

# Agenda

## Adults and wellbeing scrutiny committee

Date: **Thursday 21 September 2017**

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Time: **10.00 am**

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Place: **The Council Chamber - The Shire Hall, St. Peter's  
Square, Hereford, HR1 2HX**

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Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

**Ruth Goldwater, Democratic Services Officer**

Tel: 01432 260635

Email: [councillorservices@herefordshire.gov.uk](mailto:councillorservices@herefordshire.gov.uk)

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# **Agenda for the meeting of the Adults and wellbeing scrutiny committee**

## **Membership**

**Chairman**                      **Councillor PA Andrews**  
**Vice-Chairman**              **Councillor J Stone**

**Councillor MJK Cooper**  
**Councillor PE Crockett**  
**Councillor CA Gandy**  
**Councillor RL Mayo**  
**Councillor D Summers**

## Agenda

		Pages
1.	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence.</p>	
2.	<p><b>NAMED SUBSTITUTES (IF ANY)</b></p> <p>To receive details of any members nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interest by members in respect of items on the agenda.</p>	
4.	<p><b>MINUTES</b></p> <p>To approve and sign the minutes of the meeting held on 23 August 2017.</p>	7 - 12
5.	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b></p> <p>To receive questions from members of the public.</p> <p><i>Deadline for receipt of questions is 5pm on Monday 18 September 2017. Accepted questions will be published as a supplement prior the meeting. Please submit questions to <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a></i></p>	
6.	<p><b>QUESTIONS FROM COUNCILLORS</b></p> <p>To receive questions from councillors.</p> <p><i>Deadline for receipt of questions is 5pm on Monday 18 September 2017. Accepted questions will be published as a supplement prior the meeting. Please submit questions to <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a></i></p>	
7.	<p><b>SUBSTANCE MISUSE SERVICE PERFORMANCE UPDATE</b></p> <p>To review the quality and performance of the substance misuse service commissioned by Herefordshire Council and delivered by Addaction.</p>	13 - 50
8.	<p><b>HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17</b></p> <p>To report on the annual report of the Herefordshire Safeguarding Adults Board (HSAB), which addresses the work of multi-agency partners in Herefordshire in safeguarding and promoting the welfare of adults at risk within the county, including achievements and areas for improvement, and priorities identified for 2017/18.</p>	51 - 100



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- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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**Minutes of the meeting of Adults and wellbeing scrutiny committee held at Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Wednesday 23 August 2017 at 2.00 pm**

**Present:** Councillor PA Andrews (Chairman)  
Councillor J Stone (Vice-Chairman)

**Councillors:** ACR Chappell, MJK Cooper, CA Gandy and D Summers

**In attendance:** Councillor WLS Bowen

**Officers:** Hazel Braund (NHS Herefordshire Clinical Commissioning Group), John Coleman Statutory Scrutiny Officer), Simon Hairsnape (NHS Herefordshire Clinical Commissioning Group), Jane Ives (Wye Valley NHS Trust), Dr Arif Mahmood (Consultant in public health), Ian Stead (Healthwatch Herefordshire)

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Cllr PE Crockett and Cllr RL Mayo.

**2. NAMED SUBSTITUTES (IF ANY)**

Cllr ACR Chappell attended as a substitute for Councillor PE Crockett.

**3. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**4. QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

**5. QUESTIONS FROM COUNCILLORS**

There were no questions from councillors.

**6. COMMITTEE WORK PROGRAMME 2017-18**

The chairman outlined the committee's work programme which was based on two scrutiny work programme development sessions attended by members in June 2017. It was acknowledged that the items listed for scrutiny were proposals and that the work programme would be reviewed regularly and adjusted as necessary during the year to ensure priority items were covered.

**RESOLVED**

**That the proposed work programme and committee schedule be approved.**

## 7. SERVICES COMMISSIONED FROM WYE VALLEY NHS TRUST – QUALITY AND SUSTAINABILITY

The accountable officer, Herefordshire Clinical Commissioning Group (CCG) and the managing director, Wye Valley NHS Trust (WVT) presented the slides (appendix a). A number of key points were highlighted:

- Wye Valley NHS Trust was the major health service provider commissioned through a contract of £118million funded through the Department of Health. The Trust received additional income from out of county patients, for example Powys, contributing some 20% of WVT income.
- WVT had been lifted out of special measures by the Care Quality Commission in 2016 and was now rated as “requires improvement”. A new leadership team was making a difference to performance along with other factors including One Herefordshire, with organisations working together as part of the wider health and social care family. WVT had identified clinical and organisational priorities for 2017/18 to help sustain improved performance.
- The financial context of WVT was not unique, as it was not unusual for small rural hospitals to have financial challenges because of how the national funding formula worked. However, there was a cost improvement programme in place for 2017-18 that was designed to reduce the deficit to between £15m and £20m. The sustainability and transformation plan was designed to support efficiencies in service provision as a contributing factor.
- The most significant performance targets reflected local needs and concerns. In particular:
  - o the CCG and WVT had created a plan that had enabled additional funding to be secured to meet the national standard requirement for 92% of patients to be seen within 18 weeks of referral
  - o there was work to do around continued improvement in A&E performance. However, it was noted that the national standard was met in Warwick and the new leadership arrangements, with links to South Warwickshire Foundation Trust, would provide access to good practice approaches to make a difference in Hereford
  - o Cancer services were improving and all standards had been achieved in May
  - o steps were being taken to ensure that delayed transfers of care were improving and to work towards a model of ensuring people are supported to leave hospital with the right care at home.
- The future performance of WVT would be supported through the contract with the CCG, and ensuring this worked in the best interest of population. There was increasing opportunity with other NHS providers and the voluntary and community sector working together to support this.

During the presentation members raised a number of questions and comments, with the following responses offered by officers:

In answer to a request for more detailed information on how money is spent, it was explained that it would be possible to provide a breakdown in the portfolio of contracts, although it should be noted that much of the income was driven by national arrangements such as the GP contract and so there was little discretion around price of services.

In terms of out of county patients and particularly in relation to Powys services, there was a good relationship and there was a degree of discretion around charges as well as some national drivers. It was noted that systems in Wales were more paper-based than in England, where most referrals were electronic.



The managing director would be full-time at WVT from September as part of the new leadership team in partnership with South Warwickshire Foundation Trust. The new arrangements would support continuous improvement and strengthen WVT's sustainability as a small district general hospital.

A member commented that staff at the hospital were giving good feedback and asked what support was available for staff when they had difficulties. It was confirmed that there was much available to support staff health and wellbeing and staff engagement.

It was acknowledged that recruitment was a challenge for public services. A significant driver in needing to address recruitment and retention of nurses was the expenditure on agency workers. Progress was being made on medical recruitment in Paediatrics and in Obstetrics and Gynaecology. A new single agency supplier scheme would be starting in September to help manage the rates paid to agency workers, but there remained the element of competition and market forces with particular agencies paying significantly higher rates.

A member welcomed the focus on managing sepsis but commented on the early management of deteriorating patients and the link to reducing mortality as an inherent activity. It was acknowledged that in comparison with national figures, WVT had a higher rate of mortality than expected and this needed to be understood in more depth. There was a range of steps to address these linked clinical issues, and improving discharge pathways and urgent care performance was part of this.

A brief discussion took place on this issue, noting possible links to rurality and how vulnerable or isolated people are noticed in order to address problems before they escalate. Public health, communities and parish councils played a part in this and it was important for professionals to keep in touch with local issues to support early intervention.

The financial summary was welcomed and to clarify further, it was explained that in relation to the term 'structural deficit', there were elements relating to commitments such as PFI (private finance initiative) that were not currently possible to address, but there was some £20m which was being addressed. A member commented on the interest spent on borrowing whilst other services were being supported centrally by government and queried whether a line could be drawn under this to allow WVT to move to a better financial position. It was clarified that deficits were expected by NHS Improvement to be resolved and to cease reliance on drawing upon future funding.

A member asked with regard to a national push for achieving economies of scale, what was the likelihood of funding being diverted away from the county hospital and services moved to other providers. It was the view that the people of Herefordshire and Mid-Wales needed a district general hospital with necessary services but unlike other counties, there were no alternative sites and it was the intention to protect these services. However, it was important to emphasise that ultimately this would be for central government to determine. A member suggested that financial sustainability needed to be explored further by the committee as a specific item.

Officers were congratulated on securing the additional £2.9m funding to meet the 18-week standard referral to treatment time. To provide more detail on how this would be used, it was explained that it would enable WVT to pay for additional workforce time and for directing referrals to other providers as temporary measures until the issue was addressed. It had been possible, drawing upon previous experiences, to demonstrate to NHS England that the additional funding would be used wisely.

With reference to historic issues from 2015 regarding referral letters not being received, it was confirmed that the CCGs in Worcestershire and Herefordshire were working

together to resolve referral routes and funding for treatment and to ensure that referrals into Herefordshire came with funding.

It was clarified that the term streaming used in the presentation referred to establishing primary care resources into the system to compliment services and support improvement although this was dependent on how the workforce was planned and designed and it would take some time to build capacity.

Responding to concern regarding ability to respond to winter pressures, assurance was given that WVT was in a better place to respond although a bad winter would be a significant pressure. Winter planning had already started and there were plans identified to respond to pressures and prioritise urgent care. It was felt that Herefordshire responded comparatively well to winter pressures.

With reference to any increase in numbers at A&E since the closure of the walk-in centre, it was noted that although it would be reasonable to expect some impact, there had been a small decrease since 28 July and people had not presented to A&E. A member thanked officers for ensuring there had been a member of staff at the site of the former walk-in centre to signpost people.

A member noted that there had been some recent press commentary regarding waiting times for colonoscopies. Assurance was given that cancer services were performing well and diagnostic services were at 99% achievement of responding within 6 weeks of referral and this had been maintained for 18 months. It was noted that in relation to mortality, although people moved to hospices for palliative or end of life care, the performance in diagnostics and treatment waiting times did have an effect on general mortality rates.

With regard to delayed transfers of care, it was acknowledged that some people remained in hospital when they could be cared for elsewhere and this was being addressed to ensure better patient care and reduce reliance on hospital beds. The delays were attributed to management of discharges for people outside the county rather than within Herefordshire. However, it was noted that there was an increasing demand for care at home that was challenging to meet, although the aim was to work to a model which supported people to be assessed for ongoing care back at home rather than in hospital. A member commented that transfer pathways could be developed for use as soon as someone was admitted to hospital so that care was planned at the outset. Officers confirmed that this was the aspiration as there were predictable elements that could be put in place in advance of need, although it was noted that this relied on support being in place at home and resources available in the community such as through the community and voluntary sector.

## **RESOLVED**

**That**

- a) Improved performance of Wye Valley NHS Trust and plans for continuing improvement, as supported through contractual arrangements with the Clinical Commissioning Group, be noted; and**
- b) Financial sustainability of Wye Valley NHS Trust be included as a specific area for further scrutiny in the committee's work programme.**

## **8. COMMUNITY SERVICES PROGRAMME – PUBLIC ENGAGEMENT**

The director of operations, Herefordshire Clinical Commissioning Group, presented the slides (appendix a), making the following key points:

- The intended approach to engagement was informed by feedback from engagement work carried out by Healthwatch.

- The vision was to empower patients to access the right care in the right place at the right time. This was represented in diagrammatic form as a blue print model which would be a talking point during engagement with communities. The blue print model was designed to show how support should begin within communities, around the person, with short-term specialist services reaching in. It sought to ensure all services used the same language and shifted to an integrated approach.
- The scope for engagement was wide, with top level strategic engagement and primary care working together to ensure that services were appropriate for managing both physical and mental health care needs. Engagement processes differed for urban and rural areas, with differing priorities and solutions, so the intention was to focus on localities.
- It was recognised that the distinction between engagement and consultation was not clear to everyone, so this had been explained in presentations. However, the patient story was the key and the critical point was for people to be able to tell the CCG about their experiences and whether they are getting access to the right support. Some sessions included one to one conversations to talk about specific issues and other approaches were more collective.
- A key emerging theme was that people wanted help to remain as well as possible; the Healthwatch engagement was helping to draw out themes which were published online and would be used to feed back to communities and encourage further engagement.
- There were various approaches to reaching communities including social media, although some aspects of this needed refining to ensure it was locality focused.
- A number of future events were arranged and details were on the 'your conversation' website. There was encouragement for communities and individuals to spread the word and members were asked to suggest other groups. This approach was intended to identify some firm proposals for consultation and it was hoped that these would reflect back in the consultations so that people could recognise them.

Members made a number of observations and suggestions for developing the engagement during the presentation. These included:

- That the pathways and support for people could be expanded and further examples made available so that people were better informed to know that they were receiving appropriate care and support for their condition. It was noted that not all people understood the various care pathways, such as what happens between seeing a GP and attending hospital and what support is available in the community, including the signposting role of WISH.
- That the local radio such as BBC Hereford and Worcester would be an effective way of reaching people, such as through a phone-in session which would encourage engagement of people who did not use online social media or who were unable to attend events.
- Rural areas were notably difficult to get to, but events in these localities could be promoted via parish councils for example through their magazines or websites. So far it was felt that the engagement had been very low key and that more could be made of existing meetings or groups within localities. Officers added that these were a target group and there were links already made with library focus groups and patient participation groups, with which there was an ongoing relationship.
- A further suggestion for reaching people was to set up a presence in supermarket foyers. Officers recognised that more was required to engage with different parts of the community and confirmed that there were pop-up events coming up which also included GP practices and surveys. Groups were welcome to promote their services and activities at the same time as this would encourage community self-help. There were other hard to reach groups and individuals and the right approach was being considered in conjunction with Healthwatch.

- Members commented on the engagement within GP surgeries, observing that whilst this would mostly be focused on people who had existing medical conditions, they would have a lot to tell about their experiences.
- In terms of the level of engagement as a percentage of the population, this was dependent on the venue and it was noted that a target area yet to reach was South Wye.
- As regards people talking about mental health, dementia had been included in particular the impact on carers, and the events had been used to promote certain services such as 'Let's talk' for mental health. The whole spectrum of health and wellbeing was being included but it was noted that there were particular groups of people who were less aware of services, such as young to middle-aged men.
- It was noted that there were many different ways that people could be targeted but also that people had differing preferences over how they access support and so a variety of engagement methods was required, but this needed to be achievable with the resources available.

## **RESOLVED**

**That**

- a) Officers be commended for the approach to engagement as outlined;**
- b) it be recommended to the CCG to consider making further use of existing community groups and networks, including parish councils, supermarkets and local radio; and**
- c) that the outcomes from the engagement phase ending in October be presented to the committee at the next available meeting in order for the committee to consider further recommendations for next steps.**

The meeting ended at 4.21 pm

**Chairman**



<b>Meeting:</b>	<b>Adults and wellbeing scrutiny committee</b>
<b>Meeting date:</b>	<b>21 September 2017</b>
<b>Title of report:</b>	<b>Substance misuse service performance update</b>
<b>Report by:</b>	<b>Director for adults and wellbeing</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

All wards

## Purpose and summary

To review the quality and performance of the substance misuse service commissioned by Herefordshire Council and delivered by Addaction.

The information in this report has been produced collaboratively between the council's contracts officer and Addaction's service manager.

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of substance misuse services in Herefordshire, and to note the actions taken and provide recommendations on these matters.

## Recommendation(s)

**That:**

**the monitoring of service performance continues to be reviewed utilising a service improvement plan, subject to any amendments the committee wishes to make.**

## Alternative options

1. None. The service requires improvement and dedicated contract support is required to ensure outcomes are delivered for individuals and an efficient service is in place.

## Key considerations

2. The committee is asked to consider the information provided by the council and Addaction, detailed in appendix 2, which highlights a reduction in performance of the service against high level service targets, relating to the successful completion of treatment and the maintenance of this, through the monitoring of re-presentation rates. The report shows an upward trajectory in performance since the introduction of a service improvement plan, however this remains below target.
3. The information is provided in response to a request from the committee earlier in the year and details the current service performance against key performance indicators and the service improvement plan.
4. The presentation (appendix 1) that accompanies this report covers the areas of concern identified in the service review earlier in the year, including successful completions performance data, representation to treatment performance data and treatment outcome profile completion rates. The presentation highlights current performance which shows an upward trajectory in successful completions and a downward trajectory in representations to treatment, as well as significant improvements to treatment outcome profile completion rates. The presentation also outlines plans for the next stages of service development.

## Community impact

5. Addaction provides a vital service to vulnerable people across the county and has a significant positive impact on individuals receiving treatment and their families. Improving the performance of this service assists in fulfilling our corporate plan priority to enable residents to live safe, healthy and independent lives.
6. Without this service provision there would be additional pressure on other services in particular GPs, A&E departments and police.

## Equality duty

7. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:  

A public authority must, in the exercise of its functions, have due regard to the need to -

  - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
8. This service works with vulnerable individuals, many of whom will share a protected characteristic. This report supports the council in delivering its equality duty by ensuring that the service improves so it can fulfil the three aims of the equality duty as stated above. An improved service will have a significant positive impact on the outcomes for the individuals accessing the service.

