

Adult Social Care Committee

Date: **Monday 16th June 2014**
Time: **10am**
Venue: **Edwards Room, County Hall, Norwich**

SUPPLEMENTARY A g e n d a N o 2

7. Adult Safeguarding Peer Review

(Page B3)

Report by Harold Bodmer, Director of Community Services

Chris Walton
Head of Democratic Services
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Supplementary Agenda Published: 10th June 2014



If you need this document in large print, audio, Braille, alternative format or in a different language please contact Catherine Wilkinson on 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Adult Social Care Committee

Item 7

Report title:	Adult Safeguarding Peer Review
Date of meeting:	16 June 2014
Responsible Chief Officer:	Harold Bodmer, Director of Community Services
Strategic impact The County Council is the lead authority for Adult Safeguarding in Norfolk. Although Adult safeguarding has always been part of the inspection and performance reporting responsibilities of the council, it will become a statutory function with the implementation of the Care Act in April 2015.	

Executive summary

This report sets out the recommendations made by the Local Government Association (LGA) of the Peer Review of Norfolk County Council's Adult Safeguarding arrangements. This review was undertaken by a team of seven reviewers from other councils over a period of a week at the beginning of May 2014. The review team included specialists in Adult Safeguarding led by a retired Director of Adult Social Services and included an elected Member. The full report is at Appendix 1 and membership of the Review team is listed on page 3 in this Appendix.

Recommendations:

Members are asked to

- **endorse the findings of the Peer Review, to agree the action plan, and to decide how the Committee wishes to monitor the action plan**
- **Request the Director or Community services to bring proposals for a joint Member group on Safeguarding with Children's Services to the next Adult Social Care Committee**

1 Safeguarding Peer Review

- 1.1 This review was commissioned by the Director of Community Services to gain an independent perspective of Adult Safeguarding in Norfolk, particularly in the knowledge that the County Council had not had its Adult safeguarding arrangements tested under the previous inspection regime of the Care Quality Commission (CQC). In addition, the Care Act, which will be implemented from April 2015, puts Adult Safeguarding on a statutory footing, similar to that of Children's Safeguarding. It should be noted that a Peer Review is not an Inspection, rather a more supportive process which allows for a 'critical friend' approach to help firm up areas of good practice and areas for improvement.
- 1.2 This review was carried out during a time of significant change for the County Council, including the appointment of the new Managing Director, the change to the Committee system and the recruitment of a new chair for the Adult Safeguarding Board. The standards for the review are based on the LGA standards for adult safeguarding which reflect a range of good practice in this arena produced over the

last 10 years (a summary of these are shown in Appendix 1, page 24).

- 1.3 In order to focus the work of the team during the week, it was agreed that they would focus on three key areas, namely:
- a. The quality of practice for users and carers.
 - b. The functioning of the Safeguarding Adults Board.
 - c. Working arrangements with health systems across Norfolk.

The reasons for choosing these three areas were because of the significant changes that had been made within the health system over the past year, the increase in more self directed care and the need to make sure the Adult Safeguarding Board is ready to take on its statutory function.

