assistant Director CYP Provider Services Kathy O'Mahony	A baseline of multi-agency involvement in ICPCs will have been established; an action plan to increase involvement reporting within children's social care's quarterly reports to QA Sub Group, triangulated with reports from other agencies will have been developed and implemented.	July 2013 Sept 2013	Through QA Sub Group's monthly reports to Steering Group.					
Herefordshire Council, Head of Children & Families Casework Jon Roughton	Herefordshire's Risk and Resilience Assessment Tool will be rolled out across the social work and multi-agency workforce and used with 100% of children entering the social care system.	Sept 2013	Quarterly updates to Steering Group.					
HSCB, Chair of T&WD Hazel Blankley	Appropriate levels of training and support will be available for practitioners involved in ICPCs.	Sept 2013	Through T&WD Sub Group's quarterly reports to Steering Group.					

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HSCB Business Plan 2013-14				RAG			
DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.				Process	Completion	Impact	
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency				Progress Update and Planned Future Actions
Action area: Domestic Abuse.				Linked to HSPCIB Priority 5.2; 5.3			Monitored by: HSCB Steering Group
CCG, Safeguarding Lead Lynne Renton	HSCB will have intelligence about DA as a factor in cases for concern as a result of the development of additional DA questions for the Board's on-going audit program focussing. Report to July's Strategic Board.	July 2013	Bi-monthly updates to HSCB Steering Group.				
CCG, Safeguarding Lead Lynne Renton	Working in conjunction with the DA Forum, recommendations have been identified to increase the service offered for prevention and support services and presented to October's Strategic Board with identified resources from partners and, if appropriate, HSCB.	Oct 2013	Bi-monthly updates to HSCB Steering Group.				
CCG, Safeguarding Lead Lynne Renton	Influence the Commissioning of required DA prevention services through partner agencies and/or appropriate commissioning bodies.	April 2014	Bi-monthly updates to HSCB Steering Group.				
Action area: Sexual Exploitation and Trafficking.				Monitored by: HSCB Sexual Exploitation and Trafficking Working Group			
HSCB, Chair SET Working Group Paul Meredith	The HSCB SET Action Plan 2013-14 to raise awareness and develop processes for the management of SET cases will have been implemented.	March 2014	Through SET Working Group's monthly reports to Steering Group.				

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	Impact	Judgement will be made through an appropriate assessment of impact as part of HSCB's Learning and Improvement Framework .		



HSCB Business Plan 2013-14				RAG		
DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.						
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency	Process	Completion	Impact
				Progress Update and Planned Future Actions		
HSCB, Chair SET Working Group Paul Meredith	HSCB's SET Working Group will evolve into a SET Case Evaluation Panel.	July 2013	Through SET Working Group's monthly reports to Steering Group.			
Action area: Children Missing from Care.		Linked to HSPCIB Priority 2.14			Monitored by: HSCB Steering Group	
Herefordshire Council, Head of Safeguarding and Review Paul Meredith	There are clear and effective multi-agency process to support other local authorities and accommodation providers in notifying agencies of children placed within Herefordshire by other local authorities.	June 2013	Through quarterly themed reports to Steering Group.			
HSCB, Business Manager Andy Churcher	Following the presentation of the Missing Children Annual Report to the QA Sub Group (June 2013) the Business Unit will have developed an action plan for the Board to improve multi-agency responses to incidences of missing children.	Aug 2013	Presented to September's meeting of the Steering Group.			
Action area: Children Placed in Herefordshire by Other Local Authorities.		Linked to HSPCIB Priority 2.14			Monitored by: HSCB Steering Group	
Herefordshire Council, Head of Safeguarding and Review Paul Meredith	There are clear and effective multi-agency process to support other local authorities and accommodation providers in notifying agencies of children placed within Herefordshire by other local authorities.	June 2013	Through quarterly themed reports to Steering Group.			

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HSCB Business Plan 2013-14				RAG			
DEVELOPMENT AREA 3: Tackling evidenced safeguarding issues in Herefordshire.				Process	Completion	Impact	Progress Update and Planned Future Actions
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency				
HSCB, Business Manager Andy Churcher	A baseline of engagement of accommodation providers with HSCB through the Accommodation Providers Safeguarding Forum will have been established.	July 2013	Through quarterly themed reports to Steering Group.				
HSCB, Business Manager Andy Churcher	Engagement through the wider implementation of the Contract of Expectations and targeted communications will have increased.	Sept 2013	Through quarterly themed reports to Steering Group.				

