

Key theme: outcomes for and the experience of people who use services	Strengths and achievements	Challenges and Area for Improvement / Consideration	List of evidence (please list relevant documents and embed these and extracts in this document if possible)
<p>Outcomes</p> <p>1.1 Vulnerable people are safeguarded in the community and in establishments such as care homes and hospitals</p> <p>1.2 The council and its partners' approach to safeguarding clearly has an outcome based focus</p> <p>1.3 The council demonstrates improved safeguarding outcomes alongside wider community safety improvements</p>	<p>During the last two years Herefordshire has reviewed and refreshed strategically and operationally how it ensures that vulnerable people are kept safe. This has included increasing investment in operational and strategic safeguarding adults, changing operational structures and aligning governance structures across adults and children's safeguarding and the community safety partnership. We have also started to implement a new approach to quality assurance within care homes which is designed to reflect the new responsibilities under the Care Act, focus on resources on those homes that need the most support, and distinguishes clearly between safeguarding and quality, identifying roles and accountability of all the different agencies and providers involved in safeguarding vulnerable adults.</p> <p>As a multi agency partnership board we have demonstrated our ability to respond flexibly and in a timely manner to emergent and urgent issues which identify where vulnerable adults may be at risk. The CQC inspection of Wye</p>	<ul style="list-style-type: none"> • Our timeliness of response, completion of safeguarding investigations and feedback to people making referrals still requires improvement • Our case recording in quality audits has shown that we have significant improvement to make in terms of recording outcomes, capacity assessment, views of family and friends • It is not always clear that those we are trying to safeguarding are aware, and have been able to articulate what outcome they would like or are offered advocacy where appropriate and required. • Our system and process is still very much focused on workflow and capability within the IT system rather than following good practice • We do not yet have a shared view across the system of what we mean by an outcome focused approach and how we measure that. • We need to do further work to develop a shared tool for measuring outcomes as 	<p>Independent Chair Letter to WVT</p> <p>Dignity in Care</p> <p>Case Audit Quarterly Reports</p> <p>Minutes of Safeguarding Board</p> <p>Record of Safeguarding Adults development DayMSP Implementation project plan</p> <p>MSP implementation reports to SA steering Group</p> <p>Structure Chart and DOL's investment business case</p> <p>AWB Safeguarding Workforce Forum</p> <p>Example of operational SA performance monitoring</p> <p>Running the business Governance AWB</p> <p>SCR Group Minutes</p> <p>IUCS Plan and discharge</p>

	<p>Valley Trust is such an example. The board's initial briefing from Wye Valley on their patient improvement plan left a number of areas of concern.</p> <p>The Board has written formally to Wye Valley Trust requiring assurance on a number of areas taken from the inspection report.</p> <p>Though many of these changes are relatively new, and the cultural change that is required to focus on outcomes will take much longer, we are starting to see the impact of these changes demonstrating improved outcomes for individuals already.</p> <p>Following on from our peer challenge in 2014, where safeguarding adults was identified as an area that needed more focus, we decided to focus on introducing Making Safeguarding Personal and this was implemented from January 2015 across our operational teams. We implemented MSP by designing and delivering a development programme for all of our front line staff that focused on the principles behind safeguarding adults, and introduced a new process that supported cultural change, which focusses on outcomes for service users.</p> <p>Our performance data has shown that</p>	<p>perceived by user and carers</p>	<p>pathway</p> <p>Mental Health review Scoping document</p> <p>Women's Aid recommissioning</p> <p>Outline of Families First programme and adult social work interface</p>
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	<p>this change has already had an impact particularly at the point of concerns being raised and responded to. We have improved our performance around timescales of making an initial decision as to whether thresholds have been met; 56.7% in 13/14 to 65% in 14/15 (71.2% in Q4) and we are now progressing only the most relevant safeguarding concerns to operational teams, in 2013/14 50.3% progressed to enquiry, in 2014/15 this improved to 45.7% (39.6% in Q4).</p> <p>To oversee our safeguarding adults and deprivation of liberty work we have established two new senior leadership posts, and have continued to significantly increase our investment in our DOL's capacity as we recognise these are some of our most vulnerable people and may be more at risk in terms of abuse. The DOL's lead on a weekly basis reviews those waiting for a DOL's assessment and re prioritises where necessary.</p> <p>The operational leads for safeguarding monitor safeguarding activity and improvement plans across all operational areas have developed. These plans are monitored by the operational leads for active progression.</p> <p>In addition the Assistant Director for Operations monitors safeguarding and</p>		
