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Your Ref:
 Our Ref:

Please ask for: Ian James
 Date: 21st September 2015

Dear Martin

I write to give you formal feedback following the Peer Challenge visit on 1-3 September 2015. This builds on the provisional feedback we shared with you at the end of the Challenge Visit on Thursday 3 September 2015.

I was pleased to lead the Peer Challenge and I was joined by Kevin Rudge, Expert by Experience; Councillor Ken Meeson Cabinet Member Solihull; Karen Capewell Strategic Manager Stoke on Trent; Sarah Hollinshead-Bland Designated Adult Safeguarding Manager Shropshire, and Eddie Clarke Peer Challenge Programme Lead.

I would like to thank you for putting Herefordshire forward to host this Peer Challenge. There were many positive things that we will take away from our visit, including the examples of good policy and practice that we all observed which I will share with regional colleagues across West Midlands ADASS.

I would like to thank all the people who use services, staff, partners, Cabinet Member, Group Leaders and Scrutiny Chair who participated in the Challenge. We were made very welcome and the process was very well organised by Meg Swain. We were very impressed with the way in which people embraced the peer challenge and this helped make it constructive and fruitful.

This letter provides our findings and recommendations on the 4 main subject areas on which you asked the Team to report plus the findings from the Case Audit (attached as an appendix). The headline scope was:

1. ***Has the new governance and membership of the Safeguarding Adults Board delivered change and do action plans have sufficient focus and pace?***
2. ***What impact is Making Safeguarding Personal having on the confidence of the workforce and practice?***
3. ***How effective are benchmarking and performance management arrangements and how could service user/carer feedback be utilised?***
4. ***How could partnership engagement and involvement be strengthened?***



In addition, there was a case audit of 20 cases chosen at random. The results of this are attached in the appendix and the findings have been shared with Managers and the Principal Social Worker. Please see the appendix (page 12) for further information.

The following includes an Executive Summary, an initial Overview of the positives we identified and then a section on each of the two main areas of the scope.

Executive Summary

The main points identified during the Peer Challenge visit are:

- * Adult safeguarding has had a higher profile and planned development over the last year
- * There are strengths related to the appointment of the new Independent Chair and the opportunity to look at cross cutting issues by the Business Unit for the Safeguarding Children's Board (SCB), Safeguarding Adults Board (SAB) and the Community Safety Partnership (CSP)
- * A business plan is in place which will be supplemented by a Board Strategic Plan later in the year
- * Making Safeguarding Personal (MSP) has begun to be implemented and is understood by Adult Social Care staff
- * The Independent Chair of the SAB should be supported to improve the accountability of the Council and Partners to the Chair and the Board
- * A Multi-Agency Training Plan for adult safeguarding should be developed along with a targeted Performance Framework that looks at outcomes and quality as well as levels of activity
- * The safeguarding documentation should be reviewed as well as further guidance arranged for staff on the Care Act principles and the new Safeguarding requirements
- * The above actions should strengthen the foundations and platform for taking safeguarding delivery forward with Partners

Overview

The Peer Challenge Team (hereafter referred to as the Team) identified a number of main strengths:

- * There has been significant progress on adult safeguarding in the last year with the appointment of an Independent Chair, a revised Safeguarding Adults Board membership and structure and preparations for the Care Act
- * The Board is now in a good position to have a greater impact
- * Making Safeguarding Personal has begun to be implemented with an auditing of outcomes
- * Partnerships across agencies are positive and all are committed to adult safeguarding
- * There has been good political leadership
- * The Business Unit for Children's and Adult Safeguarding and Community Safety provides a good foundation for cross-cutting work

Main Comments and Recommendations

1. Has the new governance and membership of the Board delivered change and do action plans have sufficient focus and pace?

Strengths

There is a visible new impetus to the Board and its work with a clear focus and mandate for change following the Board development days which have been a valuable mechanism to shape the Board's priorities. This has been conducted in an ethos of partnership.

The SAB Independent Chair is viewed very positively and this will support greatly the future partnership work.

The sub-groups of the SAB support shared responsibility from the partners in taking forward the Board's business plan.

The Business Unit has a presence and has started to bring more organisation and leadership to the Board and adult safeguarding. There are now positive opportunities to coordinate strategic priorities and shared learning across Children's and Adult Safeguarding and Community Safety.

Elected Member training on safeguarding is now mandatory.

There is a web page for the Board which is easy to find.

Areas for Consideration

A number of people talked about safeguarding feeling disjointed and this was observed by the Team in terms of the various safeguarding leads.