- 1.4 In summary, the review found that Norfolk's safeguarding was on a 'firm foundation with no major areas of concern'. Some of the strengths it found are:
- a. Referrals are dealt with swiftly and the Council has taken appropriate action in bringing back mental health social work services to the Council management
 - b. The MASH is a good single point of access and there are the beginnings of user engagement with staff
 - c. There is good visible leadership of safeguarding within Adult Social Care, good relationships with the Police, and political and corporate recognition that Adult Safeguarding needs sufficient priority
 - d. Committed and skilled workforce across all partners and good range of initiatives
 - e. The Board is established, with a business plan and risk register, with a process in place for the appointment of the new Chair
- 1.5 The report sets out recommendations where Norfolk should consider improvements in the areas we identified as the focus. The recommendations are grouped under five of the eight elements of the LGA's Safeguarding standards and are detailed in full at Appendix 1. A full action plan has been developed to respond to these recommendations and is at Appendix 2.
- 1.6 The most important issues for action are highlighted below :
- a. Re-organise the Safeguarding Adults Board to make a strategic impact. This means making sure that the Board is linked in to other relevant Boards, hold its members to account with robust challenge, ensure political involvement is heightened and make sure there is full representation from Health partners
 - b. Make a step change from a process led to a person centred approach. This means putting the person at the centre of the process and show in records that this has happened. In addition there needs to be a cultural shift towards greater community engagement
 - c. Identify how to evidence that a difference has been made to people's lives. A way needs to be found to involve people in the safeguarding process and measure people's experiences. In addition feedback needs to be given to those who refer and auditing needs to be more rigorous and systematic, involving operational managers
 - d. Rebalance the Adult Social Care budget as and when resources are available as demand in Norfolk likely to rise. The review team recognised the financial pressure facing the council and acknowledged that Adult safeguarding services were protected from budget cuts. However, they felt that other reductions in assessment and care management teams may have had an impact on the quality of safeguarding assessments

- 1.7 Given the importance of Safeguarding for both Adults and Children, it has been suggested that the Adults Social Care Committee and the Children's services

Committee consider setting up a joint members group on safeguarding. This would not duplicate or replace the work of the two safeguarding boards but would monitor the operation of the safeguarding function of the council on behalf of both Committees.

- 1.8 Detailed terms of reference for this group would need to be agreed by both Committees.

2. Financial Implications

- 2.1 There are no immediate financial implications for this review. There are suggested changes in funding support arrangements for the Adult Safeguarding Board but these can be accommodated within existing budgets.

3. Issues, risks and innovation

- 3.1 At present, there are no immediate resource implications. However going forward, it will be necessary for the County Council to identify additional resources with partner organisations for when the Adult Board becomes statutory. In addition, with the implementation of the Care and Support Act, additional assessment resource will be required for those people who are currently funding their own care, but who will require financial support in the future. This will put added pressure on the current workforce who currently undertake most of the safeguarding vulnerable adults work.

4. Background

- 4.1 Adult Safeguarding is the process of protecting adults with care and support needs from abuse or neglect. It is an important role for a number of public services and a key responsibility of adult social services departments.

- 4.2 Local authority adult social services departments have been responsible for safeguarding for many years but there has never been a clear set of laws or regulations behind it. As a result it has often been very unclear who is responsible for what in practice. The new Care Act sets this on a statutory footing.

- 4.3 The partnership arrangements associated with adult safeguarding are managed through the Adult safeguarding Board which is supported by council but has an independent chair. Current statutory guidance on Adult Safeguarding is set out in ['No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' \(March 2000 \)](#) available at:

<https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>

- 4.4 As part of the councils commitment to ' sector led improvement' in adult social care, all local authorities in the East agreed to have a peer review within the next two years. CQC undertook service inspections of adult safeguarding but this inspection programme finished with a change of performance arrangements about three years ago. Norfolk was one of the few authorities not to receive an inspection of adult safeguarding and for this reason the council requested this to be the topic of our peer review.

- 4.5 The peer review has given the council a clear sense of strengths and weaknesses in the adult safeguarding and of the work that needs to be done to prepare for the Care Act 2014.

5 Background papers

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

Officer Name:

Debbie Olley,
Assistant Director - Safeguarding

Tel No:

01603 223960

Email address:

debbie.olley@norfolk.gov.uk



If you need this report in large print, audio, Braille, alternative format or in a different language please contact Jill Perkins on 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.



Adult Safeguarding **Peer Review**

Norfolk County Council
May 2014

Feedback report

Table of contents

Executive summary	2
Report	3
Background	3
Outcomes.....	6
People’s experience of safeguarding.....	9
Working together – Safeguarding Adults Board	17
Summary	21

Appendix 1 – LGA Standards for Adult Safeguarding Peer Review

Executive summary

Norfolk County Council (NCC) asked the Local Government Association to run a Regional Adult Safeguarding Peer Review as part of sector led improvement within the East of England ADASS Region. Through a process of internal and external stakeholder engagement NCC asked for the scope to focus upon:

- The quality of practice for users and carers
- The functioning of the Safeguarding Adults Board
- Working arrangements with health systems, including the practice arrangements between health organisations and NCC.