## **Resource implications**

9. There are no direct financial implications arising from this report.

## **Legal implications**

10. Councils are, in accordance with Sections 4-7 of the Care Act 2014, responsible for promoting an individual's wellbeing, preventing needs for care and support, promoting the integration of care and support with health services, providing information and service, promoting diversity and quality in provision of services, co-operating in general with its relevant partners and co-operating with non-relevant partners in relation to specific cases.
11. As per Section 2B of the National Health Service Act 2006, as inserted by Section 12 of the Health and Social Care Act, councils must take such steps as it considers appropriate for improving the health of the people in its area. The Secretary of State may take such steps as they consider appropriate for improving the health of the people of England. The steps that may be taken include, amongst others, providing information and advice; providing services or facilities designed to promote healthy living; providing services or facilities for the prevention, diagnosis or treatment of illness and financial incentives to encourage individuals to adopt healthier lifestyles.

## **Risk management**

12. If the service is not delivered effectively to the individuals within the service this will have an impact on the outcomes achieved and may result in deterioration of their health and care needs. This could also impact on other service provision, in particular GPs, A&E departments and mental health services.
13. There is a reputational risk to the council if the provider does not provide an effect service.
14. A risk register has been developed on the improvement plan and any high impact risks are escalated to the council's adults and wellbeing directorate risk register.
15. The risks are being mitigated through the implementation and monitoring of the improvement plan.

## **Consultees**

16. As the performance of this service has potentially wider repercussions across the health sector we have consulted with the Herefordshire Clinical Commissioning Group, which share our concerns and have provided clinical input into the service improvement plan.

## **Appendices**

17. Appendix 1 Presentation
18. Appendix 2 Report from the council and Addaction

## **Background papers**

19. None Identified







- Performance Update – September 2017

# Problems Identified by Service Review

A service review was carried out by Herefordshire Council Contracts Officer in March 2017 which identified the following areas of concern;

- **Successful completions** had declined significantly by the end of Q3 16/17
  - Opiates – 3.9%
  - Non opiates – 24.8%
  - Alcohol – 30%
  - Alcohol and Non Opiate – 23.4%
- **Representations** had increased significantly by the end of Q3 16/17
  - Opiates – 40%
  - Non Opiates – 7.7%
  - Alcohol – 0% (not of concern)
  - Alcohol and Non Opiate – 12.5%
- **Processes** eg: Recovery Planning/TOPs

## What does this Indicate?

- A decline in successful completions can indicate that service design and or delivery is not adequate to support service users moving through stages of change to facilitate recovery.
- This often suggests gaps or problems in recovery planning and exit strategies for service users.
- It can also be indicative of high volumes of either 'treatment naïve' service users or high volumes of long term 'maintenance' service users or a mixture of both.
- It is not uncommon to see a decline in performance against successful completions following a change in service provider.
- An increase in representation rates is often experienced following the transfer of service provision and is a trend noted nationally.
- Increased representation rates are indicative of poor exit planning and unsustainable recovery strategies
- Delays in mobilisation, staff motivation, training and communication can all have an impact on the effective implantation and completion of processes such as recovery planning and TOP (Treatment Outcomes Profile) completion.

## Progress

The service review resulted in a service improvement plan introduced in April 2017 for 3 months, this has been extended to 10 October 2017.

- Upward trajectory for successful completions\*
- Representations decreased – demonstrating appropriate discharge activity and sustainable recovery
- Risk and Recovery Planning improvements – 100% completion rate for Recovery Plans – July 2017
- Improvements in TOP Completion rates

# Performance Update

Successful completions for all cohorts have been on an upward trajectory since April 2017.

\*There has been some seasonal variance in July 2017

Month	Successful completions opiate	Non opiate	Alcohol	Non opiate & Alcohol
April	3.58%	41.38%	28.02%	25%
May	4.24%	45.9%	29%	21.5%
June	4.75%	46.43%	29.5%	21.05%
July	5.48%	45.61	29.33%	16.22%
<b>Target by End Q3 17/18</b>	<b>8%</b>	<b>52.5%</b>	<b>39.5%</b>	<b>48%</b>

# Performance Update

Representation rates have declined across all cohorts on a month by month basis. It can be problematic to report on representations on a monthly basis as it does not allow for the 6 month lag required for the PHOF 2.15 measure, however it provides an indicator of the trajectory.

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Month	Representations opiate	Representations non opiate	Representations alcohol	Representations non opiate & alcohol
April	12.50%	0%	0%	0%
May	14.29%	0%	0%	0%
June	15.67%	0%	0%	0%
July	0%	0%	0%	0%
<b>Target by end Q3 17/18</b> (inclusive of 6 month lag)	<b>10%</b>	<b>0%</b>	<b>8.8%</b>	<b>3%</b>

# Performance Update

TOP is a mandatory Public Health England (PHE) data collation tool which measures key areas of recovery progress. For it to be statistically viable PHE require an 80% completion rate. From this data various performance reports are produced which assist in service design and delivery.

TOP is also designed to be a useful treatment evaluation tool to complete with service users to chart progress to date.

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Month	TOPS start	TOPS review	TOPS exit
April	75%	60%	38%
May	97%	86%	91%
June	97%	95%	100%
July	91%	95%	100%
<b>Local Target</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

# Progress

- Staff training – Risk and Recovery planning
- Support from seconded staff with experience of service delivery model
- Clearer lines of communication developed eg: staff away day, performance boards, daily flash meetings
- CQC inspection of Leominster site 27 July 2017– good feedback received – report awaited
- CQC inspection of recruitment process 20 July 2017– good feedback received – report awaited
- CQC inspector liaising with local authority contract manager
- Staff vacancies filled, two further posts to be recruited to
- Addaction CEO met with Herefordshire Council Contracts Officer and Director of Public Health following escalation of concerns 1 August 2017



# What Next?

- Continuing to monitor improvements using Service Improvement Plan – reviewed monthly
- Continuing to action CQC recommendations – action plan
- Working with PHE to segment 6year+ caseload and design alternative service delivery
- Increased group provision in Ross, Leominster & Hereford sites
- Increased engagement with local community - building further recovery capital and reducing isolation for service users
- Developing volunteer and peer mentor scheme



## Performance Update – Addaction

### Overview

The substance misuse service is commissioned by Adults Wellbeing. The provider is Addaction, they are approximately 3<sup>rd</sup>/4<sup>th</sup> largest voluntary sector substance misuse organisation with over 50yrs experience. They have not delivered services in Herefordshire before. The staff were TUPE transferred to Addaction from the previous provider WVT/2gether along with a caseload of approximately 500-600 clients. They are commissioned to provide both psychosocial and substitute medication interventions to service users, there are 2 young person recovery workers and 2 criminal justice workers. The service is commissioned to contact potential service users in police custody, work alongside probation and courts and in partnership with wider community agencies.

A performance review carried out in March 2017 found performance overall to be below the standard expected and below national and local comparator group performance averages. The review also highlighted concerns with regard to processes and completion of recovery plans and treatment outcome profiles (TOP).

The review was carried out by the local authority contracts officer who has 13 years' experience of delivering substance misuse services across several local authority areas including; Birmingham, Solihull, Worcestershire and Gloucestershire.

Full report in Appendix A. Comparator groupings listed in Appendix B.

A Service Improvement Plan was introduced to support improvements across both performance and processes.

Following the review the Key performance Indicators for the service were also revised to include measurement of successful completion and representations rates (these were previously not separated out from the larger Public Health England (PHE) PHOF 2.15 measure). The time frame for KPI targets was brought in line with the contract anniversary to December 2017. The Service manager was fully briefed on KPI's and expected rate of performance, along with reporting timetable requirements. KPI specifications in Appendix C.

To further support service improvements specifically relating to process, an audit of risk assessment and recovery plans was conducted for 60 files at the Hereford Addaction site. The audit was completed by the Herefordshire Councils contract officer and quality and review team on 6<sup>th</sup> June. The results of the audit were poor and the majority of files were found to have either out of date or missing paperwork. There appeared to be inconsistency in communications to staff about whether information should be stored in paper format or electronically on the case management system. The findings of the audit were consistent with the findings of the CQQ inspection completed in October 2016. The service has a separate action plan in place to address concerns raised by CQC.

In addition the service conducted their own internal audit of case files in June 2017, this also corroborated previous findings. The internal report produced offers additional guidance for addressing the changes required to record management in line with Addactions national policies, the service has an action plan pertaining to this in place currently.

Herefordshire council contracts officer conducted an audit of 15 files at the Leominster Addaction site on 13<sup>th</sup> July 2017, the findings were broadly in keeping with the previous audits carried out at Hereford however electronic files audited were found to be complete.

Following these audits actions were set for the service to improve processes around information storage and ensure that these are clear to all members of staff.

Following a report to CQC regarding a member of staff an unannounced visit was made on 20<sup>th</sup> July to Hereford Addaction site; this was in relation to information being received about the inappropriate employment of a member of agency staff who had been dismissed from previous employment due to inappropriate behaviour towards service users. The member of staff was removed immediately and Addaction have ceased use of the recruitment agency involved. CQC inspected Addactions recruitment policy which they found to be satisfactory and there is no further action required regarding this matter.

A follow up audit was conducted by Herefordshire council on 16<sup>th</sup> August 2017 this demonstrated significant improvements in the recording of recovery plans and risk assessments and files were found to be largely up to date with just a small number of exceptions all of which were addressed by the Service Manager immediately. Full report detailed in Appendix E.

#### Action Plan

An action plan was introduced from 10<sup>th</sup> April 2017 focusing on 4 areas (appendix D):

##### 1. Performance - Successful Completions

Focus on performance outcomes and improve successful completions across all 4 groupings in line with KPI targets and monthly completion targets per hub.

##### 2. Performance/Recovery – Representations

Reduce re-representation rate in line with KPI targets. Actively promote recovery. Ensure that appropriate aftercare plans are established and ensure firm networks with wider recovery community

##### 3. Performance/Process – Treatment Outcome Profile (TOP) Completion – *now signed off as complete*

Improve TOP completion in line with PHE reporting requirements 80% for start, 1<sup>st</sup> review and Exit points.

##### 4. Process/Recovery – Treatment Pathways

Ensure that policies and process with regard to treatment pathways are adhered to. Embed treatment pathways into the service and ensure that all available opportunities are utilised to move service users through treatment episodes.

The action plan ran for a period of 3 months initially with fortnightly reviews by phone and monthly formal action plan review meetings. The action plan has been extended to 10<sup>th</sup> October whilst performance concerns are ongoing, we have however been able to sign off the actions with regards to TOP completion which is now satisfactory (see appendix D).

In addition monthly catch up meetings are scheduled with Addaction and the Public Health Commissioning team and formal quarterly contract monitoring is in place.

Progress:

The table below shows performance against successful completions targets. Successful completions are measured as a percentage of all those in treatment who leave having successfully achieved their goals or become abstinent. Successful completions currently show an improving picture with an upward trend for 3 out of 4 groupings, there has however been some small decreases in completion rates during July – this is likely to be seasonal variance.

The decline in the combined group Alcohol and Non opiate successful completions for July is more concerning however these figures are often negatively skewed due to small numbers.

Grouping	Local KPI Target to be achieved by End Q3 17/18	April	May	June	July	Current Direction Of Travel
Opiate	8%	3.58%	4.24%	4.75%	5.48%	↑
Non opiate	52.50%	41.38%	45.9%	46.43%	45.61%	↓
Alcohol	39.5%	28.02%	29%	29.50%	29.33%	↓
Alcohol and Non Opiate	48%	25%	21.5%	21.5%	16.22%	↓

\*Note the Alcohol and Non Opiate Group is a separate cohort and not an amalgamation of the two groups above

The table below shows performance against representation targets. Representations are measured as a percentage of all those who have completed treatment successfully but re-enter treatment within 6 months (a large percentage indicates a problem).

It can be problematic to report against these monthly as this does not allow for the 6 month time lag, it does however provide an indication of performance.

Grouping	Local KPI Target to be achieved by End Q3 17/18	April	May	June	July	Current Direction Of Travel
Opiate	10%	12.5%	14.29%	15.67%	0%	↓
Non opiate	0%	0%	0%	0%	0%	-
Alcohol	8.8%	0%	0%	0%	0%	-
Alcohol and Non Opiate	3%	0%	0%	0%	0%	-

When analysing representation rates with a 6 month time lag improvements are noted across all groupings in Q1 17/18 when compared with Q4 of the previous year. Despite the improvements the current levels of representations remain of concern for opiate and non-opiate groups. The table below demonstrates the representations rates quarterly allowing for a 6 month time lag.

Grouping	Local KPI Target to be achieved by End Q3 17/18	Q3 16/17	Q4 16/17	Q1 17/18	Current Direction Of Travel
Opiate	10%	40%	28.6%	14.9%	↓
Non opiate	0%	7.7%	5.9%	2.22%	↓
Alcohol	8.8%	0%	8.8%	7.69%	↓
Non Opiate and Alcohol	3%	12.5%	0%	0%	↓

Treatment pathways – work is ongoing to improve staff approach to the management of caseloads and the appropriate utilisation of all available resources including group work.

Further training has been delivered on recovery planning, this has been further supported by workshops delivered by support staff from Addaction Coventry.

Caseload and file auditing is being carried out as a regular activity, supported by staff from Addaction Coventry.

As of 22<sup>nd</sup> July 2017 the Service report that 100% of recovery plans are up to date and 94% of risk assessments are up to date. The service monitor this activity using a case management tool which draws data from their case management system weekly.

Clearer lines of communication have been developed within the service including daily flash meetings for staff and displaying of targets and progress against these in staff offices.

A staff away day was held, attended by Herefordshire Council Contracts Officer who answered questions from staff.

Herefordshire Council Contracts Officer and the Director of Public Health met with Addaction's CEO following the escalation of concerns, reassurance was given at this meeting with regard to Addactions commitment to staff development and service improvements.

#### Next Steps

- Ongoing action plan review meetings and contract meetings scheduled monthly, formal contract monitoring scheduled quarterly.
- Continuing to action CQC recommendations, action plan in place
- Working with PHE to segment 6year+ caseload and design alternative service delivery
- Increased group provision in Ross, Leominster & Hereford sites, developing staff skill and confidence in this delivery and providing opportunities for service users to build recovery capital and decrease social isolation
- Increased engagement with local community (community gardens and allotments), this also assists in building further recovery capital and reducing isolation for service users
- Developing volunteer and peer mentor scheme

## Appendix A

### Performance Review Addaction March 2017

A performance review has been carried out to ascertain the current status of the service against top level performance indicators including successful completions, representations to treatment and PHOF2.15 (Public Health Outcome Framework 2.15 – Percentage of service users who successfully complete treatment and do not represent within 6 months).

The review has been conducted using the 4 groupings defined by PHE as:

Opiates

Non Opiates

Alcohol Only

Non Opiate and Alcohol combined

The original targets are set using the PHOF 2.15 outcome measure for opiate and non-opiates, (notably there is not a target set for Alcohol or Non opiate and Alcohol). This measure combines the successful completion rate with rate of representation and therefore has a lag of 6 months before results can be published. This is the official public health outcome measure and therefore should be considered in assessing performance however it is difficult to ascertain 'real time' performance against this because of the time lag in reporting. Therefore many contracts also monitor the rate of successful completions and representations separately as these can be reported on and monitored month on month.

The targets set expire at the end of Q4 16/17 and therefore require review.

The following sub sections outline current performance against each grouping.

#### Opiates

Original targets;

To maintain 5.40% (PHOF) completion rate by end Q4 2015/16 – achieved and increased to 7.9%

Growth 1.75% minimum in the following two quarters – Q1 decreased to 7.1% from Q4 but achieved target set. Target not achieved in Q2 when performance decreased back to baseline figure of 5.4%.

Aspirational target set of 10% by the end of 2016/17 – the service is currently at risk of not achieving this, latest figures show completion rate at end Q3 16/17 3.9%.

For context the top quartile range for performance at Q3 16/17 = 7.36% - 8.93% (36 to 43 completions without representation per quarter).

The quartiles are comparator groupings set by PHE based on level of complexity needs within the service user groups and are not comparative geographically. These comparator groups are designed to give a more accurate measurement of expected ranges of performance than an overall national

average can give. Listing of the comparator groups in attached in Appendix I (note there is not a comparator group for Alcohol).

### Non Opiates

Original Targets;

To maintain 21.5% by end Q4 15/16 – not achieved and decreased to 20.7% this also remains much lower than top quartile range for comparator groups which was between 44.83% - 52.53% at the time.

Incremental increases over Q1 and Q2 of a minimum of 10% to move towards a target of 52.50% by end 16/17 –

Q1 increase to 22.7% - below target of 10% increase

Q2 increase to 21.9% - remains below target of increase of 20% on 21.5%

Q3 – current performance 24.8%, continuing to improve completion rates however below target set and remains considerably lower than top quartile range for comparator groups which sits at 45.61% - 57.73% at the end of Q3 16/17.

The service is at risk of not achieving the target set to reach 52.50% by the end of 16/17.

Top quartile range for performance at Q3 16/17 = 45.61% - 57.73% (72 to 90 successful completions without representation per quarter).

In addition there has been a 25% decrease in the numbers in treatment for this grouping reducing the rolling in treatment number to 64 at the end of Q3. This is an additional concern with regards to the reach of the service as we know anecdotally that the number of individuals using non opiate drugs problematically including the use of NPS and 'legal highs' continues to rise.

### Alcohol

There are not current performance indicators set for alcohol successful completions.

Current performance at the end of Q3 16/17 is 30% (PHOF) this is considerably lower than national average 38.3%\*.