1. The Team recommends that the roles of the strategic, operational and business unit leads for safeguarding be clarified and made clear

The Executive Group membership does not include the Independent Chair and the Sub-Groups report to the Executive Group. There appears to be some fragility about the arrangements. The Team concluded that the whole SAB structure should be accountable to the Independent Chair including the Sub-Groups, Executive Group and the Business Unit (jointly with the SCB Chair and the CSP Chair). This will enable the Chair to have clear leadership and for him to be able to hold all partners to account fully.

2. The Team recommends that the Independent Chair be supported to take on clear accountability for the whole SAB structure

Given this recommendation, it would be helpful to clarify the role and membership of the Executive Group. Key roles for this Group should be agreeing the draft agenda for the SAB, overseeing the work of the Sub-Groups and having early discussions of key developments and plans locally, regionally and nationally.

3. The Team recommends that the role and membership of the Executive Group is reviewed and clarified

The SAB has a business plan currently but is required under the Care Act Statutory Guidance to have a Strategic Plan which should cover a period of 3 or 5 years. We understand that discussions on a Strategic Plan are to take place in the next few months.

- 4. The Team recommends that a Strategic Plan be developed for the next 3 or 5 years that builds on the vision and priorities of the Board*

Whilst there is a competency framework for adult safeguarding, this has not been updated to reflect changes in the Care Act. The learning and development needs of staff across agencies are delegated to each individual agency so some consideration should be given regarding how you evidence its implementation. There is an absence of a multi-agency training plan, including the Voluntary and Community Sector (VCS) and the Independent Sector, which should sit alongside the competency framework and support the Board's plans and identify learning and skill gaps. The Plan should identify which core training is relevant for all agencies, including other Council staff, and how this will be arranged, and which is the responsibility for individual agencies. The Team recognised that this may have resource implications for all partners.

- 5. The Team recommends that a Multi-Agency Training Plan be developed, with associated resources where possible, and that the monitoring of delivery be established*

There is work on a Performance Framework for the Board which is essential if the Board is to assure itself of the quality and quantity of the safeguarding work. At present the Board cannot do this without a Performance Report. The current draft Framework is quite long and includes various data that could be seen as tangential to adult safeguarding.

- 6. The Team recommends that a Performance Framework is finalised that is relevant and focused in its content*

As part of the Board's eventual Strategic Plan the Independent Chair should appraise the partner contributions to the Plan annually and the Board, for the Annual Report, should receive a report from each core agency that summarises their action and achievements relating to the sections relevant to them in the Plan. Other Boards in the West Midlands are considering this or putting it in place.

- 7. The Team recommends that an accountability agreement is developed for holding partner agencies to account for their contribution to the Board and its Strategic Plan*

Elected Member scrutiny of adult safeguarding has not occurred and given its importance this is a significant gap. The Health Overview and Scrutiny Committee (HOSC) has not included adult safeguarding in its work programme and there is the opportunity for it to look both at the progress in developing safeguarding arrangements in Herefordshire and the actual activity and performance on adult safeguarding on a regular basis.

- 8. The Team recommends that HOSC includes adult safeguarding in its work programme*

Elected Member training is mandatory but has not taken place as yet. It is based on e-learning. The Team believes that a workshop-type face to face session with all Members (not just newly elected to the Council) would be beneficial and should supplement the e-learning package.

- 9. The Team recommends that Elected Member training should include a workshop for all Members*

The Joint Review Sub-Group of the Board (and the SCB and CSP) has a strong focus on Serious Case Reviews for the SCB. The SAB and the Sub-Group should be considering appropriate different formats for Safeguarding Adult Reviews (SAR) which may be determined on a case by case basis. Shared learning events should be held after any SAR to assist improvements in practice and partnership work.

10. The Team recommends that the Joint Review Sub-Group consider the SAR process and how it can ensure that Reviews are conducted effectively from a range of options in the future and how shared learning events can be held

The SAB membership does not include any lay members, meaning service users or family carers or community representatives. They can offer a different and important challenge at the Board and to partner agencies. Making It Real Board representatives stated that they would be interested in representation on (or participation in) the Board

11. The Team recommends that lay members be considered for membership of the Board

The Business Unit for the SAB, SCB and CSP is new and is the subject of a Review, relating to scope, functioning and funding base. There is a need to ensure that each Board is supported in delivering its work programme and that cross cutting issues are also agreed with a prioritised action plan.