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	<p>DOL's performance weekly. We have developed a strategic alignment across the Boards of the CSP, SA and the LSCB. More recently we have moved to a position where we have one single business unit supporting all of the boards and officer supporting working across the whole agenda.</p> <p>In our Board development sessions we have enabled, through external facilitation, discussion and learning about an outcome based approach in safeguarding adults, the cultural change that is required and how we enable both the workforce, providers and communities to make the shift rather than focusing on process. Where we have redesigned process we have tried to ensure that an outcome based perspective is embedded.</p> <p>Our SCR sub group is a coalition across the LSCB, SAB and the CSP with a shared approach and shared learning which we believe supports the strategic alignment to be translated into operational practice across the partnership.</p> <p>The SCR sub group not only takes account of learning from local cases, but seeks effective practice from regional and national levels and considers how best to implement practice review and</p>		
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	<p>policy change</p> <p>During the past 12 months we have changed our approach to discharging people from hospital, and delayed discharges of care, with an integrated urgent care approach within the hospitals. We believe this has reduced the risk of hospital based safeguarding adults issues arising, and also ensure that where decisions are made for people without capacity it is compliant with the law and DOL's.</p> <p>Historically our mental health social care staff have been located and managed within our NHS mental health provider and the consequence was in advance of April 2015 we had a lack of clarity and oversight of safeguarding adult's performance. Mental health social care staff are now integrated back into the council and there is a review of the mental health pathway now underway (part of the complex case pathway review).</p> <p>We work very closely with our partners in relation to MAPPA and domestic abuse from a commissioning and operational perspective. We have recently identified a small amount of adult social work resource to contribute to our Troubled Families programme (known locally as</p>		
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	Families First) to further strengthen our response to parents who may be struggling with parental ill health and wellbeing.		
<p>People's experiences</p> <p>2.1 The council has achieved high levels of expressed positive experiences from people who have used safeguarding services</p> <p>2.2 The council has fully engaged people who use service in the design of its services</p> <p>2.4 Safeguarding is personalised</p>	<p>In introducing our Making Safeguarding Adults project we involved service users and carers in the implementation. We also regularly talk to our Making it Real Board about progress and get feedback on where we need to change or amend practice.</p> <p>We have recently introduced feedback cards for all service users that are handed out by our front line staff. Though early days we have had some positive feedback and though these are not related to safeguarding adults we will use these within safeguarding adult's cases.</p> <p>Our Expert by Experience role, supported by our Engagement Lead are always involved in service redesign and also feedback from their work with a wide range of service user, carer and voluntary sector groups</p> <p>In our annual survey of clients, we recorded a small improvement in overall satisfaction of service users (ASCOF 3A), from 65.1% to 66.9% which is a little over comparator, West Midlands and English averages for the most recently available</p>	<ul style="list-style-type: none"> • We have not yet developed a coherent and consistent approach to involving service users and carers at a strategic and operational level in service redesign • We have not yet got sufficient capacity within the system for advocacy which may be restricting individuals opportunity to articulate what they want the outcome to be of our safeguarding activity • We do not have a clear pathway for victims of abuse and their families post an investigation for example any ongoing counselling or support capacity • We have not sufficiently developed our relationship with providers to ensure that we have a shared view of safeguarding, quality and DOL's to ensure that we received the right referrals at the right time and that are responses are proportionate 	<p>Making it Real Board minutes</p> <p>Examples of feedback cards</p> <p>Experts by Experience Project Scope</p> <p>Engagement Lead JD</p> <p>Local Account</p> <p>Safeguarding Adults Annual Report</p> <p>MCA Policy</p> <p>DOL's Policy</p> <p>Carers Infrastructure Contract</p>

	<p>data. It also showed a small improvement in the Quality of Life measure, which is an amalgamation of several of the key questions within the survey, from 19.1 to 19.4. These results are pleasing, given the current climate and increasing financial pressures.</p> <p>In our bi-annual carers survey, our overall satisfaction has dropped slightly from 42.4% to 38.6%, however our carer quality of life, based on a combination of questions within the survey, has slightly improved from 7.4 to 7.6.</p> <p>Whilst we recognise that this is an annual survey and may not reflect individual cases we do believe that this is a reflection of the work we have done with our partners in creating an environment that people know who to inform if they are at risk and also our wider work with the CSP for example with trading standards.</p> <p>We have continued to invest in carer services, and work with them at a strategic and operational level to ensure that any safeguarding activity is as personalised as possible.</p> <p>We have developed MCA and DOLs policies which clarify the requirement of engaging fully with friends, carers and</p>		
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	supporters of service users.		