\*There is no comparator group for alcohol only group so national averages are published by PHE.

### Alcohol and Non Opiate

There are not current performance indicators set for alcohol and non-opiate successful completions and this is likely because PHE have not set a PHOF indicator for this group.

Current performance for successful completions at the end of Q3 16/17 is 23.4%; this is much lower than the top quartile for comparator group the range of which is 42.59% - 60.67% (21-28 successful completions per quarter).



### Representations

There are not current performance indicators set for representations separately to the PHOF outcome measure. Representation rates in Herefordshire are concerning, with the exception of alcohol only group, all groupings are performing at rates significantly lower than the comparator group top quartile ranges.

For context at the end of Q3 16/17:

Opiate representation rate is 40% (4/10 of those who successfully completed returned to treatment within 6 months). The range for the top quartile is 12.5 – 3.45%.

Non Opiate representation rate is 7.7% (1/13 of those who successfully completed returned to treatment within 6 months). The range for the top quartile is 0 – 0%.

Alcohol representation rate is 0%; this is significantly higher than the range for the top quartile which is 8.8%.

Alcohol and Non Opiate representation rate is 12.5% (1/8 of those who successfully completed returned to treatment within 6 months). The range for top quartile is 4.55 – 0%.

It is recommended that targets are set for representation rates separately to the overall PHOF measure so that these can be reported on in real time and monitored accordingly.

In conclusion the headline performance figures for the service are concerning, there is no evidence that the service has been improved upon and figures show significant decreases in performance against baseline. As the original targets have now expired this is an ideal opportunity to re-assess these and set new targets for the next period. Recommended targets for top line KPI's (PHOF, successful completions and representations) are included in Appendix ii.

It would be beneficial to set these new targets over a shorter period of time in order to allow time for the analysis of overall service performance before the end of the next financial year. It is recommended therefore that targets are re-set for a period of 9 months to coincide with the second anniversary of the contract award. It is recommended that a service improvement plan is put in place to address concerns regarding KPI performance along with other concerns (documented in meeting minutes) relating to recovery support and partnership working. A service improvement plan should also seek to address poor performance against Treatment Outcome Profile completions, this is measure set by PHE that should be completed at the start and end of treatment as well as at 6 monthly intervals within the treatment episode. Currently performance against this measure is very poor resulting in statistical insignificance which bars us from access to some elements of PHE reporting.

It is important to note that there are several other KPI targets set to cover over areas of service delivery including blood borne virus provision, needle exchange and housing and employment

outcomes. These have been considered and amended where necessary within the review of the targets but not included within this report.

**Appendix B**

Comparator Groupings:

**Opiate Clients**

Brighton and Hove	Bristol	Calderdale	Cambridgeshire
Cheshire East UA	Derby	Derbyshire	Dudley
East Sussex	Gateshead	Hackney	Halton
Kirklees	Knowsley	Leicestershire	Lincolnshire
North Lincolnshire	North Yorkshire	Northamptonshire	Nottinghamshire
Portsmouth	Reading	Sheffield	Southampton
Southwark	Stoke-on-Trent	Suffolk	Warrington
Warwickshire	Westminster	Wigan	York

**Non-Opiate and Alcohol & Non-Opiate Clients**

Barking and Dagenham	Birmingham	Bracknell Forest	Bradford
Brighton and Hove	Dorset	Ealing	East Sussex
Enfield	Essex	Harrow	Hartlepool
Havering	Kirklees	Medway	Merton
Milton Keynes	Nottingham	Oldham	Rochdale
Sefton	Southampton	St Helens	Stockport
Stoke-on-Trent	Sunderland	Sutton	Telford and Wrekin
Trafford	Walsall	Warrington	West Sussex

**Appendix C**

Performance Indicator		Baseline	Target	Level	Method of measurement	Monitoring Frequency
1.0	Proportion of all in treatment who successfully completed treatment and did not re-present within six months. Opiates (PHOF 2.15i)	5.6% (DOMES Q1 2015-16)	<b>8%</b> <b>(Top quartile)</b> <b>By End Q3 17/18</b>	National	NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
2.0	Proportion of all in treatment who successfully completed treatment and did not re-present within six months Non-opiates (PHOF 2.15ii)	21.40% (DOMES Q1 2015-16)	<b>52.50%</b> <b>(Top quartile)</b> <b>By End Q3 17/18</b>	National	NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
3.0	Proportion of all in treatment who successfully completed treatment and did not re-present within six months Alcohol (PHOF 2.15iii)	36.1% (DOMES Q1 2015-16)	<b>38.5%</b> <b>(No comparator Group)</b> <b>By End Q3 17/18</b>	National	NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
4.0	Proportion of all in treatment who successfully complete treatment Opiates	8.1% (DOMES Q1 2015-16)	<b>8%</b>	National	Provider Monthly Report plus NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Monthly/Quarterly
4.1	Proportion of all in treatment who successfully complete treatment Non Opiates	12.4% (DOMES Q1 2015-16)	<b>52.50%</b>	National	Provider Monthly Report plus NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Monthly/Quarterly
4.2	Proportion of all in treatment who successfully complete treatment	33.2%	<b>39.5%</b>	National	Provider Monthly Report plus NDTMS Diagnostic Outcomes	Monthly/Quarterly

	<b>Alcohol</b>	(DOMES Q1 2015-16)	<b>(National Average Q3 16/17)</b>		Monitoring Executive Summary (DOMES) Report	
4.3	<b>Proportion of all in treatment who successfully complete treatment Alcohol and Non Opiates</b>	21.4% (DOMES Q1 2015-16)	<b>48%</b>	National	Provider Monthly Report plus NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
5.0	<b>Proportion of all in treatment who successfully completed treatment but who re-presented within 6 months Opiates</b>	15.8% (DOMES Q1 2015-16)	<b>10%</b>		NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
5.1	<b>Proportion of all in treatment who successfully completed treatment but who re-presented within 6 months Non Opiates</b>	0.0% (DOMES Q1 2015-16)	<b>0%</b>		NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
5.2	<b>Proportion of all in treatment who successfully completed treatment but who re-presented within 6 months Alcohol</b>	12.5% (DOMES Q1 2015-16)	<b>8.8% (National Average no comparator group)</b>		NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly
5.3	<b>Proportion of all in treatment who successfully completed treatment but who re-presented within 6 months Alcohol and Non Opiates</b>	16.7% (DOMES Q1 2015-16)	<b>3%</b>		NDTMS Diagnostic Outcomes Monitoring Executive Summary (DOMES) Report	Quarterly





**Appendix D**

 Addaction Herefordshire (adults) Service Improvement Action Plan Reviewed and Extended 11<sup>th</sup> July 2017

Objectives	
<b>Main Aim: To Improve overall Performance Outcomes for the service</b>	
Linked Aims:	
1. Performance - Successful Completions Focus on performance outcomes and improve successful completions across all 4 groupings in line with KPI targets and monthly completion targets per hub.	2. Performance/Recovery – Representations Reduce re-presentation rate in line with KPI targets. Actively promote recovery. Ensure that appropriate aftercare plans are established and ensure firm networks with wider recovery community
3. Process/Recovery – Treatment Pathways Ensure that policies and process with regard to treatment pathways are adhered to. Embed treatment pathways into the service and ensure that all available opportunities are utilised to move service users through treatment episodes.	

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Priority of Improvement (please circle)		<p style="text-align: center;"> <span style="color: red;">High</span>  <span style="margin-left: 20px;">Medium</span>  <span style="margin-left: 20px;">Low</span> </p>	
Desired outcome	To improve successful completions rates across all 4 groupings, OU, Non OU, Alcohol and Alcohol and Non OU. Reach KPI targets by the end of Q3 17/18		
Which KPI objective does this link to?	4.0, 4.1, 4.2, 4.3		
What value does this improvement add for the service?	Improvement in successful completion performance will assist in demonstrating the effectiveness of drug and alcohol treatment in Herefordshire.		
Action to be taken towards achieving outcome	Output of action (measurement)	By what date?	By who? Lead person
Performance Specific Actions			
<p>Background:</p> <p>Current concerns regarding the successful completion rates for adults in treatment in Herefordshire. Original KPI targets (in relation to PHOF2.15) require maintenance of 5.40% in opiate performance with percentage increases of 1.75% for the first two quarters of the contract followed by continued growth towards an overall completion rate of 10% for this grouping by end of Q4 16/17.</p> <p>At the end of Q3 16/17 performance had dropped to 3.9% for this grouping and was not on course to meet target by year end.</p>	<p>Increase in successful completions across all 4 groupings.</p> <p>Clear trajectory upwards toward target.</p> <p>Staff will know what targets are for completions and these will be broken down into monthly targets by hub.</p> <p>Monthly targets will be clearly displayed for staff and achievement against these will be appropriately celebrated and promoted.</p>	<p>10<sup>th</sup> October</p> <p>(overall targets to be met by end Q3)</p>	<p>AC and Team leads</p>

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<p>The original targets for Non OU were set to track a similar trajectory, the baseline performance being 21.5% and the overall target for completion by end of Q4 16/17 being 52.50%.</p> <p>At the end of Q3 16/17 performance had increased from baseline but was not on course to meet target at 24.8%.</p> <p>There were no original targets set for alcohol or alcohol and Non Opiate successful completions.</p> <p>KPI targets have been refreshed and include a separate successful completion target for all 4 groupings to be achieved by the end of Q3 17/18. These are as follows:</p> <p>Opiate – 8%</p> <p>Non Opiate – 52.50%</p> <p>Alcohol – 39.5%</p> <p>Alcohol and Non Opiate – 48%</p> <p>All targets are set based on comparator group top quartile average performance ranges with the exception of Alcohol only which is aligned to national average.</p>	<p>Staff will feel organised and less overwhelmed by caseloads.</p> <p>Service users will be clear about their recovery goals and plan for discharge.</p> <p>Staff feel valued. Positive feedback is 'normal' and expected.</p> <p>Motivation to achieve targets is increased via feedback and sharing of best practice examples.</p>		
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<p>Actions:</p> <ul style="list-style-type: none"> <li>• Conduct caseload audit to identify those service users already appropriate to discharge or move into recovery support only.</li> <li>• Recovery workers to conduct caseload segmentation exercise to ensure that all service users are on correct pathway.</li> <li>• Ensure all medical reviews are up to date and service users identified as being on 'low doses' are reviewed by NMP or doctor with clear recovery plan in place.</li> <li>• Ensure all staff are clear about treatment pathways and all clients have a clearly mapped out plan documented in their recovery plan.</li> <li>• Ensure all Recovery plans are reviewed and include SMART goal planning</li> </ul>			
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Signed off as completed by			
Name			
Date		Signature	
Priority of Improvement (please circle)		High  Medium Low	
Desired outcome		Decrease Re-presentations to treatment, ensuring that service users are able to safely enter into recovery utilising recovery communities available and with clear relapse prevention work having been completed.	
Which KPI objective does this link to?		5.0, 5.1, 5.2, 5.3	
What value does this improvement add for the service?		Not re-presenting to treatment and remaining abstinent (or occasional use) is a clear demonstration of a safe and effective treatment service. Research shows that recovery is contagious. The building of effective recovery communities therefore has the potential to reach many more individuals across the county.	
Action to be taken towards achieving outcome	Output of action (measurement)		By what date?  By who? Lead person


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<p>Background:</p> <p>There were not original targets set for re-presentations separately to the PHOF measure. The current re-presentation rates (with the exception of alcohol only) are concerning and do not evidence effective treatment. Coupled with the decreasing amount of successful completions the current picture suggests a significant underperformance in service delivery and raises concerns regarding recovery capital and subsequently the presence of recovery community within Herefordshire.</p> <p>Currently representation rates are as follows:</p> <p>Opiates – 40%</p> <p>Non Opiate – 7.7%</p> <p>Alcohol – 0%</p> <p>Alcohol and Non Opiate – 12.5%</p> <p>KPI targets have been refreshed for the new financial year and are as follows:</p> <p>Opiate – 10%</p> <p>Non Opiate – 0%</p> <p>Alcohol – 8.8%</p> <p>Alcohol and Non Opiate – 3%</p>	<p>Decrease in number and percentage of service users leaving treatment successfully representing to treatment within 6 months.</p> <p>Clear downward trajectory toward KPI targets.</p> <p>Exit planning will take place early on in service users treatment journey and will be reviewed throughout. This will be clearly documented on recovery plans and progress against treatment goals will be monitored and reviewed appropriately.</p> <p>Caseload auditing will clearly demonstrate planning and review of service users treatment journey.</p> <p>Appropriate treatment pathways will be utilised</p> <p>Recovery and successful completions are celebrated regularly and staff feel rewarded for good work.</p> <p>Representations that do occur will be explored with the team and lessons learnt will be taken forward to inform practice and or training needs.</p>	<p>10<sup>th</sup> October 2017 for clear trajectory (KPI target by end Q3)</p>	<p>AC/BB</p>
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<p>All targets have been set using the top quartile average range from comparator groups with the exception of alcohol only which is aligned to national average.</p>			
<p>45</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• All staff to ensure that all service users have an up to date recovery plan detailing exit planning and steps to achieve this</li> <li>• Regular caseload auditing to ensure exit planning is documented - ongoing</li> <li>• Mechanism for reviewing any representations to treatment is identified and used to inform practice and or training needs</li> <li>• Link working with wider recovery community is completed regularly</li> <li>• Recovery and the recovery community within Herefordshire is clearly promoted and service users are given appropriate information and or introductions to specific groups or activities within their district</li> <li>• Consider displaying the number or percentage of service users leaving treatment successfully waiting areas as an additional tool for promoting recovery</li> <li>• Promote use of NA/AA recovery groups</li> </ul>			

Signed off as completed by			
Name			
Date		Signature	

Priority of Improvement (please circle)	High  Medium Low		
Desired outcome	Process – treatment policies and processes will be adhered to and clear within recovery planning with service users.		
Which KPI objective does this link to?	All Objectives		
What value does this improvement add for the service?	Ensuring that treatment policies and processes are adhered to will contribute to the overall success of the service. The satisfaction of service users and the engagement and retention of staff who fell valued, clear about service objectives and enabled to achieve outcomes.		
Action to be taken towards achieving outcome	Output of action (measurement)	By what date?	By who? Lead person
Background:  Policy and practice documents along with treatment pathway's should be implemented and followed in order to comply with clinical governance framework and CQC regulations.	All policies and procedures in relation to treatment pathways are filed appropriately and staff's attention is drawn to the whereabouts of these.	10 <sup>th</sup> October 2017	AC

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<p>The use of some treatment pathways has been ambiguous and a tendency to rely on 'old methods' of working has hindered progress</p> <p>There have been examples of staff not adhering to policy and or best practice for example being unwilling to complete assessments upon service user presentation.</p>	<p>Staff read and sign for updated policies?</p> <p>Treatment pathways are appropriately utilised including both short term plans and longer term programmes.</p> <p>Staff will feel clear about referral to treatment pathways and their co-ordination role within this.</p> <p>Service users will have clear exit plans from treatment and recovery plans will reflect the use of treatment pathways.</p> <p>Recovery plans will be appropriately audited.</p> <p>Assessments will include exit from treatment discussion and recovery plans will clearly detail treatment pathway identified.</p> <p>Recovery plans will be reviewed appropriately and updated where necessary to include SMART goal setting.</p>		
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<p style="text-align: right;">48</p>	<p>Overdue and outstanding recovery plans will decrease.</p> <p>Performance outcomes will increase.</p> <p>There will not be a 'hidden' or actual waiting list for access to treatment.</p>		
<p>Actions:</p> <ul style="list-style-type: none"> <li>• All policies are made available to staff and staff know where to locate these</li> <li>• All service users are given appropriate recovery plans utilising pathways</li> <li>• Available groups to be actively promoted within hubs</li> <li>• All available treatment options including groups to be reviewed in every recovery plan review – ongoing</li> <li>• Service users presenting to treatment to self-refer are given at least an initial assessment (but preferably full assessment) straight away or within 1 business day</li> <li>• Staff to be clear on procedure for storage of paper files and distinction between information to be stored electronically or manually.</li> </ul>			



<ul style="list-style-type: none"> <li>Staff will receive training with regard to Recovery planning which will include SMART goal planning.</li> </ul>						
Signed off as completed by						
Name						
Date			Signature			





<b>Meeting:</b>	<b>Adults and wellbeing scrutiny committee</b>
<b>Meeting date:</b>	<b>Thursday 21 September 2017</b>
<b>Title of report:</b>	<b>Herefordshire Safeguarding Adults Board Annual Report 2016/17</b>
<b>Report by:</b>	<b>Chairman, Herefordshire Safeguarding Adults Board</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose and summary

To report on the annual report of the Herefordshire Safeguarding Adults Board (HSAB), which addresses the work of multi-agency partners in Herefordshire in safeguarding and promoting the welfare of adults at risk within the county, including achievements and areas for improvement, and priorities identified for 2017/18.

The attached annual report and business plan allows the committee to undertake effective scrutiny of the council's statutory functions in relation to adult safeguarding. To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of the safeguarding board in Herefordshire, and to note the actions taken and provide recommendations on these matters.

## Recommendation(s)

That:

- (a) the annual report and effectiveness of the safeguarding arrangements for adults at risk in Herefordshire, as assessed by the board, be reviewed;**

- (b) the committee determine any recommendations it wishes to make with a view to further strengthening adult safeguarding in Herefordshire; and**
- (c) the committee determine any areas for inclusion in its future workplan.**

## **Alternative options**

1. There are no alternative options as this is an opportunity for scrutiny to review and challenge the performance of the adult's safeguarding board.