12. The Team recommends that the Business Unit completes and agrees a delivery plan for each Board and an action plan for discussing and addressing cross cutting issues over the next 1-2 years

2. What impact is Making Safeguarding Personal (MSP) having on the confidence of the workforce and practice?

Strengths

The Council and Board have committed to MSP and the Council has provided training for adult social care staff, including those in Mental Health Services who recently transferred back to the Local Authority.

There was evidence that staff understood and owned MSP.

The Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act (MCA) and Best Interest Assessor (BIA) staff were described to the Team as being very skilled.

The implementation of MSP had been noticed by Adult Social Care Providers and there is awareness from the Clinical Commissioning Group (CCG) and the Police.

Areas for Consideration

There has not been a utilisation of Making It Real Board members and their experience of personalisation in discussing and implementing MSP. There are clear links and this has been a missed opportunity.

13. The Team recommends that the future development of MSP is informed by and coordinated with the wider personalisation agenda

In meetings with both senior and operational staff the Team found the language used about adult safeguarding to be at times confusing and stated in old terms which was not in line with the Care Act Statutory Guidance – for example staff had been told that an Enquiry becomes an Investigation after 5 days (confirmed by the process on Frameworki [Fwi]).

14. The Team recommends that the terminology and processes are reviewed to ensure consistency with the Care Act

Local timescales (2 days, 5 days, and 28 days for different stages of the safeguarding pathway) are driving practice and are not consistent with the West Midlands Procedures. They are at risk of stifling MSP in that some flexibility may be necessary in the time taken to work with people on their outcomes and how they can be supported to be safe. Timescales are helpful as a guide but should not dictate practice at all times.

15. The Team recommends that managers and staff be advised about the flexibility of timescales in appropriate circumstances

In a similar vein the lack of advocacy could mean that delays in identifying an advocate could lead to timescales being seen as paramount and therefore limiting the following of MSP principles and practice.

16. The Team recommends that the availability of advocacy be reviewed with a view to improving prompt access

Adult Social Care Providers had noticed a change in approach to adult safeguarding but did not know why. They said they had not been informed about MSP nor received briefings on the Care Act.

17. The Team recommends that improved communication and briefings be considered for Providers, and other partners, on any significant legislative and practice changes

Whilst Adult Social Care staff had had training on MSP this had not been made available to all partners. This meant there were differing levels of knowledge and understanding which could limit the application of MSP.

18. The Team recommends that training and briefings be considered for all partner agencies on MSP

MSP is not mentioned in the Concern Guidance which does not reflect the Care Act Statutory Guidance about fully involving the person in determining their desired outcomes and any future action.

The Concern Form and Guidance do not list self neglect as one of the 10 types of abuse. This omission means that self neglect cases are not recorded and cannot be included in any Performance Report to the Board.

19. The Team recommends that the Concern Form and Guidance be reviewed to incorporate MSP principles and self neglect

The identification and recording of outcomes desired by people who are the subject of concerns is not included on the Concern Form. This does occur at the Enquiry stage but referrers should be advised and assisted to identify outcomes with the person at the Concern stage.

20. The Team recommends that outcomes be recorded at the Concern stage and all main referrers be advised and assisted to do so

Other agencies such as Health and Care Homes may be requested by the Council to make and lead a Safeguarding Enquiry. The other agencies are not aware of the process for this and what their responsibilities would be.

21. The Team recommends that a process and guidance be produced for when the Council wishes an Enquiry to be made by another agency/organisation

The knowledge, confidence and practice in relation to the Mental Capacity Act (MCA) could be improved according to some staff that the Team met. Also, it was evident from the Case Audits that application of the MCA was not consistent or fully compliant where necessary.

22. The Team recommends that further guidance and training on the MCA be considered for managers and staff

3. How effective are benchmarking and performance management arrangements and how could service user/carer feedback be utilised?

Strengths

The draft Performance Framework matrix is a positive step forward. It will enable the Board to assure the level of activity, the quality of safeguarding work, the quality of social care services and the outcomes achieved with service users.

The case audits are a real strength and will prove useful in monitoring outcomes. Feedback to managers and staff will be important so that learning on best practice and improvement can occur, where necessary.

The Making It Real Board has been established and offers the opportunity for having an input into the SAB. This would facilitate shared learning across personalisation and Making Safeguarding Personal.

Areas for Consideration

There was no evidence presented on the use of service user and family carer feedback in safeguarding. This would be helpful in assisting the Board and staff in all partner agencies to understand the experience of service users and what the strengths are in current practice and where improvements should be made.

23. The Team recommends that the options for regular service user and family carer feedback mechanisms are considered

Family carers and Healthwatch commented that more use could be made of existing networks for their involvement and for feedback.