<p>Leadership</p> <p>3.1 There is recognised and active leadership by the council on Adult Safeguarding</p> <p>3.2 There is joint and co-ordinated leadership with and by other key partners</p>	<p>The council has in its corporate plan three main objectives of which one is protecting vulnerable adults. The Cabinet lead is an active member of the SAB, and also has a seat on the CSP.</p> <p>The council has significantly increased its own investment in safeguarding adults and children's through the business unit and has also recruited an Independent Chair for the Safeguarding Adults board.</p> <p>All elected members have received safeguarding adults training which is mandatory, and reporting on performance is made to the HOSC, HWBB, Cabinet and Management Board. With all corporate performance reporting including safeguarding adults metrics</p> <p>During 2015 we have secured additional funding from other key partners towards the work of the safeguarding business unit. Through Board development days we have reenergised the partnership and have raised the profile of safeguarding at Board level within other organisations for example the CCG and the Acute Trust Provider</p>		<p>Corporate Plan priorities</p> <p>JD for Independent Chair</p> <p>Board TOR</p> <p>Members Induction Slides and E training</p> <p>Board Development Sessions agenda's</p> <p>Business Unit Plans</p>

<p>Strategy</p> <p>4.1 Safeguarding is embedded in corporate and service strategies across the council and partners</p> <p>4.2 The Council has a clear vision, priorities, strategies and plans for Adult Safeguarding that is shared with key partners including the police and NHS</p>	<p>As stated part of the corporate plan priorities is the need to protect vulnerable people and safeguarding adults is incorporated across all directorates.</p> <p>We have influenced other key agencies for example the NHS Acute Trust and ensured that at Board level safeguarding adults is part of the core business of the organisation with a clear lead at exec and non-exec level in place.</p> <p>We reported to the Safeguarding Adults Board steering group on our Making Safeguarding Personal work and they have monitored our progress, and shared with them an external review we had undertaken on where our areas for further development as a local authority were.</p> <p>Our overall vision for adult social care incorporates safeguarding adults and through a 'Big Conversation' approach we have involved and engaged with a wide range of stakeholders to gain feedback and refresh our services.</p> <p>Safeguarding adults training is mandated across adult social care.</p> <p>The workforce development sub group has developed a competency framework to establish the required level of training</p>	<p>Organisation and community awareness of safeguarding adults has increased as a result of our activity. Our MSP implementation has also started to shift culture and practice however further work needs to be focused on</p> <ul style="list-style-type: none"> • Positive risk taking • Personalisation and an outcomes focused approach 	<p>Trust Board and CCG minutes reflecting SA discussions and reporting</p> <p>ASC Big conversation</p> <p>Workforce Training plan</p> <p>ASC Operations workforce development plans</p> <p>Workforce sub group meeting minutes</p> <p>Training Performance reporting</p>
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	<p>and learning across partner organisations.</p> <p>Performance against the uptake and embedding of the required training will be monitored by the performance and quality sub group.</p>		
<p>Commissioning</p> <p>5.1 The council and its partner commission safe and cost effective services</p> <p>5.2 The council and its partners have developed mechanisms for people who are organising their own support and services to manage risks and benefits</p>	<p>We have developed a new quality assurance approach which is currently in the process of being implemented.</p> <p>As of April 2015 we have invested more money in quality and contract management and have aligned our resources with wider contract management.</p> <p>We are currently developing a PA network approach with service users, carers and providers and have refreshed our Direct Payment policy so that it is clear when and what to do if abuse is suspected</p>	<ul style="list-style-type: none"> • We need to improve our capability in collating, analysing and acting on intelligence in relation to provider's quality and safeguarding performance with clear and proportionate responses. • We have not developed sufficiently our relationships with our CQC colleagues to ensure that we are sharing where appropriate intelligence across all of our providers including the NHS 	<p>Quality Assurance in Care Homes model and implementation plan</p> <p>CQC profiles</p> <p>PA Network proposals</p> <p>DP Policy</p> <p>Quality and Contract Management structure chart</p> <p>Strategy Meetings</p>