## **Key considerations**

2. From an adults perspective, the introduction of the Care Act 2014 has necessitated a new approach to working with adults at risk, with professionals having to balance the need to protect vulnerable people with the recognition that individuals are entitled to make unwise choices. The Act has also placed domestic abuse firmly as a safeguarding matter. Financial abuse is an ongoing risk to our more vulnerable Herefordshire residents, particularly the elderly, and with an increasingly elderly population the challenges for partners involved in keeping residents safe from such abuse is likely to grow. In addition to these types of abuse, which we know take place within the county, emerging threats such as modern slavery require a co-ordinated and multi-agency response, and these threats are particularly prevalent in areas with significant numbers of migrant workers, such as Herefordshire.
3. The work of the HSAB is a critical element of the ongoing challenge to keep the most vulnerable members of our Herefordshire communities safe from harm. It is well known to the board and the various partner agencies involved in the safeguarding of adults at risk that a number do regrettably come to serious harm. As such, the importance of an effective board and the effective co-ordination of high quality services, as reflected in the annual report, should be recognised.

## **HSAB annual report 2016/17**

4. The strategic priorities for the 2016/17 period remain unchanged from 2015/16. These priorities, together with examples of progress made against them and continuing areas for development, are detailed below.
5. Priority 1 - Partnership working
  - a. Assessment – Continued progress in this area during 2016/17, with future focus being on developing the effectiveness of performance management, particularly in relation to the partnership beyond the council.
6. There is good multi-agency involvement in the board, case studies are presented at every meeting, leading to discussion and debate about agencies and their roles in safeguarding both individually and collectively. Professionals are encouraged to consider the work of other organisations and invitations are issued to additional agencies or individuals to aid this and to improve knowledge and understanding.
7. A key element to effective performance management is the board's ability to collect the right multi-agency data. The council and health partners provide timely and accurate information, however some agencies and, notably the police as one of the principle

partners, are still unable to provide the right information to inform board discussion and decision making. This is a position which is reflected nationally. The Independent Chair is working with the national Police Lead on Adult Safeguarding to secure progress.

8. There is an increasing expectation for 'the community' to look out and care for its own and an increasing need for communities and families to be more involved in the support and delivery of care. The board fully recognises that within this there is potential for safeguarding risk. Added to this, one of the significant challenges is the need to balance the perception of risk with a need to respect and support individuals to live in circumstances, which may in themselves, appear to be risky. The board is working with partner agencies and particularly the voluntary sector to raise awareness and understanding of this balance.
9. Priority 2 - Prevention and protection
  - a. Assessment – Steady progress, with an ongoing need to find an effective means to gather the views of those who have been through the safeguarding process, and maximise the opportunity to engage through current partnership activity with those adults who may be at risk, for example fire safety visits by the fire service.
10. The board has decided that "good mental health", which had been identified as a key priority, would become embedded into all of the work that is undertaken on behalf of the board, rather than be an item in its own right. The board has ensured that reference to mental health is included in all strategies and programmes of work.
11. During the year, the board has been developing a prevention strategy, which supports the development of initiatives to improve prevention, identification and response to abuse and neglect. It draws together work from partner agencies and includes a range of activities aimed at promoting general wellbeing and maintaining independence as a means of reducing vulnerability to exploitation, abuse or neglect. Included in this, is a work plan which will be monitored throughout the year by the task and finish group that has been set up to deliver this piece of work.
12. During the year, the board has been working closely with Hereford & Worcester Fire and Rescue Service to develop an improved initiative that will mean that their technicians during a home visit will ask questions about health and wellbeing as well as fire safety. This will lead to individuals being signposted to additional support and services that will maintain their independence and help them to live more safely.
13. Priority 3 - Communications and engagement
  - a. Assessment – Steady progress, however communication will always remain a challenge as requirements, messages and workforce are continually changing.
14. During 2016/17, the board has engaged with a number of forums and events in order to promote its work. During the year, representatives attended the Engaging Communities event in Hereford that was hosted by Primecare and spoke to members of the public about safeguarding, mental capacity and deprivation of liberty. The board also contacted parish magazines and requested that they include safeguarding information within their publications (the majority kindly did).
15. The board is also exploring other innovative ways of sharing safeguarding information with practitioners, for example in conjunction with Herefordshire Clinical Commissioning

Group (CCG) the board has developed bookmarks for professionals that include a quick guide to both the Mental Capacity Act and deprivation of liberty safeguards.

16. Priority 4 - Operational effectiveness

- i. Assessment – Steady progress, with a particular area for future work being to embed the ‘Making Safeguarding Personal’ approach across Herefordshire to the extent it has been achieved by the council, supported by the development of multi-agency training for adult safeguarding.

17. In December 2016, the council presented its findings from an internal review of Making Safeguarding Personal (MSP). The board members agreed an action plan which will ensure leadership to develop and embed improvements across organisations. All partner agencies also committed to promoting MSP and agreed to undertake one activity which would begin to underpin MSP as a principle within their organisation. This activity will be monitored by the board throughout the year.

18. Following on from the 2015 launch of the HSAB workforce development strategy, that included the competency framework, work on a joint HSAB/HSCB (Herefordshire Safeguarding Children Board) workforce development strategy has been completed. This now includes the ability for organisations to have their training validated. The validation scheme requires organisations to show how their training is making a difference to the people who use their services and how the competency framework is used in the organisation to ensure a competent workforce.

19. In 2017/18, the HSAB will continue to prioritise the following areas:

- Develop relationships across agencies that deliver positive changes to safeguarding.
- Ensure Herefordshire residents can recognise safeguarding concerns and know what to do.
- Deliver the messages from the board and recognise the voice of those we safeguard.
- Ensure safeguarding knowledge, processes, systems and structures are embedded across all agencies.

20. The HSAB annual report sets out work plans to deliver on the priority areas.

## **Community impact**

21. The partners represented on the board have statutory responsibilities for services in Herefordshire that safeguard and promote the wellbeing of adults at risk. The board has a statutory duty to scrutinise, challenge and support this work. The HSAB is a key part of the mechanism for challenge, supporting and promoting improvement of these services. The annual report and priorities going forward not only identify areas of safeguarding that require sustained focus and improvement, but also complement and support the work of the other partnerships in Herefordshire, such as the Children and Young People’s Partnership’s focus on early help, neglect and safeguarding, and the Community Safety Partnership’s focus on domestic abuse.

## **Equality duty**

22. Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:

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Further information on the subject of this report is available from  
Bill Joyce, email: [Bill.Joyce2@herefordshire.gov.uk](mailto:Bill.Joyce2@herefordshire.gov.uk)

A public authority must, in the exercise of its functions, have due regard to the need to -  
eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;  
advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;  
foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

23. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this is a decision on back office functions, we do not believe that it will have an impact on our equality duty.

24. The HSAB pays due regard to The Equality Duty on public bodies and others carrying out public functions, specifically that public bodies consider the needs of all individuals in their day to day work. This is particularly evident for example through the work of HSAB in embedding the 'Making Safeguarding Personal' approach within Herefordshire, so tailoring the service delivered to the individual's particular wants and needs, and ensuring that the voice of the adult informs decisions.

## **Resource implications**

25. The HSAB receives contributions from all partner agencies to fund the organisation and the work of the board. The available budget is identified and reviewed throughout the year and any risks identified; these risks are included within the annual report.

## **Legal implications**

26. Under the Care Act 2014 each local council (authority) must establish a Safeguarding Adults Board. The board has three core duties:

- To develop and publish a strategic plan
- To provide an annual report of how effective the local services have been
- Commission safeguarding adult reviews (SARS)

27. Under statutory guidance the board has a duty to produce an annual report on the effectiveness of safeguarding adults in the area. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should also identify weaknesses, causes of these and action to be taken to address them.

## **Risk management**

28. There are a number of identifiable risks associated with a reduction in the effectiveness the board. The board has a statutory responsibility to ensure the effectiveness of safeguarding arrangements within Herefordshire. Ineffective safeguarding arrangements directly increase risk to the most vulnerable members of our community, this risk being both high in probability and impact on individuals, evident from previous high profile cases in other areas, which in turn carries legal, political, reputational and financial risks to the partner agencies involved.

29. The current identifiable risks to the effectiveness of the board continue to be financial, as the need for contributing partners to identify savings continues, and organisational as the uncertainty remains to the future board structure. The financial risk is currently mitigated by the board holding modest reserves, combined with recent efficiency savings being identified, and the organisational risk is an indirect one to the adults safeguarding board.
30. The changes to board structure are primarily focused upon children safeguarding boards with amended statutory guidance being expected towards the end of 2017. The safeguarding adult's board, needs to take into consideration the impact of any resulting changes to the children's board on its own area of responsibility. This will ensure continuity is retained, for example transition arrangements for young people at risk of abuse.
31. The HSAB runs a joint risk register with the HSCB and the Community Safety Partnership in order to monitor and manage these risks where appropriate, and this is subject to regular review.

## **Consultees**

None

## **Appendices**

Appendix 1 – HSAB Annual Report 2016/17 and Business Plan 2017/18

## **Background papers**

- None identified.



**DRAFT ONLY**

**Herefordshire  
Safeguarding  
Adults Board  
  
Annual Report  
2016/17**

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## Foreword

Welcome to Herefordshire's Safeguarding Adults Board Annual Report 2016-2017. The report provides the Board members with the opportunity to reflect and report on how they have delivered progress against the Board's strategic priorities for this year.



In last year's annual report we outlined how the peer challenge of the local council and the Board had resulted in identifying both areas of strength and areas where more work was required. Earlier this year we were re-visited by the peer challenge team for them to hear how we have progressed the relevant areas of our action plan. Their feedback was very positive and the progress we've continued to deliver, demonstrates the commitment and professionalism of the Board members.

We have strengthened the content of our three year strategic plan and annual business plans to better enable the Board to understand what progress we are making, and where we need to provide additional scrutiny and challenge.

The main focus of our work is to support individuals who are at risk of harm and abuse, and to empower them to resolve the position they are in, but in a manner which is both proportionate and enables them to be more in control of their lives. This is reflected in the Making Safeguarding Personal (MSP) guidance. Helpfully during this year there has been both a national review, known as the 'MSP temperature check' and a local council co-ordinated partnership review of MSP across Herefordshire.

These two reviews formed the basis of our Board MSP action plan and were the subject of a Board development event during which agencies committed to deliver against their own particular aspects of it. Whilst this is a strong foundation from which to move forward, the Board is not complacent as to the size and complexity of the challenge, and MSP remains an area of sharp focus for the Board. In particular, different agencies are at differing levels of understanding and maturity with regard to MSP, and the challenge for the Board is to secure consistent application of MSP across the partnership.

Linked to this is the ongoing commitment to secure and learn from the experience of those who unfortunately have to seek the support of the safeguarding system. Board meetings always commence with members hearing a 'lived experience' to ensure our discussions and decision making are grounded by the day to day experience of frontline professionals and the people we serve and support.

Placing the person at the centre of the safeguarding process requires professionalism, commitment and skill from our frontline staff and leadership and support from senior and strategic managers. The Board is key to providing both challenge and seeking assurance that these dynamics work effectively.

The Board and its members are learning how complex adult safeguarding can be within specific settings and circumstances. By way of example, we are currently working jointly across Herefordshire and Shropshire with adult social care and police

professionals to explore where we may need to develop and provide more flexible service responses to those who are experiencing domestic abuse.

Member agencies continue to develop their own practice but also take account of how they can impact positively across the partnership. The appointment by Wye Valley NHS Trust of a designated Mental Capacity Act lead staff member is of course important to that organisation, but additionally this has brought significant benefit to the Mental Capacity Act and Deprivation of Liberty Safeguards work of the Board. Likewise, Hereford & Worcester Fire and Rescue Service has developed its fire home safety checks to include broader discussions with potentially vulnerable individuals on a range of health and wellbeing aspects. This is a very welcome development in support of the Board's prevention work, and again is reflective of the 'coming together' of the Board members.

There is still more to do, but also much to recognise as success. I trust you will find this report open, interesting and informative, and where possible I would ask that you use it to raise the profile of the work of Herefordshire's Safeguarding Adults Board, and more importantly the profile of adult safeguarding across Herefordshire.

I am confident of the continued commitment of the Board to drive improvement forwards, and my thanks to all of you who work tirelessly to support and protect some of the most vulnerable residents in Herefordshire.

A handwritten signature in black ink, appearing to read 'Ivan Powell', written in a cursive style.

**Ivan Powell**  
**Chair of Herefordshire's Safeguarding Adults Board**

## Strategic priorities

The strategic priorities for 2016/17 were identified during a development meeting in November 2015. These were devolved to the relevant sub groups to the produce work plans to deliver the activity against them.

### The Board priorities for the year 2016/17 were:

1. Partnership working
2. Prevention and protection
3. Communications and engagement
4. Operational effectiveness

The following section details some of the individual projects that have been delivered to meet these priorities and case studies that show the impact of this work on individuals.

## Priority 1

### Partnership working

- **All partners have a shared understanding of safeguarding**

A recent development has been the creation of a cross agency chairs meeting which has members from Herefordshire Council, West Mercia Police, Herefordshire Clinical Commissioning Group, Public Health, Community Safety Partnership, Independent Chair of both Adults and Children's Safeguarding Boards and Cabinet Members for both Adults and Children's Wellbeing.

The purpose of this meeting is to identify cross cutting themes and to ensure they are progressed efficiently within the partnership, avoiding duplication of effort.

- **Increased involvement from the voluntary sector**

### The role of the Voluntary Community Sector (VCS) regarding safeguarding

There is an increasing expectation for 'the community' to look out and care for its own and an increasing need for communities and families to be more involved in the support and delivery of care. The Board fully recognises that within this there is potential for safeguarding risk.

In certain situations it may be inappropriate or unwelcome for a neighbour to provide care. In such circumstances, either through ignorance or malice, this could risk harm to the individual, present a risk to their dignity or result in a restriction of their choice, control and liberty. People may not have the personal resilience or understanding to challenge the action of another, to seek help or advice, or indeed raise a safeguarding concern. This is made more acute where they perceive there is no alternative to the support. Advocacy would not be sought where no risk is perceived or understood. The risk is also compounded where the most vulnerable people are isolated and do not have access to support and the right advice and information, often because they are not known to services and may be particularly hard to reach.

Herefordshire's voluntary sector is strong and vibrant and consists of organisations, large and small, engaged in a wide and diverse range of activity, in particular connecting people across the county. Its formal and informal support networks,

including those facilitated by Herefordshire Voluntary Organisations Support Service (hvoss), provides opportunities to reach and engage vulnerable, isolated and sometimes difficult to reach people.

The community includes all of us who live in it, volunteers, carers (usually but not always family members, who are unpaid), support workers (paid staff), and others such as shop assistants and postal workers, all of whom play a crucial 'watchdog' role, identifying risks and raising concerns within the community.

However, something may not be recognised as a risk or as actual abuse, where they may see a change in an individual or their routine that 'niggles'. The key is to empower people to feel confident about where and how to raise a concern, and in doing so, overcome any reluctance to get involved or respond to an issue formally.

The voluntary sector is a key group of organisations and individuals who greatly assist in supporting the Board's priority to improve the awareness of adult safeguarding across Herefordshire.

They are also crucial to noticing where abuse may be taking place and in supporting people to raise concerns themselves.

One of the significant challenges is the need to balance the perception of risk with a need to respect and support individuals to live in circumstances which may, in themselves, appear to be risky. The voluntary sector work hard to establish a shared understanding of risk, what constitutes safeguarding and how to identify and deal with a safeguarding matter. This is done through ongoing dialogue, engagement, training and collaborative working with the voluntary sector.

The voluntary sector has been key to raising awareness and understanding of the perception of risk and living safely on a day to day basis by providing both formal 'lived experience' studies through to anecdotal information to the Board.

Resolution of a formal safeguarding concern may not be the end of any risk or abuse in a person's life. The person may still live in the same environment and face similar risks day to day, either through their choice or circumstances. Ensuring everyone remains connected to their community in some way helps to identify, manage and respond to safeguarding risk and ensure communities and individuals living in them, including those who are most vulnerable, are safe and resilient.

## **Karen Hall**

### **Aspire Chief Executive (on behalf of hvoss)**

- **Active participation from all partners**

At a national level Trading Standards gather intelligence on lists of people used by unscrupulous traders and fraudsters to target those who are vulnerable to activity known as "scams". Locally, Herefordshire Council's Trading Standards work to reduce the vulnerability of those suspected of having been a potential scam victim.

## **Case study**

### **How partnership working has helped a resident in Herefordshire**

Mrs P was identified by this national process. In the first instance, an officer from Herefordshire Council's Trading Standards visited Mrs P's home to provide advice and determine whether or not she was a scam victim. Mrs P is a widow in her mid-80's who lives alone in rural Herefordshire and suffers from a cognitive impairment, which affects her memory.

Initially Mrs P said she hadn't been approached by anyone trying to sell her goods or services, but she did receive a small amount of unsolicited mail in the form of foreign lotteries, which she was able to identify as being a scam and said she simply put them in her recycling bin. During the home visit, the officer noticed a newly installed home security system and asked questions relating to it. Mrs P couldn't provide much detail, but gave the officer her son's phone number, as he was the best person to contact to discuss the matter.

