

**MINUTES of the meeting of Health & Social Care Overview and Scrutiny Committee held at Council Chamber, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 24 January 2017 at 9.30 am**

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

Councillors: CR Butler, ACR Chappell, CA Gandy, MD Lloyd-Hayes,  
MT McEvilly, GJ Powell, A Seldon, NE Shaw, D Summers and EJ Swinglehurst

**In attendance:** Councillor PM Morgan (Cabinet Member)

**Officers:** Jo Davidson and Martin Samuels

**127. APOLOGIES FOR ABSENCE**

None

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

None.

**129. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**130. MINUTES**

With reference to the item on the engagement and consultation process for the redesign of primary care services, it was noted that an update was expected, and the Clinical Commissioning Group would be asked to provide this update at the next meeting on 27 February.

Members were also asked to note that a visit to Addaction in Leominster was being arranged for Thursday 23 February 2017.

**RESOLVED**

**That the minutes of the meeting of 12 December 2016 be agreed as a correct record and signed by the chairman.**

**131. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY**

No suggestions were received.

**132. QUESTIONS FROM THE PUBLIC**

No questions were received.

**133. HEREFORDSHIRE SAFEGUARDING CHILDREN BOARD (HSCB) ANNUAL REPORT 2015/16 AND BUSINESS PLAN 2016-18 / HEREFORDSHIRE SAFEGUARDING ADULT BOARD (HSAB) ANNUAL REPORT 2015/16 AND BUSINESS PLAN 2017-18**

Independent chairs, Sally Halls (Herefordshire Safeguarding Children Board (HSCB)) and Ivan Powell (Herefordshire Safeguarding Adults Board (HSAB)), were welcomed to the meeting.

**Herefordshire Safeguarding Children Board**

The chair of HSCB presented the annual report. It was noted that this report was for the year 2015-16 and the report for 2016-17 would be available in the autumn. The report showed progress against four priority areas which were determined by an Ofsted inspection report.

The priorities were:

- to be an effective change agent for children and young people
- to improve response to child sexual exploitation and missing children
- to support increased resilience for children and young people and their families
- to safeguard and promote the welfare of children and young people

Progress had been made in the majority of areas, supported by a joint business manager for both safeguarding boards and the community safety partnership.

With regard to priority 2, child sexual exploitation, a strategy and delivery plan was signed off, including a risk assessment toolkit and clearer pathways for responding to concerns. There was close monitoring of delivery to inform a refresh of the strategy which was to be approved this week with plans to develop strategic communications across West Mercia, putting more focus on preventing further offending and continuing to promote understanding to keep children safe.

It was noted that a needs assessment had highlighted a new area of incidences of sexual offences against children which needed greater understanding and which was disproportionately higher than the rest of West Mercia. Discussion took place on this point and it was clarified that there was a high level of reporting of sexual abuse within families in Herefordshire where people in the county were more confident to come forward to report.

For priority 3, it was identified that there were too many children in the system unnecessarily and this had been rebalanced in a number of ways:

- clear leadership from the head of service in safeguarding and review
- revised thresholds of need and agreed expectations at each level
- focused work with schools
- earlier engagement with children and families

The number of referrals and child protection plans were at a more appropriate level at the same time as balancing risk with supporting children to feel safer at home. There was greater emphasis on supporting professionals to carry out common assessments and to identify needs earlier, with lead professionals identified for co-ordinating activity for children's needs.

A review of the multi-agency safeguarding hub (MASH) was commissioned and members sought reassurance that this area was working more effectively. It was explained that there was more stability within children's services and together with revisions to the thresholds of care, there was a firm foundation for decision making. There were also better way of working that enabled more support for schools. Clearer policies about referrals to MASH had reduced inappropriate contacts and there was confidence that the system was rebalancing. Assurance was given that assessments

remained fair and appropriate within this context and this was being monitored. The key point was about early help and management of risk, and developing peoples' understanding of these areas.

A member asked about communication of services around the parishes and commented that while there were good resources on the WISH website, information for children and how to get help should be at the top of the page. She added that from evidence gathered from the recent task and finish review on early years and children's centres, there was an opportunity to make use of children's centres in the provision of training and support to families.

The chair of the HSCB commented that although the board's role was to check the effectiveness of services rather than to provide them, it was recognised that the rurality of the county was a challenge and so schools were pivotal in assessing the level of engagement with services. In terms of service delivery, it was the responsibility of services to determine how best to deliver cost effective and accessible services. She noted that the resources identified by WISH were universal and were intended for the majority of children and families who did not require more specialised help.

The director for children's wellbeing added that the approach was to support children at an early stage and resources such as WISH could be used to achieve this by providing access to support earlier.