<p>Service Delivery and effective practice</p> <p>6.1 The council has robust and effective service delivery that makes safeguarding everybody's business</p> <p>6.2 Domestic violence, hate crime, anti-social behaviour and community cohesion work includes 'vulnerable adults'</p> <p>6.4 Adult Social Care Services 'Put People First' and safeguard them</p> <p>6.5 Safeguarding is personalised</p>	<p>See the Outcomes section for further detail but in addition</p> <p>We have redesigned our operational structures to ensure we have an effective safeguarding adult's response, effectively managing demand.</p> <p>We have introduced a new workforce plan with all staff receiving the right level of training and through a new supervision policy and strengthened our practice development.</p> <p>In addition to establishing our SA and DOL's Lead posts we also have a PSW in</p>	<ul style="list-style-type: none"> • We need to improve consistency and approach to practice recording • Our review performance still requires improvement, this may mean that we fail to identify potential abuse particularly where the individual does not have capacity in a timely way • We have not embedded a Think Family approach • We need to do more support our workforce to focus on outcomes and translating and evidencing how theoretical concepts underpin their 	<p>Performance data on reviews</p> <p>Supervision Policy</p> <p>Annual Conference Agenda and content</p> <p>PSW JD and job plan</p> <p>Quality Audit reports</p> <p>Safeguarding Adults Practitioner Forum programme</p> <p>CSP Business Plan</p> <p>JSNA</p>

	<p>place who in addition to professional development also undertakes quality audits and ensures that lessons learnt are fed back into practice</p> <p>We have an established multi agency safeguarding practitioner forum and have recently invested in an independent chair for the SAB/LSCB workforce development group as we believe that the workforce development is a priority to ensure people are safe</p> <p>Our CSP have actions identified within its business plan that focus on hate crime, trading standards with a focus on vulnerable people and more recently we are discussing how we can raise awareness about vulnerable people who may be more susceptible to exploitation including sexual exploitation</p> <p>We benefit locally from the new Independent Chair being the former chair of the county level domestic abuse strategic group. This ensures at board level a good degree of embedded knowledge.</p> <p>The CSP have the formally delegated responsibility to consider domestic abuse from the perspective of adults at risk. Consideration is being given to how the JSNA can aid the partner agencies understanding of the profile of this area of work.</p> <p>We have joined RIPFA to ensure that our staff have access to a body of research and development that supports their practice development, are active</p>	<p>interventions in relation to safeguarding adults</p>	<p>Health and Well Being Strategy</p> <p>RIPFA Membership Example of how we have used it</p> <p>Care Act stocktake and project implementation</p>
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	<p>partners in the west midlands safeguarding adult's network and are contributing to the development of the new WM procedures developing as part of the Care Act implementation.</p> <p>Our Care Act implementation project delivered on schedule, and ensured that we were compliant on safeguarding from April 1st 2015. We have used communication on the Care Act to continue reinforcing the issues of safeguarding adults within the wider community.</p>		
<p>Performance and Resource Management</p> <p>7.1 Services are held accountable through performance measures, including quality measures, toward the outcomes for people in the strategy</p>	<ul style="list-style-type: none"> • We have developed across the multi-agency partnership a dashboard to monitor performance across the LSCB and the LSAB • All directorate plans, and individual appraisals include safeguarding objectives • We are piloting a route to receive service user feedback on experience • We monitor key performance indicators on activity and waiting times for safeguarding adults and DOL's activity within the council on a weekly basis at a senior management level 	<p>We still have a gap between capacity and demand and need to consider how we can further improve our process to be more efficient</p> <p>We need to establish some key outcome focused metrics and can then inform and direct practice development</p>	<p>Performance dashboard</p> <p>Directorate Plan</p> <p>Example of appraisal and Objective setting</p>
<p>Local Safeguarding Board</p> <p>8.1 There is a multi-agency commitment to safeguarding</p>	<p>During the two years we have reviewed our safeguarding adult's governance arrangements both as a council and as a partnership. We have undertaken a self assessment process strengthened our business unit and undertaken a</p>		<p>Board Self Assessment</p> <p>Branding changes and examples of new communications</p>

<p>8.2 Safeguarding is effective at all levels (prevention and intervention)</p>	<p>development of board members exercise.</p> <p>We have refreshed our vision, branding and communications and our new Independent Chair has worked with all of our key partner agencies to remind them that safeguarding is not just the council's business.</p> <p>Board membership has been revised, each agency being required to ensure a suitably skilled experienced and empowered member of their organisation undertakes the role, (including suitable deputy arrangements).</p> <p>The board constitution, terms of reference and members induction pack have been reviewed and updated where necessary.</p> <p>The board and members have attended two development sessions contributing to the above, but also the identification of the business plan, priorities and membership of sub groups to ensure workplans are progressed.</p> <p>The independent chair has instigated a number of one to one meetings with board members to engender full commitment and foster strong relationships.</p>		
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