Following contact with her son, it became clear that Mrs P was constantly being targeted by rogue traders and had recently signed a contract for nearly £4,000 for the installation of the home security system, which she didn't need as she already had a fully functioning system in place. The salesperson knew her current system was working and even visited her property and removed her existing alarm system in order to secure the sale.

Further investigation revealed that days after the first salesperson had coerced Mrs P into signing a contract, another completely different home security company had sent their own salesperson to her property to sell her another system. They removed the system which had only been fitted days before to secure the sale and convinced Mrs P to sign another contract for £3,000.

In only three weeks, Mrs P had been sold two home security systems she didn't need for almost £7,000 and within the previous six months, she had signed up to four worthless call blocking systems over the phone, costing her over £300.

Intervention from the council's Trading Standards and joint working with Mrs P's sons meant that almost £7,000 was recovered from the home security companies. Trading Standards represented Mrs P and also provided her with a free fully functioning call blocking system, which can be monitored remotely by her sons who don't live locally.

To date there has been no further issues due to the collaborative work between Trading Standards, Mrs P and her family.

**If you think you know a scam victim, please contact Herefordshire Council's Trading Standards on 01432 261761.**

### **Herefordshire Council Trading Standards Officer**

The Care Act places a responsibility on the Independent Chair to challenge agencies which are not contributing as effectively as they should to the work of the Board. On the Chair's behalf, the Business Unit formally monitors attendance at Board meetings and when holding members to account, the Chair does not focus solely on meeting attendance, but takes a broader view of the members and their agencies contribution to the adults safeguarding agenda.

The following table shows the agencies that have contributed toward Board meetings over the previous year and their attendance.

Agency	09/06/16	22/09/16	08/11/16	05/12/16	27/03/17	Total out of 5
HSAB Independent Chair	✓	✓	✓	✓	✓	5
HSAB Business Unit Manager	✓	✓	✓	✓	✓	5
HSAB Business Unit Officer	✓	✓	✓	✓	✓	5
Herefordshire Council's Adults and Wellbeing Directorate	✓	✓	✓	✓	✓	5
Herefordshire Housing	✓	AWA	AWA	✓	✓	3
2gether NHS Foundation Trust	✓	✓	✓	✓	✓	5
Herefordshire Clinical Commissioning Group	✓	✓	✓	✓	✓	5
West Mercia Police	✓	✓	✓	✓	✓	5
Community Rehabilitation Company	✓	DNR	AWA	AWA	AWA	1
Herefordshire Carers Support	DNR	✓	✓	AWA	✓	3
Healthwatch	✓	✓	✓	✓	✓	5
Public Health	✓	AWA	✓	✓	✓	4
National Probation Service	✓	AWA		AWA	✓	3
Aspire (representing the Voluntary Sector)	AWA	✓	AWA	AWA	AWA	1
Wye Valley NHS Trust	✓	✓	✓	✓	✓	5
Herefordshire Council	✓	AWA	AWA	✓	DNR	2
The Royal National College for the Blind	✓	DNR	AWA	✓	X	2
Hereford & Worcester Fire and Rescue Service	X	✓	X	✓	X	2
Trading Standards	X	X	X	X	✓	1

Key: AWA – absent with apologies  
DNR – did not reply to invitation  
X – no invitation issued

- **Multi-agency focus**

The table shows that there is good multi-agency involvement at the Board. Case studies are presented at every meeting, leading to discussion and debate about



agencies and their roles in safeguarding both individually and collectively. Professionals are encouraged to consider the work of other organisations and invitations are issued to additional agencies or individuals to aid this and to improve knowledge and understanding.

Individual agency responses to the work of safeguarding and their role within it can be found in Appendix 3.

- **Sharing the right data**

A key element to effective performance management is the Boards ability to collect the right multi-agency data. The local council and health partners provide timely and accurate information, however some agencies, notably the police as one of the principle partners, are still unable to provide the right information to inform Board discussion and decision making. This is a position which is reflected nationally and the Independent Chair is working with the national Police Lead on Adult Safeguarding to secure progress.

## **Priority 2**

### **Prevention and protection**

- **Service user involvement**

It is important that we gather the views of those who have been through the safeguarding process, however, our ability to do so has continued to be a challenge for the Board.

We have separately tried over the year to arrange a service user group and drop in session for individuals and their families who have been safeguarded. Unfortunately, neither of these was successful and we have now engaged with Healthwatch, who are one of the Boards' statutory partners, to undertake this piece of work on our behalf. We are optimistic in this approach as the public already engage with Healthwatch.

We will include in next year's annual report how successful this has been.

- **Good mental health**

The Board has decided that 'good mental health', which has been identified as a key priority, will become embedded into all of the work that is undertaken on behalf of the Board, rather than be an item in its own right. We have ensured that reference to mental health is included in all of our strategies and programmes of work.

### **Case study**

Mr C is in his 40's and has long-standing mental health difficulties. He engages in therapeutic day activities provided by a Voluntary and Community Sector organisation in Herefordshire and his routine attendance provides opportunities to monitor and support his wellbeing.

Mr C's mother informed the day activities provider that she was very worried that he was at risk of abuse, including financial abuse, from people who were staying at his flat and dealing drugs. She felt he was extremely vulnerable.

Mr C did not attend the day activity for two weeks and his mother advised that he'd suffered an 'unexplained' broken ankle and she was unable to contact him. She spoke to the provider's occupational therapist, who contacted the county safeguarding team to raise a concern. She was also advised to contact the police.

The police attended Mr C's flat and he was admitted to hospital for treatment to his broken ankle. Following discharge from hospital, the safeguarding concern was closed.

Mr C returned to the day activity but failed to attend follow-up treatment appointments for his ankle injury. His mother believes he is still at risk of abuse and the concern is that if she passes away, she's in her 80's and the only close family member, Mr C might disengage from services and become isolated from support, leaving him even more vulnerable.

Mr C is making his own choices about his life but his mother doesn't believe he recognises his own vulnerability, although it is not clear whether this is the case or if Mr C is aware and accepts the risks.

He enjoys the therapeutic day activity and may well recognise that it also maintains a link with a consistent support network, as well as access to services if required.

Staff will maintain a 'watching brief' to encourage and support him to continue to engage with services and ensure concerns are raised with the relevant agencies when necessary.

### **Karen Hall**

#### **Aspire Chief Executive (on behalf of the Voluntary and Community Sector)**

- **Greater focus on prevention**

During the past year, we have been developing our Prevention Strategy, which supports the development of initiatives to improve prevention, identification and response to abuse and neglect. It draws together work from partner agencies and includes a range of activities aimed at promoting general wellbeing and maintaining independence as a means of reducing vulnerability to exploitation, abuse or neglect.

Included in this is a work plan which will be monitored throughout the year by the task and finish group, set up to deliver this piece of work.

Next year's annual report will include the successful programmes that have been put in place to help deliver this strategy.

The Board has also been working closely with Hereford & Worcester Fire and Rescue Service to develop an improved home safety check initiative that will see fire service staff asking individuals questions about health and wellbeing as well as fire safety during home visits. This will lead to them being signposted to additional support and services that will help them maintain their independence and live more safely.

## Case study

### Prevention of harm

Earlier this year, crews from Hereford Fire Station attended an incident in a home where a boiler was found to be leaking carbon monoxide, meaning it needed to be isolated. A lady and her 15 year old son were living in the property, which had no other source of heating, and was unable to replace the boiler.

The Crew Commander contacted the fire service’s Signposting Co-ordinator whilst still at the property, as they were incredibly concerned that the home was extremely cold and the occupants had no alternative heating or accommodation. A Home Fire Safety Technician made contact with the family and delivered an oil filled heater to the property that night, with an additional heater being provided the following day.

With consent from the occupant, a referral was made to the Marches Energy Agency to see if they would be eligible for funding for a new boiler. Following the referral, a new boiler was installed, which was fully funded by Marches Energy Agency.

The occupant later commented *‘I’m so happy. The attitude of all the people I’ve dealt with was great, people really trying to help and do positive things. The fire service was great. One chap said he had been thinking of us in the cold weather, it’s lovely to hear that’.*

### Hereford & Worcester Fire and Rescue Service Technician

## Priority 3

### Communications and engagement

- **Raising awareness of safeguarding**

During the year, we attended the Engaging Communities event in Hereford, which was hosted by Primecare. We spoke to members of the public about safeguarding, mental capacity and deprivation of liberty.



We also met the Mayor!



Our local councillors are a key group, as they help raise awareness of safeguarding across our communities.

- **Targeting smaller / community organisations**

During the year, we contacted parish magazines and asked if they could include the below article within their publication. Whilst we couldn't insist that it was included, we have had confirmation from most of them that it was.

We have also made links into the Rural Hub Network, which provide support and information to the local farming community.

## Herefordshire Safeguarding Boards

Everyone has a responsibility for safeguarding children, young people and adults at risk of harm. We can help you make sure you know what to do if you think that is happening.

It might be difficult to accept, but anyone can be hurt, put at risk of harm or abused, regardless of their age, gender, religion or ethnicity by either someone they know or a stranger.



If you are concerned about an adult ring 01432 260715 (weekdays 9-5) OR 0330 123 9309 (at any other time)



If you are concerned about a child ring 01432 260800

If someone is injured or in immediate danger dial 999

If there is no emergency but you think a crime may have been committed ring West Mercia Police on 0300 333 3000 or 101

Abuse of any description is wrong and by reporting it you can help to bring it to an end

If, as a member of the public or an organisation, you want more information about the work that the Safeguarding Boards do to keep children and adults that live and work in Herefordshire safe than please contact us on 01432 260100

- **Raising awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards**

In conjunction with the Herefordshire Clinical Commissioning Group (CCG), we have developed bookmarks for professionals that include a quick guide to both the Mental Capacity Act and Deprivation of Liberty Safeguards.



### **Case study**

#### **Best interest health decision**

Mr H is 76 years old and has been seen in the hospital's outpatients department due to concerns about abnormal symptoms, which could be suggestive of cancer. A relative accompanied Mr H, as he has Alzheimer's and struggles with his short term memory and ability to focus on any particular topic.

The Doctor initially presumed Mr H had the capacity to make decisions about his own care and treatment, as the Mental Capacity Act (MCA) requires.

The Doctor discussed the problem with Mr H along with the possible causes and the need for further investigations and a medical procedure involving a general anaesthetic. Mr H had the right to be supported to make his own decisions and was given all appropriate help, including having a close relative accompany him to reassure and explain things in a way that he was familiar with. The Doctor also drew a simple diagram to help Mr H focus and understand more about the procedure. However, it became apparent that Mr H was not able to remember the information and was unable to weigh up the benefits and risks of having or not having the procedure. On the balance of probability, it was deemed that Mr H lacked the capacity to make the decision to consent to the procedure.

The MCA states that, if a person cannot make a specific decision (for Mr H it was being able to agree to a procedure to help professionals understand the cause of his physical ill health), any action carried out must be in the person's best interest. Therefore it was agreed to have a best interest meeting with Mr H, his family and medical staff with written information provided by his family GP. The meeting considered the options of either having or not having the procedure and the benefits and risks of both. After hearing the views and assessments from everyone and considering Mr H's past views and wishes about health matters, it was concluded that it was in his best interest to have the procedure.

The procedure went ahead, the cause of Mr H's health problem was diagnosed and treated appropriately and he made a good recovery.

## **Priority 4**

### **Operational effectiveness**

- **Shared learning**

The Board now has a Multi-Agency Workforce Strategy to ensure that the workforce has the appropriate skills and knowledge in relation to safeguarding. A new training evaluation process has been established and this will enable the sub group to measure if the learning events have made an impact on the knowledge and skills of the attendees.

The HSAB has established a series of multi-agency 'practitioner forums', for front line practitioners and managers, which aim to:

- Support practitioners to take a professional judgement-based approach to safeguarding rather than purely a process driven one
- Share good practice across agencies to improve standards
- Share learning from audits, investigations and serious case reviews
- Act as a conduit for the HSAB to share key messages and information with front line practitioners and receive feedback so that the voice of the practitioner is taken into account in the HSAB's work

- **Links into commissioning and public health**

The Board has decided that although this had been identified as a key priority, the new membership of the Board and reporting structures would ensure that this would become embedded in all of the work undertaken on behalf of the Board, rather than be an item in its own right.

- **Embed Making Safeguarding Personal**

During the HSAB development day in December 2016, the council presented its findings from an internal review of Making Safeguarding Personal (MSP). The Board members considered the findings and recommendations and agreed an action plan, which will ensure leadership to develop and embed improvements across organisations.

All partner agencies committed to promoting MSP and agreed to undertake one activity which would begin to underpin it as a principle within their organisation. This activity will be monitored throughout the year by the performance and quality assurance sub group.

### **Case study**

#### **Making Safeguarding Personal in hospital**

Mr Q is 64 years old and was admitted to hospital with medical problems. He had capacity to make decisions in relation to his care and treatment and where he wanted

to live.

Mr Q's wife had died six months prior to his admission to hospital and he had no other family or friends to support him at home. Mr Q and his wife had been inseparable and after her death he had become depressed and lost interest in taking care of himself and his home.

The hospital safeguarding nurses met with Mr Q whilst he was in hospital, and whilst he recognised that he was struggling, he was initially reticent to discuss some of the difficulties he was having at home. The nurses explained to him that no one would be making decisions for him and this reassured him enough to speak about his problems.

Over a two week period, the safeguarding nurses met with Mr Q on several occasions and developed a good rapport with him, ensuring he had choice and control over any decisions made. Mr Q thought it was a good idea to start taking medication for his depression and agreed to attend bereavement counselling. He also agreed to be referred to the council's adult social care and when he left hospital a daily package of care was put in place to help support him to keep on top of things at home.

By engaging Mr Q in conversation on how best to support him at home, he remained firmly at the centre of all decisions and this has ultimately improved his quality of life, wellbeing and safety.

**Cath Holberry**  
**Lead Nurse Adult Safeguarding**  
**Wye Valley NHS Trust**

### **Case study**

#### **Making Safeguarding Personal in the community**

West Mercia Police was working with Mrs X, who has health and care issues, which were compounded further by the anti-social behaviour issues she was reporting. Despite the best efforts of the police, they had been unable to secure sufficient evidence to pursue formal proceedings in respect of the reported behaviour. Mrs X described feeling terrorised and that the situation was extremely detrimental to her wellbeing.

This position was reviewed by both a supervising officer and senior manager and as a consequence, further measures were put in place to tackle the anti-social behaviour, but more importantly the police recognised there was a need for a more holistic approach to her daily living. As a consequence, they took a much broader review, however this was complicated due to Mrs X's reluctance to engage with agencies.

The police put in place a bespoke plan to manage the risks with Mrs X's involvement, including visible assurance from members of her local policing team, whilst also addressing concerns regarding asbestos piping and exploring the provision of sound proofing to her home.

During the time the management plan was in place, police officers came to understand that Mrs X's daughter, Miss A, lived in an upstairs room of the home, and by choice lived a very isolated lifestyle. It transpired that Miss A had her own needs but had in fact not been seen by any agency for an extended period of time. The police enquired



after Miss A, but Mrs X was reluctant to allow them to talk to her as she was electively mute and moreover was genuinely concerned that seeing police officers would be further detrimental to her daughter’s already fragile circumstances. A significant challenge for the police was a professional need to see Miss A to confirm she was in fact safe and well.

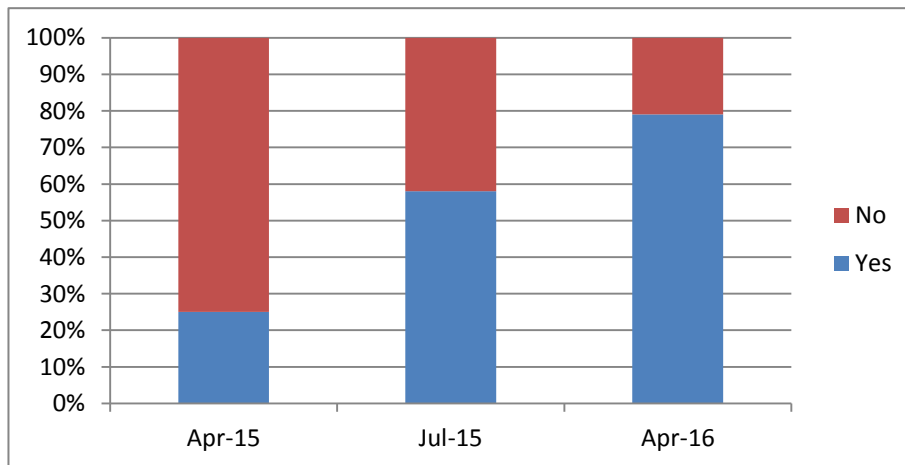
The police met with safeguarding practitioners from the council and agreed a joint approach to engage with Mrs X with a view to securing her support for engagement with her daughter. Ultimately, after a period of time, a plain clothes police officer and an adult social worker met with Miss A and her mother. Miss A did not wish to speak with them, but communication was established in a manner that best suited her needs and professionals were able to establish that she was safe and well.