The Team made a number of recommendations that are covered in the detail of this report and which are based on conversations with more than 200 people attending 41 meetings, reviewing 13 case files, visiting partners in a variety of sites across the county and reading a range of documents. Staff told us that the process of preparing for the review was helpful in itself as it focused on what needed to be done and actions were already being taken as a result.

The findings from this Peer Review of Adult Safeguarding at Norfolk County Council are that:

The Team noted a number of achievements, these included; the recognition by both elected members and officers that there was a need to refocus on adults safeguarding, particularly given the intense focus being placed on children's safeguarding. The decision to appoint a new independent chair of the Safeguarding Adults Board demonstrated the importance being placed on having an effective partnership within the county that was open to robust challenge. The Team saw that the partnership between social workers and police worked well in the MASH and that added value was being achieved through sharing information on a range of issues, including domestic violence. Norfolk has been relatively free from serious incidents concerning adults safeguarding and the Council has protected its budget.

However, the Team also noted that cuts to other areas of Adult Social Care appear to be placing a strain on safeguarding as generic staff pass over more safeguarding referrals that previously they would have dealt with themselves. The Council faces a number of significant challenges not least of which is that there are a number of Health partners spread across the complex and challenging geography of the county, each of which are responding to their own change agendas. This means that effective and consistent engagement to address safeguarding is challenging. The Safeguarding Adults Board needs a revamp to take account of the changing nature and demands placed on partners and to prepare for statutory status next year. The culture of social care practice needs a step change, right across the partnership, to move from a process driven to a person focussed approach while maintaining robust but streamlined systems that focus on and record outcomes for people.

Other recommendations and comments are detailed in the report.

Report

Background

1. The senior management of NCC's Adult Social Care services commissioned a peer review to gain an external perspective of how they and partners were undertaking their roles to safeguard vulnerable adults in the county. The review was undertaken at a time of change for the Council with a new Managing Director being appointed (to take up post September 2014), the recruitment for a new independent Chair of the Safeguarding Adults Board being undertaken and the decision for the Council to move to a committee structure being made whilst the Team was on site. There were other recent changes that the Team were made aware of, not least the local impact of NHS reforms. The Team was also keenly aware of Norfolk's Children's Services being in special measures and undergoing its own external inspection whilst the Team was conducting the review.
2. A peer review is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer review is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
3. The basis for this review is the LGA Standards for Adult Safeguarding (Appendix 1). A range of guidance, tools and other materials has been produced by national and local government, the NHS, police and justice system in recent years. The LGA Standards reflect this. The headline themes are:
 - Outcomes
 - Experiences of people who use services
 - Leadership
 - Service delivery and effective practice
 - Safeguarding Adults Board - Working together
4. The members of the Peer Review Team were:
 - **Mike Briggs** – Joint National Safeguarding lead for ADASS
 - **Cllr Simon Blackburn** – Leader of the Council, Blackpool Council
 - **Alun Windle** - Safeguarding Adults & Clinical Quality Lead, Rotherham Clinical Commissioning Group
 - **Frances Leddra** – Strategic Lead – Safeguarding Complex Care and Social Work, Thurrock Council
 - **Bev Morgan** – Principal Manager, Adult Safeguarding West Sussex County Council