A member commented that it was often easier for a child to recognise when they were being abused physically compared with recognising emotional abuse, and asked whether this affected the figures recorded. The chair confirmed that this was an issue recognised by the board and was reflected in the board's fourth priority of safeguarding and promoting the welfare of children and young people.

A member noted that the council provided around two thirds of the budget for the board and the community safety partnership, and commented that agency staff costs appeared high. He asked for clarification on the reason for this and whether it would change.

The HSCB chair explained that the spending was to cover an interim business manager and since a permanent appointment was made in 2016 this would reduce. She added that budgets were about adequate and were reviewed.

The cabinet member for adults and wellbeing commented that the business unit function was relatively new and was working to ensure effective operation and value.

For priority 4 on the promotion of welfare of children abused or neglected, the HSCB chair highlighted that good progress had been made, focusing on the planning and review process and challenging the perception that child protection plans made children safer, supported by improved multi agency plans for children to keep them safe. Independent reviewing officers had authority to ensure that children did not keep a child protection plan longer than necessary. She noted that there had also been a reduction in the number of children returning to formal child protection measures.

Priorities were reviewed at year end and themes taken into account, such as reasons for child protection plans with regard to domestic abuse, substance abuse and poor mental health in adults, and a revised approach to child sexual exploitation. Focus was retained on early help and on the child protection system, and a new priority with regard to neglect was included with a new strategy and training being developed, informed by a published serious case review.

The vice chairman commented on the impact of social media and online bullying on children and young people, which was harder to escape than face to face bullying, and which had been linked to suicide.

The HSCB chair acknowledged this concern and highlighted the value of education on this issue for children and adults, and awareness raising was a responsibility for all. Within the county, cyber abuse tended to target girls for online grooming.

A member expressed concern about the number of partners and agencies which made it difficult to know how to access help, and suggested a central point to signpost and make access to support easier.

The HSCB chair acknowledged this as feedback for the children and young people's partnership to increase accessibility. The chair of the adult safeguarding board noted the role of Healthwatch and WISH in supporting this. The director for adults and wellbeing added that the information and advice partnership (HIAP) was working to bring partners together to make a single point of contact and, if required, to ensure a confirmed handover to an onward referral. This was planned to be in place this summer. The director for children's wellbeing acknowledged the need for clearer information, but noted that children and young people tended to choose various ways of accessing support and so it was important to ensure that agencies and technology worked behind the scenes to support individual human behaviour rather than relying on one route in.

A member noted a visit to Cheshire to see how young people had successfully set up their own resource for help, and commented on the value of having a young person on the safeguarding board. It was noted that in Herefordshire the board had two lay members to provide a voice from the community.

A member asked about a vacant post of training manager and what impact this had had on training delivery. It was clarified that a multiagency subgroup was established across the partnerships for workforce development, which would commission training informed by analysis of training needs.

A member asked if both boards worked together to look at the family as a whole in terms of emotional abuse issues. The HSCB chair acknowledged that parental behaviour impacted on a child and that it was important to ensure that this was shared and the community safety partnership was encouraged to tackle abuse. Part of the work expected from partners was to be alert to domestic abuse and respond appropriately. Noting the role of GPs, she added that as they had contact with the range of family members they were major referrers, and this had improved the identification of risk to children.

### **Herefordshire Safeguarding Adults Board**

The independent chair of Herefordshire Safeguarding Adults Board (HSAB) presented the annual report and business plan for HSAB.

The role of the board was defined by the Care Act, and involved close working with the community safety partnership (CSP) supported by a unique business unit model to combine support for the HSAB, HSCB and CSP. An objective was to raise the profile of adult safeguarding to equal that of children's safeguarding and it was important to look at families holistically to inform themes for commissioning and bring all partners together. It was important to ensure that partners had active and meaningful roles and which covered both children's and adults' safeguarding boards to increase understanding. The approach taken was to ensure that people felt empowered and that services were proportionate and the least intrusive as possible.

A quality assurance framework and working model for providers had been developed by the council, which had encouraged increased standards and which had attracted national interest.

The board was required to produce an annual report supported by a business plan drawn up with the input of Healthwatch. The business plan set out how priorities would be addressed by agencies and sub-groups of the board.

A further aspect of the board's role was to conduct adult case reviews which although challenging, presented opportunity for learning.

A member welcomed that there was joint working between the boards and commented on the need for a function similar to the MASH to work with adults and to make reporting systems leaner.