In conclusion to this case, Mrs X continues to engage with and be supported by services and the anti-social behaviour has stopped. During the last visit by the local policing team, Mrs X said that “it has been absolutely silent and there is peace and quiet”. She reported that it was the “first time they had been able to relax since living there and Miss A was a lot more relaxed”.

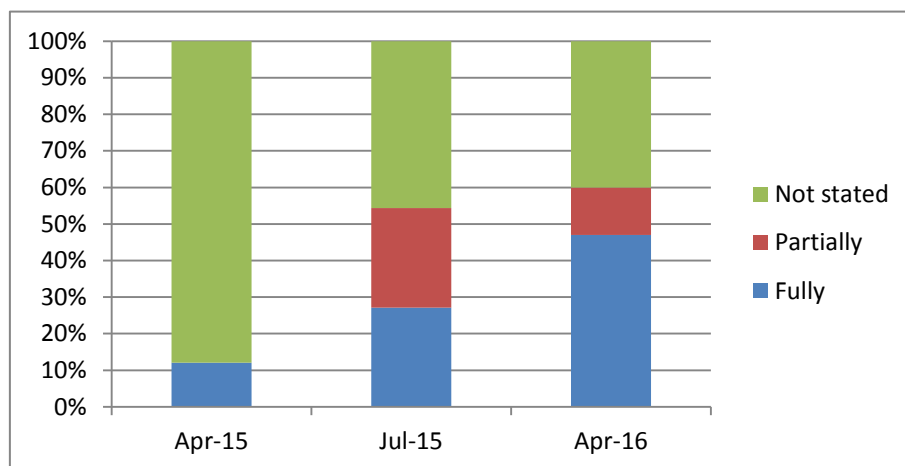
**Dean Jones**  
**Chief Inspector, West Mercia Police**

### **MSP audit results**

*Did the investigating officer ask the service user or their representative what outcomes they wanted to achieve from the safeguarding process?*



*Did the investigating officer consider / ask whether or not these outcomes had been met and whether the service user or their representative considered that the safeguarding process had been worthwhile?*



- **Embed competency framework**

Following on from the 2015 launch of the HSAB Workforce Development Strategy, which included the competency framework, work on a joint children’s and adults safeguarding (HSCB and HSAB) strategy has been completed. It now includes the ability for organisations to have their training validated.

The validation scheme requires organisations to show how their training is making a difference to the people who use their services and how the competency framework is used within the organisation to ensure a competent workforce.

- **Multi-agency training**

The Board does not commission training, but through its competency framework, it holds partner agencies and commissioned service providers to account for the quality of training for its staff.

The practitioner forums, which are held at regular intervals throughout the year, are an opportunity for professionals from all agencies to meet and exchange ideas and share learning.

- **Better priority tracking**

The Business Unit, which supports the work of the Board, the Children’s Safeguarding Board and the Community Safety Partnership, has oversight of all work streams. Where there are cross cutting themes, such as domestic violence, it identifies a lead Board to progress actions and provide assurance across the partnership. This oversight ensures that duplication of effort is avoided and that all partner agencies are aware of developments.

- **Partner agencies and providers are aware of legislation and raise appropriate referrals**

The council receives all safeguarding concerns from partner agencies and members of the public. Where agencies are consistently raising concerns that do not meet the threshold for safeguarding, council practitioners will work with them so they better understand when a safeguarding referral is appropriate and when some other course of action may be used.

- **Communities and individuals are aware of what safeguarding means, who to contact and when**

The Board continues to raise awareness of safeguarding across Herefordshire in a variety of ways and will continue to do so. Several campaigns have been supported by the Board and new materials have been developed and distributed across agencies. We plan to deliver awareness raising sessions for councillors and parish councils, the outcome of which will be recorded in next year's report.

- **Service providers deliver quality care**

Within Herefordshire, there are 79 homes which deliver residential and nursing care and 53 community care service providers, which are regulated by the Care Quality Commission (CQC).

Herefordshire Council and Herefordshire Clinical Commissioning Group complement the CQC's work through the Quality Assurance Framework. This was introduced in 2016 and is now fully embedded into practise and dictates that services showing heightened risk are visited by the council's quality and review team.

In the 12 month period from April 2016 to March 2017, the team has undertaken interventions with 18 care homes and 8 community services. Services are visited on numerous occasions, in line with agreed processes to review and monitor.

There have been approximately 190 quality and review site visits to monitor services in the 12 month period from April 2016 to March 2017. These visits may have involved more than one council officer and also include visits undertaken out of office hours, such as evenings, weekends and bank holidays. The visits continue until the quality of the service has improved.

This new way of working is designed to ensure the delivery of high quality care and support services in Herefordshire.

## **Peer challenge**

Following on from the original peer challenge which took place in September 2015 and was detailed in last year's report, a second visit has taken place to review our progress against the original action plan. The peer challenge team recognised that we have made some real changes to the way we work, including that HSAB is no longer dominated by the council and is much more engaged with all partners. They complimented the independent chair on his strong leadership, as well as the political leadership from the Cabinet member. They did make some additional recommendations, which we are adding to the action plan and will continue to work towards completing through 2017/18. You can view the full suite of documents on our website.

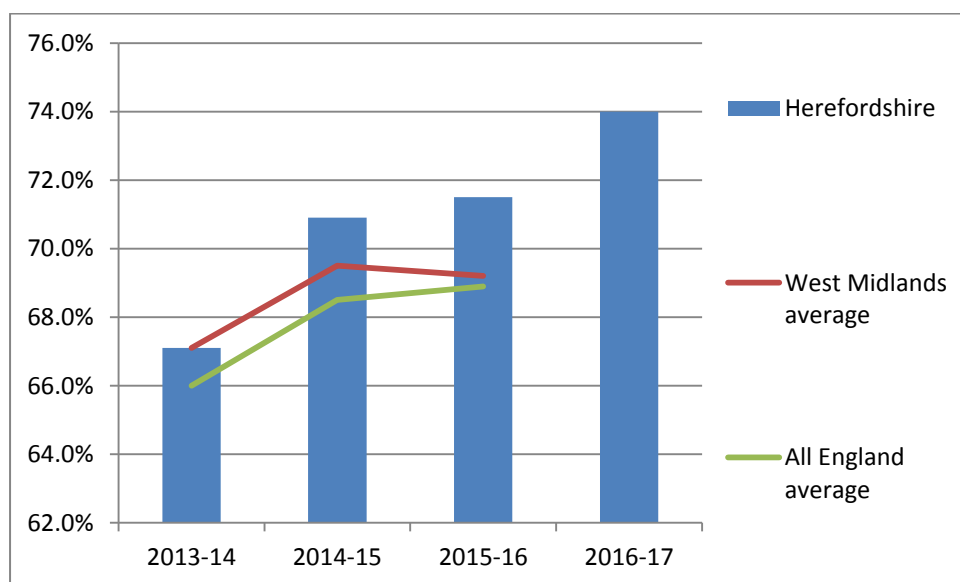
## What does safeguarding look like in Herefordshire?

Every year the local council takes part in a survey, commissioned by the government, collecting multi-agency performance data and asking individuals about their experience of care.

Some key highlights are:

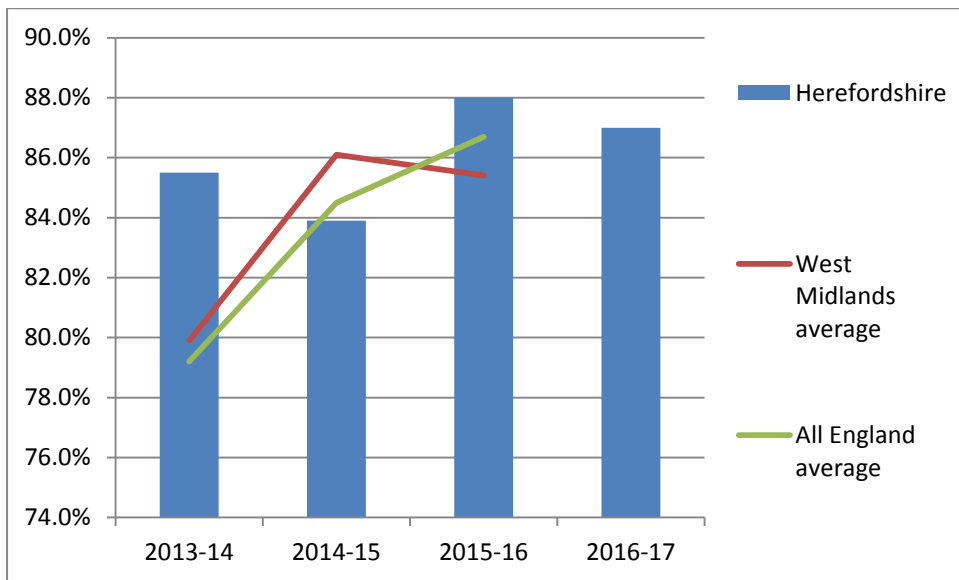
### Proportion of people who use services who feel safe

	2013/14	2014/15	2015/16	2016/17
Herefordshire	67.1%	70.9%	71.5%	74.0%
West Midlands average	67.1%	69.5%	69.2%	Not yet available
All England average	66.0%	68.5%	68.9%	Not yet available



### Proportion of people who use services who say that those services have made them feel safe and secure

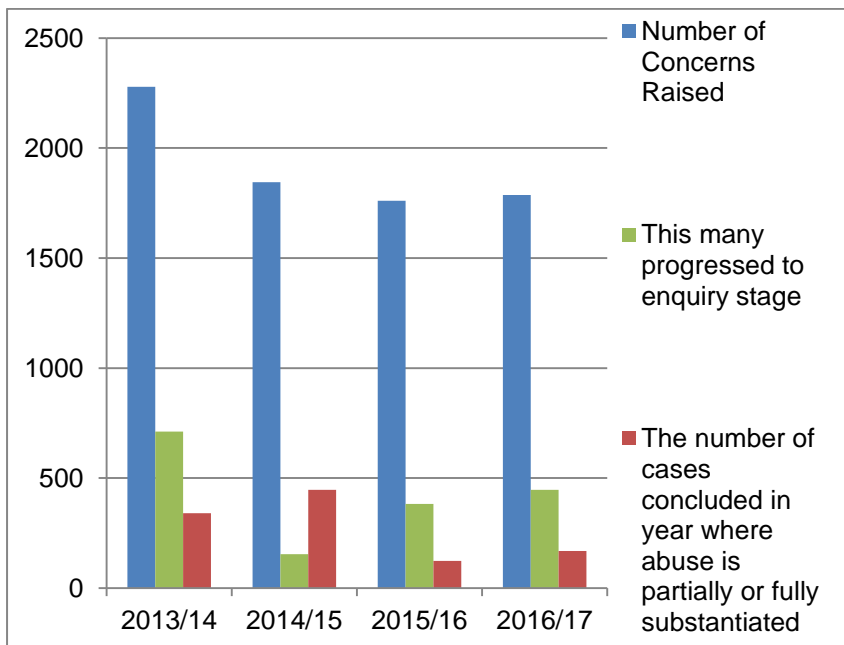
	2013/14	2014/15	2015/16	2016/17
Herefordshire	85.5%	83.9%	88.0%	87.0%
West Midlands average	79.9%	86.1%	85.4%	Not yet available
All England average	79.2%	84.5%	86.7%	Not yet available



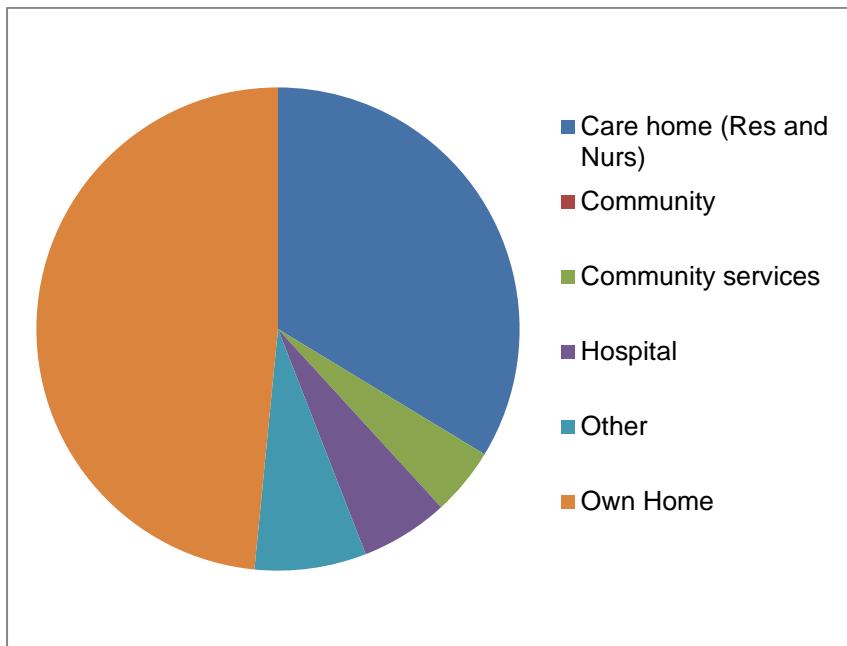
\* Figures for 2016/17 are not yet finalised and may be subject to change

The following graphics relate to circumstances where safeguarding concerns were raised.

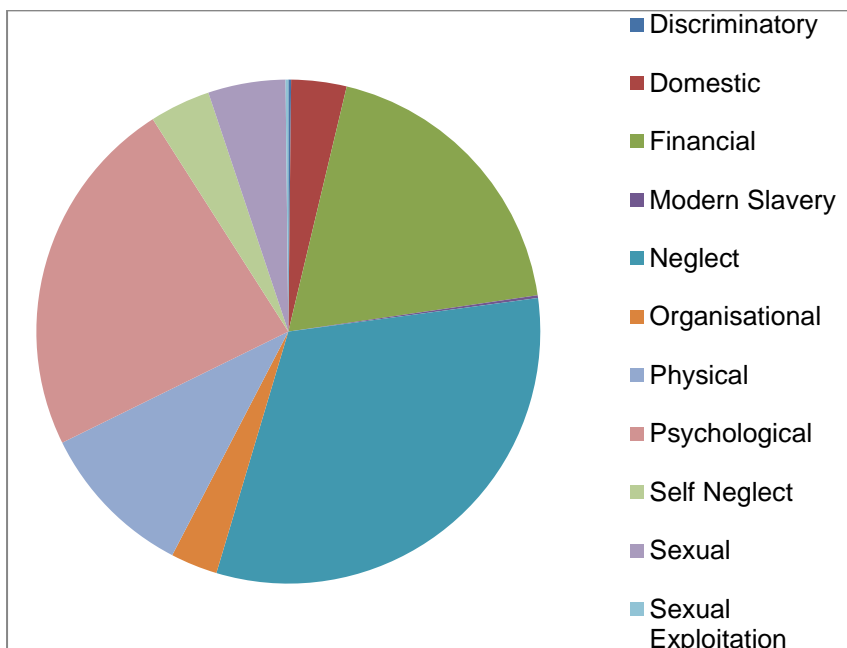
### About the concerns regarding abuse that have been raised



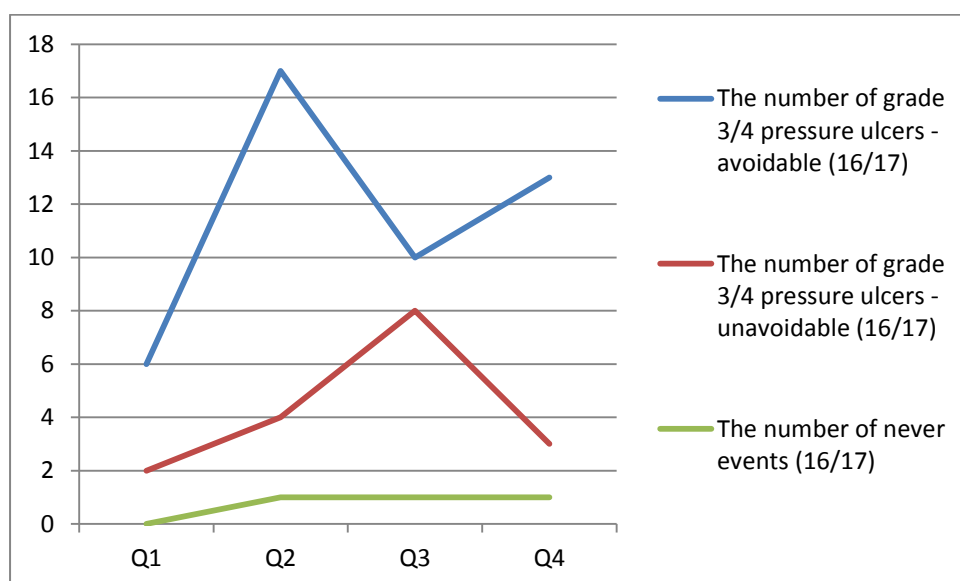
### Where abuse has occurred



### What type of abuse has been reported?



## Wye Valley NHS Trust



For each reported incident, a root cause analysis review is carried out and learnings from this are shared with hospital staff, with a view to improving clinical practise and knowledge across the trust.

In January 2017, the trust set up a Pressure Ulcer Panel where all pressure damage is reviewed, themes identified and training and support targeted to the appropriate clinical area.