24. The Team recommends that in arranging any engagement and feedback mechanisms the Council consider whether existing groups and forums can be used effectively

The Team heard from service users and carers that at times feedback is requested and given on services or service developments but a response is not always given by the Board or relevant agencies and so there is not a feedback loop. This was as much a general comment as well as specific to safeguarding.

25. The Team recommends that feedback always be given after any consultation

The Performance Framework should cover activity, quality and outcomes such as that in the Solihull or Staffordshire/Stoke approach. It should be succinct, fully relevant to adult safeguarding and with an analysis and commentary – more like a dashboard.

26. The Team recommends that the draft Performance Framework be reviewed and finalised with core, relevant information agreed on activity, quality and outcomes (link to recommendation 6)

The Annual Report was formally approved at the July HSAB. However partner agencies need to be requested to present it to their respective internal governance boards. In addition, it should be added to the HSAB website and presented to HOSC in the near future.

27. The Team recommends that the Board consider how the Annual Report can be circulated widely and presented to the statutory agencies

The performance on case reviews is projected to be 60% by the year end. Reviews link to safeguarding in that if they do not receive a review for a year or more the Council and Partners cannot be assured that people are safe and receiving appropriate care and support, especially people with complex needs. As well as the quantity of reviews the quality of them is just as important.

28. The Team recommends that the Council considers how the performance on case reviews can be increased

4. How could partnership engagement and involvement be strengthened?

Strengths

It is a real strength for collaboration that the SCB and SAB Chair are members of the Community Safety Partnership. This supports discussion on cross cutting areas such as hate crime and sexual exploitation.

The Safeguarding Adults Board has begun to broaden its scope from traditional areas into a wider remit including areas such as domestic violence.

There has been work with the Diocese on loneliness with presentations to them on adult safeguarding and Making Safeguarding Personal. This has led to further community connections with adult social care.

The Keeping Safe, Healthy and Living Happily handbook has been produced and provides helpful information and advice for the public.

There is a new Engagement Officer who has given confidence to the Making It Real Board members.

There is some good work with the Voluntary and Community Sector (VCS) such as Street Triage and informal support at night for people who may be at risk.

Areas for Consideration

There were varied views on the effectiveness of the partnership arrangements in the Board with some people feeling it still very Council led. Equally there is a need for Partners to make a full contribution to the Board and its agenda.

See recommendations 2, 3 and 7

Service user and family carer engagement should be more consistent and at early stages based on co-production principles and resourced appropriately. People stated to the Team that sometimes they are just consulted on firm proposals rather than involved in determining ideas and proposals.

29. The Team recommends that the Council considers how it can improve co-production and make it more consistent

Service Providers and paid carers could be more helpful in communicating service changes or developments if informed by the Council. Letters sent without notice to service users and family carers may not always be understood or may be ignored.

30. The Team recommends that the Council considers how Providers could assist in communicating changes and plans

Feedback is not always given to referrers or Providers who are in a monitoring role on safeguarding. This means that they may be unclear what their role and responsibilities are or not informed of any changes in the safeguarding plan.

31. The Team recommends that the Council considers how Providers can be kept informed if they are in a safeguarding monitoring role

The Team heard very little about prevention in adult safeguarding. Some staff, the Making It Real Board and the VCS were keen to ensure that a prevention focus with communities should be further developed, in part by using existing groups and forums instead of creating new ones.

32. The Team recommends that the Board considers how the focus on prevention can be improved

The Team were informed that West Mercia Police are considering options for the resourcing and organisational arrangements for "safeguarding vulnerable children and adults". The Board and each partner agencies will wish to assess the potential impact of any proposed changes and to contribute to any consultation.

33. The Team recommends that the Board Chair requests a report from West Mercia Police and that the Board discusses any future proposals and implications, following liaison with other Boards in the Police Force's area.

Please note: the findings of the case audit are covered in the appendix (page 12).

Conclusion

Finally, we have sought to make the findings of the peer challenge constructive and helpful to the Council and also to strike an appropriate balance between support and challenge. We hope that you are able to receive positively the comments in this context. We have learnt from the process ourselves and we have really appreciated the opportunity to take away many good policy and practice examples that we can share with our own Councils.

On behalf of the Team I would like to thank you for hosting this peer challenge and for working so positively with us. I hope you will agree this has resulted in a helpful and constructive outcome.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ian James', with a long horizontal flourish extending to the right.

Ian James
Director for Adult Social Care
Solihull MBC

cc Alistair Neill - Chief Executive, Herefordshire Council
Peer Challenge Team Members