The HSAB chair explained that there was specific work with the HSCB to ensure that transition from children's to adults' services was taken into account. He added that with adult safeguarding there was focus on a specific cohort at risk of abuse and neglect, of those receiving care and support, although other people could be vulnerable at any given point in time. The procedure for safeguarding concerns was revised and there had been work with partners to undertake care and support assessment, and there had already been some discussion regarding extending MASH to all ages, once the current approach was securely established, although there was confidence that existing case management arrangements for assessment of harm were working.

In answer to a member's question about case reviews, the HSAB chair confirmed that four reviews had been carried out and the methodology had been revised via the joint commissioning review group.

A member observed that there was increased prevalence of bullying of adults, including from young people, and suggested some prevention work in this area.

The HSAB chair explained that categories of abuse were defined by the Care Act and although this behaviour was known, there needed to be more understanding of this area. Assurance was given that there was ongoing work on a prevention strategy with the intention to address prevention of all forms of abuse. Rurality and isolation were factors and there was work with the rural hub to discuss how their work complimented the board and to develop a broader prevention strategy.

The HSAB summarised performance against the four priorities set out in the annual report, explaining that these were supported by having a streamlined meeting structure which supported partners to make safeguarding part of the day job.

With regard to prevention and protection, the board had reviewed the Care Quality Commission's inspection of Wye Valley NHS Trust and made safeguarding recommendations which included understanding of the Mental Capacity Act. Wye Valley had responded and appointed a lead nurse with responsibility for Mental Capacity Act activity.

A safe voice group had been established to support the safety and security of people who had accessed the safeguarding system.

In terms of communication and engagement, there was a joint group to ensure efficient communications across the partners involved with the HSAB. There had been some challenges around meeting arrangements and these had been addressed.

With regard to making safeguarding personal for all professionals, it was being made clear that the individual was at the centre of the process, in order to support greater engagement and to encourage them to explore the risk they were facing and the choices they made. Making safeguarding personal had been launched within the council for a

year with a plan extended to all partners. Challenges were recognised and there was national guidance available for practitioners on domestic abuse, and case audits would inform gaps in policy.

The HSAB chair continued by explaining that there had been a WMADASS (West Midlands Association of Directors of Adult Social Services) peer service review and action plan which addressed some operational issues that had been identified within the system. A follow-up had reported good progress although there was work to do on adult safeguarding training.

In terms of the future, it was envisaged that there could be challenges around domestic abuse with regard to dementia. It was known that families were sometimes reluctant to engage with services for fear of punitive action and this fear needed alleviating. Raising awareness of safeguarding was paramount and there was more work to be done regarding reporting into a single point of contact which would involve WISH.

Areas identified for development included:

- modern slavery, for which Home Office guidance was awaited;
- adult sexual exploitation;
- processes for arrival of refugees who might be at risk of abuse and neglect;
- a mental health concordat and suicide prevention strategy; and
- financial abuse.

It was noted that care homes in the county were highly rated in a national survey, and this was welcomed.

The director for adults and wellbeing explained that this was as a result of recent analysis of Care Quality Commission ratings of care homes, where it was found that the highest average rating was for Herefordshire, with on average the best care homes. He added that there were currently 2 nursing homes that were rated as inadequate. However, as part of work on the national outcomes quality framework looking at quality of life indicators, the benchmarking data showed that Herefordshire had the fifth best score of all authorities.

A member added that this should be publicised and commented that care standards in the UK exceeded many other countries and this should be celebrated.

The director for adults and wellbeing reminded members that the community as a whole was essential in strengthening connections within communities to support the need for social support to maintain wellbeing. It was the responsibility of the whole system to recognise issues.

A member commented that although safeguarding training was generally good within the county, there were inconsistencies from one organisation to another.

The director for adults and wellbeing explained that procurement for domiciliary care providers was designed to support a critical mass of activity to enable the care to be provided through effective relationships. However, there would still be many private providers where there was a duty to have oversight. The HSAB's role was to ensure good quality training and to give people fundamental skills and confidence to spot and raise concerns, at the same time as looking at how people chose to live and had capacity to make those choices.

The chair observed that the safeguarding of adults had a much lower profile compared with children's safeguarding, although with the increasing older population in the county, an increase in safeguarding cases was to be expected.

The HSAB chair added that it was the role of the board to raise the profile of adult safeguarding and this work was ongoing and a key part of the work of the communications sub group.

The chairman thanked the chairs of the safeguarding boards for their reports.

## **RESOLVED**

**That:**

- a) the HSCB and HSAB annual reports and business plans be noted;**
- b) the HSCB annual report and business plan for 2016/17 be presented to the children's overview and scrutiny committee in autumn 2017, with child sexual exploitation as a priority area; and**
- c) consideration be given to how access to information and support for children and young people be increased.**

The meeting ended at 12.03 pm

**CHAIRMAN**