### How the Board works to deliver results

The Board brings together representatives from:

- Herefordshire Council social care and public health teams
- Herefordshire Clinical Commissioning Group (responsible for the purchase of health care)
- Wye Valley NHS Trust and 2Gether NHS Foundation Trust (health care providers)
- Healthwatch
- West Mercia Police
- National Probation Service
- Community Rehabilitation Company
- Herefordshire Housing
- West Midlands Ambulance Service NHS Foundation Trust
- Hereford & Worcester Fire and Rescue Service
- Members from provider and voluntary services

This multi-agency approach ensures that all partner organisations work cohesively, using the same information and communicate consistent messages to provide the strategic direction for the work undertaken on their behalf.

It is the task of the strategic Board to agree the priorities for the year, in consultation with Healthwatch and the community and to inform the executive group of these.

Sub groups develop work plans aligned to each priority, which contain the activity required to deliver the priorities. Each sub group chair is responsible for reporting successes, developments and any barriers to progress to the executive.

## **What the sub groups have delivered this year**

### **Performance and quality assurance**

Terms of reference:

This group is responsible for data quality, audit and effective information systems to meet current and future expected national and local data reporting requirements and enable performance to be managed and reasonable assurance secured on the quality of local safeguarding.

#### **Chairs update**

**Lynne Renton**

**Director of Nursing, Herefordshire CCG**

During the year, the sub group has carried out, in conjunction with the council's Children's Wellbeing directorate, an audit of young people transitioning between children's and adults services. This showed that for most of the individuals, support continued effectively over this period, however some of the agency processes were not adhered to and communication between agencies was not always as robust as it might have been. Measures have been put in place to improve this.

An MCA audit was issued to all Herefordshire care home providers, which resulted in a poor response rate of only 18%. The reason for the low response rate is now understood by the Board and this will be taken into consideration when other audits are undertaken. Despite the low response rate, the audit did highlight some consistent themes, which were shared with the MCA / DoLS sub group which incorporated them into their work plan to progress.

Findings from audits and round table reviews are shared with the joint workforce development sub group to inform training and the practitioner forum, where appropriate. Training has also been delivered to nursing homes, focussing on accountability, responsibility and challenge.

An annual assurance buddying exercise was completed and demonstrated good compliance with safeguarding processes across statutory agencies.

The work plan for 2017/18 includes a re-issue of the annual assurance proforma for completion by Board partners.

Wye Valley NHS Trust's "Do not attempt Cardio Pulmonary Resuscitation" (DNACPR) policy was agreed through their governance process. Previous discussions elicited support from statutory partners to adopt this policy throughout Herefordshire and training was commissioned through January and February from the CCG's legal advisors to support this.



Messages from the performance and quality assurance sub group are shared with the communications sub group, where appropriate, for dissemination across the partnership.

## **Policies and procedures**

Terms of reference:

This group aims to ensure there is a comprehensive catalogue of policies which underpin the multi-agency safeguarding procedures. Its goal is that staff across the partnership has access to the necessary range of multi-agency safeguarding and adult protection policies and procedures and that these are embedded into practice. It also includes the review and maintenance of existing policies.

### **Chairs update**

**Alison Feher**

**Safeguarding Lead, 2gether NHS Foundation Trust**

The latest version of the West Midlands Multi-Agency Safeguarding Adult Policy and Procedures was published in September 2016.

This document is the main procedural multi-agency adult safeguarding point of reference for practitioners and was ratified by the HSAB policies and procedures (P&P) group in 2016. We will continue to contribute to the regional group, which develop and update this key document.

The regional policy and procedures sub group also devised the West Midlands Position of Trust Framework during 2016/17. This document was agreed by the P&P group and was published in Herefordshire in January 2017.

Locally, various other policies and guidance have been developed by the P&P group to assist professionals. This includes the Self Neglect Policy (published 2016), the HSAB Resolving Professional Disagreements Policy (published 2017) and the HSAB Professionals Guidance (published 2016).

Activity that has moved into 2017/18 includes the implementation of phase two of Making Safeguarding Personal (MSP) and development of the Child Sexual Exploitation (CSE) Transition Policy with the Herefordshire Safeguarding Children Board CSE and missing children sub group. The P&P sub group will also be involved in implementing the MSP phase two documentation.

The Female Genital Mutilation (FGM) and Modern Slavery and Human Trafficking policies sit with the Herefordshire Community Safety Partnership, but the P&P group will be actively contributing to them.

The P&P sub group was previously required to disseminate key messages and learning to agencies and professionals. This role now sits with the newly formed cross partnership communications sub group. The P&P group will work with this sub group in 2017/18 to promote policy changes and new guidelines. During 2016 /17, effective dissemination of P&P news and policy changes came about through the practitioners forum, which is held quarterly.

Over the past 12 months the P&P sub group has formally met on four occasions: 14 June 2016 (4 attended), 13 September 2016 (6 attended), 15 November 2016 (8 attended) and 7 March 2017 (5 attended). Additional meetings have been arranged

to move business along outside the formal P&P forum and whilst attendance has been inconsistent, work has been completed and the annual work plan achieved.

## **Mental Capacity Act and Deprivation of Liberty Safeguards**

Terms of reference:

This group provides clear leadership on the promotion of the application of the Human Rights Act, Mental Capacity Act and the Deprivation of Liberty Safeguards in everyday clinical practice and ensures that a framework is in place to support staff in relation to their responsibilities and monitor compliance with this legislation.

### **Chairs update**

**Jane Higgins**

**Mental Capacity Act and Mental Health Manager, Herefordshire Council**

The HSAB MCA/DoLS sub group has engaged in a number of activities to raise awareness and improve practice in relation to the MCA and DoLS, including:

- Undertaking an audit of care providers and organisations in relation to their awareness and implementation of the MCA
- Updating the new HSAB website with a range of information, tools and resources regarding MCA and DoLS for members of the public and practitioners
- The creation of leaflets providing a quick guide to the MCA and DoLS
- The creation of legal case law newsletters for professionals
- Attendance at an event in High Town, Hereford to promote the work of the HSAB and raise awareness of the MCA and DoLS
- Production of bookmarks, available for practitioners for use a quick guide

The sub group is also in the process of organising an MCA conference.

Herefordshire DoLS Service continues to experience high referral rates, however the service has been working hard to start to stabilise and reduce the number of referrals awaiting assessment. All referrals are triaged to ensure that people who are most at risk, as a result of being deprived of their liberty, are assessed quickly. The DoLS team is working closely with the quality and review team to ensure that cases where there are concerns about the quality of care being received are prioritised.

The DoLS team continues to work closely with a pool of independent assessors to complement the team's in house assessors and is proactive in expanding its pool of workers to help maintain assessment capacity.

## **Joint training and workforce development**

Terms of reference:

This group is responsible for developing and maintaining Herefordshire's competency framework and provides evidenced assurance that partner agencies are meeting the requirements of the framework.

The group has particular responsibility to ensure that multi-agency development opportunities exist for all practitioners. By undertaking such activities, the group will ensure people working with or engaging with adults at risk in Herefordshire understand their responsibilities.

## **Chairs update**

**Alison Chambers**

**Project Officer, Training and Development, Hoople Ltd**

The Multi-Agency Workforce Strategy, which determines the workforce development plans for all who work with and support adults at risk to ensure that they are skilled and competent, has been refreshed. It has been updated to include learning from reviews and changes to legislation. The updated strategy includes a process whereby provider services / training providers apply to have their training programmes validated as meeting the requirements of the strategy and competency framework.

This new strategy and validation process ensures HSAB meets the requirement of the Care Act 2014, which states:

“In order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role, must understand their own role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding local interagency policies and procedures” (14.43 Care Act 2014).

The new evaluation process has been established and used with learning events delivered on behalf of the HSAB. This will enable the sub group to measure if the learning events have made an impact on the knowledge and skills of the workforce and those who access services.

The improving numbers attending the practitioner forums is encouraging with the last two forums being booked to capacity. We have had 330 bookings and 236 practitioners attend over seven sessions this year from 48 agencies. This forum programme included dissemination of learning from Safeguarding Adults Reviews (SAR's), informing practitioners about the work of the Board, Care Act and Making Safeguarding Personal.

From each forum, a Voice of the Practitioner report is developed and presented to the executive group.

A specialist 'Silent Victim' conference was held this year at The Kindle Centre, Hereford on 19 October and was attended by 122 practitioners drawn from over 30 agencies based in Herefordshire. Evaluations from the event were positive, particularly for two presenters, who were talking from their own personal experience, and the session highlighted the barriers faced by people from minority communities.

## **Joint Case Review (JCR)**

The Board has a legal duty to undertake a review of cases where an adult at risk has died or suffered serious harm, as set out in the Care Act 2014. The reviews involve all agencies which were, or should have been, working with the adult and are used to identify learning outcomes for practitioners.

## **Chairs update**

**Mandy Appleby**

**Principal Social Worker, Herefordshire Council**

The chairing arrangements of this sub group have been reviewed this year and a new chair, with greater knowledge of adult safeguarding, has been appointed. This will lead to better management of the process, which has caused drift in previous cases, with learnings not getting to front line practitioners in a timely way.

One referral was received within this period, which did not meet the threshold for a Safeguarding Adults Review (SAR).

One SAR report, commissioned in 2015, has been received by the sub group. The independent chair felt that not all learnings had been identified and requested some additional work to take place. This has not been completed within the reporting period, so will be included in next year's report.

One SAR report has been approved by the sub group and chair and this led to a learning event attended by practitioners. It has also led to changes in recording on the council's case management system, changes in cross border commissioning arrangements and resources for practitioners being readily made available in respect of MCA and DoLS.

One Practice Learning Review (PLR) has been completed and the recommendations from this have been overseen and monitored by the sub group.

The availability of suitable independent authors to write these reviews continues to be a concern for the Board and they are considering ways of managing this, should future SARs be commissioned.

## **Communications**

To ensure that the key messages identified from any of the Boards' strategic priorities are appropriately communicated via the most effective conduit, consistent with the statutory requirements of the boards.

### **Chairs update**

**Steve Eccleston**

**Business Manager, Safeguarding Business Unit**

The Board shares a joint communications sub group with the Safeguarding Children Board and Community Safety Partnership. The purpose of this sub group is to ensure that all safeguarding communications across the partnerships are as co-ordinated and effective as possible.

The sub group is aware of the Boards priority areas and looks to ensure these are captured in communications. Importantly the group also share what each agency is doing on communications about particular topics, so it can be more informed and co-ordinated about messages given to partners and the community. To develop this co-ordination further, the sub group is now working closely with the One Herefordshire Strategic Communication and Engagement Group, which is a forum led by Herefordshire Clinical Commissioning Group.

## What the sub groups will deliver next year

### Introduction

A review of the priorities agreed for 2016/17 took place in November 2016 and future improvement opportunities were identified for populating the work plans for 2017/18.

These align to the existing priorities:

- Partnership working
- Prevention and protection
- Communications and engagement
- Operational effectiveness

<b>Strategic priorities</b>	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and engagement</b>	<b>Operational effectiveness</b>
<b>Aim</b>	To develop relationships across agencies that deliver positive changes to safeguarding	To ensure that Herefordshire residents can recognise safeguarding concerns and know what to do	To deliver the messages from the Board and recognise the voice of those we safeguard	To ensure safeguarding knowledge, processes, systems and structures are embedded across all agencies

The document at appendix 1 shows the 2017/18 strategic priorities and the sub group work plans to deliver this.

## Appendix 1

<b>Strategic Board work plan</b>	<p>Single agency contributions to annual report</p> <p>Develop and monitor action plans arising from Making Safeguarding Personal (MSP) review</p> <p>Promote MSP across all partner agencies</p>	<p>Review prevention strategy</p> <p>Monitor prevention work plan</p>	<p>Ensure the messages from the Board are communicated in a timely and consistent manner</p> <p>Ensure the voice of those who have been safeguarded are considered in the work of the Board</p> <p>HSAB partners to ensure MSP messages and awareness are cascaded to staff</p>	<p>Publish annual report on the effectiveness of local safeguarding arrangements</p> <p>Ensure the needs of adults at risk are addressed in the JSNA and HWB strategies</p>
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## Sub group work plans

<b>Delivery group</b>	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and engagement</b>	<b>Operational effectiveness</b>
<b>Executive group</b>	<p>Monitor relevant sub group work plans</p> <p>Oversee delivery of action plan arising from peer review</p> <p>Learning from other areas, including Domestic Homicide Reviews, Safeguarding Adults Reviews and Serious Case Reviews</p> <p>Monitor risk register</p>	<p>Monitor relevant sub group work plans</p> <p>Monitor risk register</p>	<p>Monitor relevant sub group work plans</p> <p>Monitor risk register</p>	<p>Monitor relevant sub group work plans</p> <p>Monitor risk register</p>

<b>Delivery group</b>	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and engagement</b>	<b>Operational effectiveness</b>
<b>Policy and procedures</b>	Maintain up to date HSAB procedures that align with sub regional arrangements and address cross border issues  Embed MSP protocols into practice  Embed Mental Capacity Act (MCA) protocols into practice	Embed self-neglect policy into practice	Launch of new policies	Report to executive group  Embed new policies  Contribution to the annual report

<b>Delivery group</b>	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and engagement</b>	<b>Operational effectiveness</b>
<b>MCA and DoLS</b>	Develop suitable tools for all professionals to aid understanding  Multi-agency audit	Gather evidence of the voice of those without capacity	Raise awareness of MCA and Deprivation of Liberty Safeguards (DoLS), via: <ul style="list-style-type: none"> <li>• Website</li> <li>• Roadshow</li> <li>• Newsletter</li> </ul> Increase awareness of the Court of Protection  Increase the understanding of consent	Report to executive group  Contribution to the annual report

<b>Delivery group</b>	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and engagement</b>	<b>Operational effectiveness</b>
<b>Performance and quality audit</b>	<p>Monitor multi-agency and single agency scorecards</p> <p>Programme of multi-agency audits</p> <p>Introduce multi-agency MSP audit</p>	<p>Monitor results of the activity undertaken by the Community Safety Partnership (annual)</p> <p>Audits to include the voice of those without capacity</p> <p>Adapt council audit format to include the voice of the carer</p> <p>Monitor support provided to carers and young carers</p>	<p>Introduce seven minute learnings for findings from audit and SARs</p> <p>Six monthly reports from MIR evaluating their work with vulnerable groups</p>	<p>Report to executive group</p> <p>Monitor the effectiveness of services provided to adults at risk via a six monthly report from the quality and review team</p> <p>Continue to review performance measures and reporting</p> <p>Contribution to the annual report</p> <p>Monitoring of single agency actions relating to MSP</p>



<b>Delivery group</b>	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and engagement</b>	<b>Operational effectiveness</b>
<b>Workforce development</b>	<p>Practitioner forum</p> <p>Engage with front line staff and use their experiences to inform HSAB activity</p> <p>Ensure learning from MSP review is aligned to competency framework</p> <p>Develop familiarisation workshops for MSP</p>	<p>Empower staff to deliver person centered care</p> <p>Empower staff to professionally challenge</p>	<p>Ensure competency framework is embedded across all partners</p>	<p>Report to executive group</p> <p>Develop safeguarding supervision standards and guidance</p> <p>Develop guidance to support partner agencies to evaluate training</p> <p>Contribution to the annual report</p>

<b>Delivery group</b>	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and engagement</b>	<b>Operational effectiveness</b>
<b>Safe voice</b>			<p>Obtain views of safeguarding and services</p> <p>Develop independent arrangements to verify service user feedback of the safeguarding experience (MSP)</p>	<p>Review of user facing material</p>

<b>Delivery group</b>	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and engagement</b>	<b>Operational effectiveness</b>
<b>Communications</b>	<p>Promote RIPFA as a resource</p>	<p>Promote community resilience for town and parish councils</p>	<p>Raise awareness of adults at risk</p>	<p>Report to executive group</p> <p>Contribution to the annual</p>

		Raise understanding and awareness of the advocacy offer	Sharing of best practice and case studies Dissemination of shared learnings	report Raise awareness of partner agencies
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	<b>Partnership working</b>	<b>Prevention and protection</b>	<b>Communications and / or engagement</b>	<b>Operational effectiveness</b>
<b>Key outcome measures:</b>  <b>How will we know how successful we have been</b>	<ul style="list-style-type: none"> <li>Partner agencies are committed and attendance at meetings is at least 80%</li> <li>The Board is aware of voluntary and community organisations and the work undertaken to support the safeguarding agenda</li> <li>Other Boards are aware of the work of the HSAB Board and engage effectively when required</li> <li>Partner agencies are showing progress in MSP</li> <li>Multi-agency attendance at practitioner forums and</li> </ul>	<ul style="list-style-type: none"> <li>Production and publication of a prevention strategy and work plan</li> <li>Partner agencies and providers are aware of legislation and raise appropriate referrals</li> <li>MCA, DoLS and MSP are embedded into practice</li> <li>Adult safeguarding information is incorporated into the Joint Strategic Needs analysis</li> <li>Workforce is supported to exercise professional judgement / challenge</li> <li>Hereford &amp; Worcester Fire and Rescue Service safety checks</li> </ul>	<ul style="list-style-type: none"> <li>Messages from the Board are effectively disseminated</li> <li>Communities and individuals are aware of what safeguarding is</li> <li>Communities and individuals are aware of the Mental Capacity Act</li> <li>Communities and individuals are aware of Deprivation of Liberty Safeguards</li> <li>Communities and individuals are aware of Lasting Power of Attorney</li> <li>Seven minute learnings are recognised as a learning tool</li> </ul>	<ul style="list-style-type: none"> <li>Service providers deliver quality care</li> <li>Workforce is well trained / supervised</li> <li>Learnings from SARs are embedded into practice</li> <li>Priorities are tracked effectively</li> <li>A truly multi-agency scorecard is available</li> </ul>

	learning events <ul style="list-style-type: none"><li>• Bi-annual assurance statements received from all partners</li></ul>	are carried out for 2,000 households	<ul style="list-style-type: none"><li>• All relevant national campaigns are promoted by the Board</li></ul>	
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## Appendix 2

To deliver the above, the Business Unit is used, which is a multi-agency funded team overseeing the work of the Board and its sub groups. The unit is funded as follows:

Contributions from statutory partner agencies for 2016/17 remained the same as in 2015/16 at a total of **£383,964**.