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HSCB Business Plan 2013-14				RAG			Progress Update and Planned Future Actions
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.				Process	Completion	Impact	
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency				
Action area: Develop the culture of constructive challenge within the Board.		Linked to HSPCIB Priority 3.9; 3.10; 3.12; 3.24; 3.30; 3.43			Monitored by: HSCB Strategic Board		
HSCB, Business Manager Andy Churcher	An effective system for documenting challenge across the Board to capture learning and good practice will be developed and maintained.	Sept 2013	Synopsis to be included in Steering Group's quarterly report to Strategic Board.				
HSCB, Business Manager Andy Churcher	A robust system of communicating qualitative and quantitative safeguarding performance information and analysis is established from the sub groups to the Strategic Board so that it can effectively monitor and challenge the effectiveness of child protection practice	July 2013	Monthly reports to be presented to Strategic Board members.				
HSCB, Chair of T&WD Hazel Blankley	A training needs assessment with Board members will have been undertaken to ensure all members have appropriate training and development opportunities to support their role.	July 2013	Synopsis to be included in Steering Group's quarterly report to Strategic Board.				
HSCB, Chair of Steering Group Dave McCallum	All Board members will have undertaken training identified through the TNA.	Dec 2013	Synopsis to be included in Steering Group's quarterly report to Strategic Board.				
HSCB, Chair of Steering Group Dave McCallum	Attendance at all Board meetings will be monitored; an action plan to increase level and consistency of attendance of member agencies will have been developed and implemented.	Sept 2013	Synopsis to be included in Steering Group's quarterly report to Strategic Board.				

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HSCB Business Plan 2013-14				RAG			
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.				Process	Completion	Impact	Progress Update and Planned Future Actions
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency				
HSCB Training Commissioner Eve Johnston	The Board's Induction Pack will have been refreshed and re-launched to support new (and existing) members at all levels of Board business.	Dec 2013	Synopsis to be included in Steering Group's quarterly report to Strategic Board.				
Action area: Develop an evidence base of safeguarding casework across all agencies to demonstrate and learn from our good practice and show how we are meeting and exceeding our statutory responsibilities.							Monitored by: HSCB Steering Group
HSCB, Business Manager Andy Churcher	A system for documenting cases of good practice and excellent outcomes across agencies will be developed and maintained, and where appropriate anonymous case studies will be published on HSCB website.	Sept 2013	Business Unit to provide quarterly update to the Steering Group.				
HSCB, Independent Chair Dave McCallum	All agencies will have submitted appropriate cases and highlighted learning within their good practice.	July 2013	Business Unit to provide quarterly update to the Steering Group.				
Action area: Agree a model of SCRs and significant case reviews within Herefordshire.							Monitored by: HSCB Joint Case Review Sub Group
HSCB, Chair of JCR Sub Group Paul Meredith	Case reviews using alternative formats will have been evaluated by those involved in the processes and reported to Steering Group.	Sept 2013	Report and proposal to be presented to Sept's Steering Group.				
HSCB, Chair of Steering Group Dave McCallum	The most appropriate format for reviews within Herefordshire will have been decided upon.	Sept 2013	Steering Group to report their recommendation to October's Strategic Board.				

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HSCB Business Plan 2013-14				RAG		
DEVELOPMENT AREA 4: Improving the functioning of Herefordshire's Safeguarding Boards.				Process	Completion	Impact
Lead Org & Officer	How progress will be measured and how we will know when it is achieved	Time-scales	Monitoring Mechanism and Frequency			
Action area: Develop our knowledge of the children's workforce and its development needs.		Linked to HSPCIB Priority 4.6; 4.15; 4.16			Monitored by: HSCB Training and Workforce Development Sub Group	
HSCB, Chair of T&WD Hazel Blankley	TNA will have been undertaken across agencies and training needs catered for through the further development of the Board's Training Strategy.	Sept 2013	Findings to be included in the T&WD sub group's quarterly report to November's Steering Group.			

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