**Note:** This total contribution is for the support of the Herefordshire Safeguarding Adults Board, Safeguarding Children Board and the Community Safety Partnership

### Projected costs 2016/17

#### Staffing costs:

The staffing complement, as identified in the establishment of the Business Unit, is as follows:

Business Unit Manager: Full time

Learning Development Officer: Full time x 3

Training Officer: Part time x 0.41

Business Support: Full time x 3

Basic pay and on costs	<b>£292,738</b>
Independent HSAB and HSCB chairs	<b>£ 38,520</b>
Council recharge costs	<b>£ 32,000</b>

**Total expenditure** **£363,258**

Balance	<b>£ 20,706</b>
Potential income from training based on 2015/16 figures	<b>£ 14,000</b>

**Final balance (assuming same income from training)** **£ 34,706**

### Proposed use of partnership budget for 2016/17

#### WFD training offer

Administration of training programmes (face to face, bookings, evaluation, reporting, training needs analysis etc) **£ 15,900**

Cost of face to face training: HSCB, joint HSAB / HSCB practitioner forums to be covered by funds designated to the Training Officer Post (contained within the above staffing costs) **£ 10,034**

**Note:** The Business Unit is developing a multi-agency training pool for partners to deliver training together (contributions in kind), wherever possible and using free venues, where refreshments can be easily purchased by course participants (such as the council's Plough Lane office).

The Business unit is also collating and making available any free to access e-learning courses, which will be made available on the HSAB / HSCB joint website.

**Total cost of training offer** **£ 25,934**

**Residual balance** **£ 18,806**

The residual balance is what remains to cover any Serious Case Reviews, Serious Adult Reviews, annual conference / promotions and any sundry costs.

## Position statements for the HSAB Annual Report

With the implementation of the Care Act 2014 and the new statutory duties placed upon local councils, Herefordshire Council has placed even greater emphasis on working with its partners, communities and residents to encourage, support and facilitate the safety and wellbeing of those who are exposed to or are vulnerable to abuse, exploitation and discrimination in all its forms.

In 2016/17, the council completed a review of Making Safeguarding Personal (MSP) which it had introduced in readiness for the Care Act in January 2015. The vision in 2015 was to develop a safeguarding culture that focused on personalised outcomes, desired by people who may have been abused, as a key operational and strategic goal.

The purpose of the MSP review was to establish the success so far in delivering the initial vision for a more personal approach and to inform further improvements required of the established MSP safeguarding processes, which are led by the council's operational social care services. Additionally, the review sought to ensure that all partners participated in evaluating the effectiveness of shared responsibilities to safeguarding and making safeguarding personal. As part of this review, the Head of Safeguarding participated in the National MSP evaluation. This has assisted us to develop our safeguarding approach alongside progress made nationally. The MSP review, including the action plan of recommendations, was received positively by the West Midlands Peer Challenge team, whose remit was to review progress made since their earlier review of safeguarding in 2015.

Herefordshire Council has continued to forge strong links regionally and nationally to assist in developing safeguarding services that are personal, responsive and effective. There are established professional roles to facilitate the safeguarding agenda, including the roles of Principal Social Worker and Head of Safeguarding, Operational Safeguarding Lead and Mental Capacity and Deprivation of Liberty Lead. All the council's adults and wellbeing professional leads work closely with the Herefordshire Safeguarding Boards and / or sub groups and with all agencies, such as the NHS, police, probation and local service providers, to prevent or reduce factors that can lead to abuse and ensure there is confidence in how to support a person who is in need of a safeguarding approach. More recently, the council's Assistant Director of adults and wellbeing operational services has been appointed as the Chair of the Association of Directors of Adult Social Services (ADASS) West Midlands Safeguarding Network.

Herefordshire Council has provided a representative on the West Midlands multi-agency safeguarding editorial group to re-write the multi-agency procedures. These procedures are now published on the HSAB website. The council has also led the development of the Mental Capacity and Deprivation of Liberty guidance and has provided bespoke training across a range of provider agencies. The framework and process for 'allegations about a person in a position of trust' as set out in the statutory guidance and the West Midlands multi-agency guidance, has been developed by the council, agreed by HSAB and is now implemented.

We have implemented a three step process to safeguarding to support practitioners in promoting a responsive and personal service, with an aim of promoting less time on process and more time for face to face contact with the individuals involved. This is an example of responding to feedback from professionals during the review as well as to the recommendations of the Safeguarding Peer Challenge Review influencing improvements.

The council has now completed phase one of the operational 'whole systems' pathway design, which realigned internal resources so it could meet increases in demand and reflect

the focus of the Care Act towards personalised approaches (such as Making Safeguarding Personal) and strengths based approaches to assessment and support planning. Plans are now in place to train operational and commissioning staff in the principles of strengths based practice and commissioning. This encompasses the principles of safeguarding and making safeguarding personal and will support the sustainability and resilience of our communities.

**Mandy Appleby**

**Head of Safeguarding and Principal Social Worker, Herefordshire Council**

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013, they are membership organisations that bring together general practices to commission services for their registered populations and for unregistered patients who live in their area. CCGs are responsible for commissioning most hospital and community healthcare services as well as primary care services.



In July 2015, NHS England published a document entitled '*Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework*', which sets out the responsibilities of each part of the NHS system. Herefordshire CCG conforms to all the requirements set out in this document.

All staff receive yearly safeguarding training and those who have patient contact, receive regular safeguarding supervision.

As a commissioning organisation, the CCG ensures that all its commissioned services have robust safeguarding processes and policies in place. We frequently assure ourselves that these processes are robustly adhered to by holding regular Contract Quality Review Forums with all our major contractors and also conducting quality assurance visits to provider's clinical areas.

The CCG has good working relationships with partner agencies and supports the Herefordshire Safeguarding Boards, both financially and by a commitment to the functioning of the Boards, including the chairing of several sub groups.

The CCG regularly reviews its safeguarding duties by reporting performance and safeguarding developments to the CCGs Quality and Patient Safety Committee (a sub group of the Governing Body) and the Governing Body.

The CCG Governing Body receive an annual NHS system wide safeguarding report, which analyses safeguarding across all NHS services, and provides assurance that the NHS is delivering services which protect the residents of Herefordshire.

**Lynne Renton**

**Deputy Director of Nursing, Herefordshire CCG**

Wye Valley NHS Trust (WVT) was established in April 2011 and is the provider of healthcare services at Hereford County Hospital, along with a number of community services for Herefordshire and its borders. We also provide healthcare services at community hospitals in the market towns of Ross-on-Wye, Leominster and Bromyard.



Safeguarding vulnerable adults is everyone's business and WVT is committed to safeguarding adults across the organisation. The welfare of people who come into contact with our services either directly or indirectly is paramount and all our staff have a responsibility to ensure best practice is followed.

As part of the trust's commitment to safeguarding adults throughout all its services, we have a dedicated Adult Safeguarding Lead Nurse and in September 2016 appointed a Lead Nurse for Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS). The Director of Nursing is the Executive Lead for safeguarding and has clear oversight of safeguarding activity.

In line with the Care Act 2014, WVT works closely with partner agencies and is a key member of the Herefordshire Safeguarding Adults Board and its associated sub groups. We are committed to working collaboratively with other agencies, sharing information in a safe and appropriate manner. WVT produces an adult safeguarding annual report, which is also shared with partner agencies.

We have a safeguarding training programme in place to ensure staff are aware of their roles and responsibilities and act appropriately and proportionately to any concerns raised. WVT was inspected by the Care Quality Commission (CQC) in June 2016, with their final report being published in November 2016. The report showed that staff were aware of their responsibilities regarding safeguarding procedures, MCA and DOLS, knew how to raise concerns and who to go to for advice and support.

WVT has signed up to the HSAB safeguarding policies and procedures, which are available to all staff and there are local flowcharts in all clinical areas, as an immediate guide to support staff in their decision making.

WVT remains committed to making safeguarding personal, ensuring vulnerable individuals are central to the safeguarding process with their wishes and feelings being paramount.

**Lucy Flanagan**  
**Director of Nursing, Wye Valley NHS Trust**

2gether NHS Foundation Trust (2g) continues to play an active part and is fully committed to multi-agency working, with all partners at the Herefordshire Safeguarding Adult Board, in order to safeguard adults at risk of abuse or neglect.



### **Achievements in 2016/17**

2g has continued to improve the take up of training for safeguarding adults with a 'Think Family' approach. This involved Making Safeguarding Personal (MSP) and incorporated safeguarding children within the adult's social network. 2g has also hosted two events to raise awareness of the new criminal offence of coercive and controlling behaviour.

Staff working within Adult Teams, have received improved access to internal safeguarding supervision via the trust's Safeguarding Team. This is modelled on reflective practice as advocated within children's safeguarding and includes formal group and one to one sessions.

In line with the Board's objectives, 2g has specifically shared learning from Safeguarding Adults Reviews, Serious Case Reviews and other learning models, shared learning from multi-agency and single agency (internal) audits. Other staff training has focussed on domestic abuse and sexual violence, perinatal mental health, substance misuse, female genital mutilation and prevent.

2g has actively participated in Board and sub group activity, ranging from chairing sub groups, facilitating learning events (Practice Learning Reviews) and front line staff keenly partake in learning events / audits.

### **Priorities for 2017/18**

2g will continue to work in partnership to improve overall safeguarding activity, in particular to increase the recording in all aspects of safeguarding within the trust's electronic patient record. This includes participation in all sub groups, while specifically focusing on learning from multi-agency and internal single agency audits, learning from Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Care Reviews and other learning models (e.g. Practice Learning Reviews and Significant Incident Learning Process).

2g will continue to increase the provision of safeguarding supervision to teams working with adults, concentrating on MSP while ensuring the safety of children within the service user's social network.

It will also continue to update the 'Think Family' training approach (level 2), Health WRAP (Workshop to Raise Awareness of Prevent), improve statutory and mandatory training compliance, offer training in FGM and build on the training from 2016/17 in coercive control.

2g looks forward to continually improving practice with partner agencies to ensure an adult's right to live in safety, free from abuse and neglect, is protected. Acknowledging the pressures presented by the current economic climate, safeguarding adults and children remain a priority in the delivery of mental health services.

### **Quality assurance**

2g will continue to provide assurance to the Board that safeguarding priorities are in line with best practice and evidence a positive outcome for families.

### **Alison Curson**

**Deputy Director of Nursing, 2gether NHS Foundation Trust**

Our vision continues to be protecting people from harm, and one of our core values includes working in partnership to provide the best service we can. This is further supported by our forces ambition 'looking to 2020' to be great at protecting the most vulnerable.



West Mercia police has recently received a 'Good' grading in the HMIC inspection, relating to legitimacy, effectiveness and leadership and was praised for our work relating to vulnerability.

It is now almost 12 months since we restructured and streamlined our investigative framework in Herefordshire to bring about one investigative criminal investigation department to



incorporate the traditional CID and Protecting Vulnerable People (PVP) functions. A key driver for bringing about this change was the need to reinforce the fact that protecting vulnerable people is everyone's business and not the sole responsibility of a specific department, which had largely evolved to be the case. This has brought resources together operating deployment principles, which ensure that the most appropriate resource is allocated to deal with incidents dependent upon the threat, harm and risk of the situation and potential vulnerability of those involved. The force has invested in ensuring that more officers and staff are trained with specialist skills to investigate complex crimes, along with additional staff working in roles specially focused on protecting the most vulnerable.

West Mercia Police has launched a vulnerability strategy under the corporate branding of 'see past the obvious' and is a leading force on the national platform to promote the effective recognition and response to all forms of vulnerability, by taking a professionally curious approach to every engagement. This means understanding each situation and circumstances of every person that we come into contact with and respond appropriately to their needs, in partnership with other agencies. It is recognised that in order to achieve this, there needs to be a structured learning model and associated tools and in that regard the following has been developed and is being rolled out to officers and staff:

- Each policing area has been allocated a specific vulnerability lead at Chief Inspector level
- Recruitment of three additional staff to the learning and development department specific to the vulnerability agenda
- Development of bespoke vulnerability training
- Training of 36 Sergeants to deliver 'see past the obvious' briefing sessions
- The force has also developed innovative electronic reference guides and a training video (with others under development)

The force has invested significantly in appropriately equipping our workforce with the tools to do the job more effectively and thus protect people from harm. The introduction of laptops and smart phones, with innovative applications, enable our officers to work remotely, whilst being able to access relevant information and guidance, as well as being more visible and accessible to our communities. The provision of body worn video for officers enables them to capture evidence effectively and brings transparency to our operational work.

The force is also investing in a new investigation management system and a new command and control room, which will further improve the efficiency of our response to the most vulnerable people in our community.

So what does all this mean to adults with care and support needs? Our approach seeks to identify all forms of vulnerability and we expect officers and staff, from our very first public contact, to be professionally curious in their assessment of an individual's needs and to consider the most appropriate response to support them. This will very often be small measures, such as providing general advice through to signposting and for relevant cases referral to other agencies for either single agency or multi-agency intervention. Our approaches and training materials help our staff to specifically identify those who may have care and support needs and to respond appropriately. We do put people at the centre of our investigative processes, as required by the Victim's Code, however we do recognise that we have further work to do to fully embed the principles of Making Safeguarding Personal' in everyday policing activity. In that regard, we are developing bespoke materials relevant to this and engaging with partners to share our approach to vulnerability.

**Dean Jones**  
**Chief Inspector, West Mercia Police**

## Safe and well visit form



Hereford and Worcester Fire & Rescue Service (HWFRS) has amended its Home Fire Safety Check (HFSC) form to include questions that support the work of other agencies; improving the referral process of vulnerable adults to relevant support organisations. The original HFSC form supported the fire prevention strategy for HWFRS, which incidentally provided information that resulted in a referral to other support services for vulnerable adults. The inclusion of additional new specific questions has assisted in the identification of other issues or concerns, which has enabled HWFRS to refer vulnerable adults to the correct services, improving their safety and wellbeing.

### **Shared premises: HWFRS and West Mercia Police (WMP)**

The HWFRS Community Risk Department in Herefordshire has moved into Hereford Police Station. This department is responsible for delivering preventative support (fire, road and water safety and arson reduction) across the county, including to vulnerable adults. This work is closely linked to the work of the WMP Harm Hub. The move has enabled closer working relationships to be established, leading to improved sharing of information between these organisations and will provide improved preventative services and support for vulnerable adults in Herefordshire.

### **Mark Preece (MSc MIFireE)**

**Area Commander, Hereford and Worcester Fire & Rescue Service**

The Care Act 2014 created a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect. West Midlands Ambulance Service Foundation Trust (WMAS), as a partner member of the adult safeguarding arrangements outlined in the act, discharge its responsibilities through a range of interconnected strategic, tactical and operational activities.



WMAS worked with representatives of the adults board to ensure our referral process is aligned to that of the Care Act and appropriately addresses some historic issues of inappropriate referrals.

The guidance was agreed by all Boards and is now current within WMAS.

### **Partnership**

WMAS regionally covers 28 adults and children's safeguarding boards and as a consequence the service does not have the resilience to send a representative to all Board meetings. WMAS has an agreement to attend at least one Board meeting a year and by invitation to address a specific matter. WMAS receive all minutes and papers and submit reports when required.

WMAS also provides information for Individual Management Reviews, short reports, briefs, Domestic Homicide Reviews and Safeguarding Adults Reviews both at scoping panel meetings and via written reports. WMAS is also a member in the new Emergency Services Group, which is scoping new ways of working and we are also on the prevent agenda.

### **Local council arrangements**

WMAS operates across the whole of the West Midlands, where all localities require information and participation, but each locality has different operating approaches, referral pathways and partnership arrangements from the other local councils.

### **Quality assurance**

West Midlands Ambulance Service is monitored and audited externally by the Care Quality Commission (CQC), which in its recent review deemed the service as 'Outstanding'. Lead commissioners regularly review our processes and peer reviews are undertaken by other ambulance services. These are supplemented by internal audit reports and regular monitoring referrals.

### **Training**

WMAS has a dedicated education and training department, which is responsible for the delivering and auditing of training. All WMAS staff members receive safeguarding training, however the method and level of training varies dependant on individual job roles. Training is delivered via mandatory workbooks, face to face and e-learning packages. WMAS, as an organisation, collates and disseminates learning from SAR / DHRs and use that to feed into policies and procedures.

WMAS safeguarding team members attend multi-agency training at a variety of levels and the trust set a target of 85% and achieved an overall average of 91%.

### **Lauren Hadley**

**Safeguarding Team, West Midlands Ambulance Service Foundation Trust**