- **Julie Sanderson** – Adult Safeguarding Lead, Nottingham City Council
 - **Jonathan Trubshaw** - Review Manager, Local Government Association
5. The Team was on-site from 28th April – 2nd May 2014. The programme for the on-site phase included activities designed to enable members of the Team to meet and talk to a range of internal and external stakeholders. These activities included:
 - interviews and discussions with councillors, officers and partners
 - focus groups with managers, practitioners, frontline staff and people using services / carers
 - reading documents provided by the council, including a self-assessment of progress, strengths and areas for improvement against the LGA Standards for Adult Safeguarding
 - A comprehensive review of a select number of case files
 6. The Peer Review Team would like to thank staff, people using services, carers and councillors for their open and constructive responses during the review process. The Team was made welcome and would in particular like to thank the Director of Community Services Harold Bodmer and his team, particularly John Holden, Jane Brewster and Jo Springall for their invaluable assistance in planning and undertaking the review.
 7. Our feedback to the Council and partners on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the review. The report is structured around the main areas of the Standards for Adult Safeguarding listed above.
 8. The East of England ADASS Regional group has contracted the LGA to deliver the peer review process based on the LGA's knowledge and experience of delivering this type of work for over ten years. LGA supplied members of the peer challenge team as well as some off-site administrative support. Some members were recruited to each team from within the East of England ADASS region. The LGA delivers this work on behalf of East of England ADASS Regional group and the outcomes are owned by them.
 9. 'No Secrets' (DoH 2000) provides the statutory framework and guidance for adult safeguarding. This defines 'a vulnerable adult' as 'a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation'. The previous Government published a review of No Secrets with the following key messages for safeguarding:
 - safeguarding must be empowering (listening to the victim's voice)

- everyone must help empower individuals so they can retain control and make their choices
- safeguarding adults is not like child protection – vulnerable adults need to be able to make informed choices
- participation / representation of people who lack capacity and the use of the Mental Capacity Act are important.

The Care Act has now gone through Parliament and puts Safeguarding Adults Boards on a statutory footing. Safeguarding remains a complex area of work and case law continues to test the basis on which it is undertaken.

Outcomes

Strengths

- Referrals receive a swift response and immediate issues are dealt with
- Significant increase in individual transition plans
- Ineffective IMCA provider has been replaced
- Council has concluded that mental health will be more effectively serviced by bringing its seconded staff back into council ASS
- Major residential care home closures have been carried out effectively

Areas for consideration

- Feedback to referrers is inconsistent
- Outcomes are not being evidenced and recorded
- Auditing needs to be more rigorous and systematic
- Opportunity to widen the links with the Community Safety Partnership
- New CQC lead officer is an opportunity to review and update communications and links with them
- Cultural shift towards greater community engagement and empowerment

10. The Team noted that when referrals were received by the Customer Service Centre these were dealt with quickly. There has also been an increase from 30% to 90% of young people in transition from children to adult services having clear plans, which the Team felt was significant and helped protect vulnerable young people moving from Children's to Adult's services as they become older.

11. The Team noted that where deficiencies in services were identified the council took decisive action to address these. When the previous Independent Mental Capacity Advocate (IMCA) provider was found to be ineffective they were replaced; although this happened only recently before the Team's visit it was noted that improvements in take up were already being noticed. With the Mental Health provider action has been taken to bring social workers back into local authority employment, undoing the Section 75 agreement, so that concerns around adequate professional development and management could be addressed.

12. With over 420, Norfolk has a large number of residential care homes. In response to the market there have been inevitable care home closures. In the

view of the Team these have been planned for and carried out effectively, including moving residents from one home to another. The Team also noted that there were plans in place should the need arise to close further homes in the future.

13. The Team found that when people (members of the public, families and other organisations) make a referral there is not always consistent feedback to them regarding the outcome of that referral. Some carers expressed a lack of confidence in what action would be taken if they had any complaints about care homes. The Council needs to ensure that mechanisms for reporting back are more robustly followed and where there is good practice this is built upon. Families need reassurance that any complaint will be acted upon and the findings reported back to them. From the case files that the Team saw service users were not routinely given copies of their safeguarding plan and outcomes were not routinely recorded; this needs to be built into the culture so as to help the service become more user led. Effectiveness of the safeguarding intervention can then be measured against the outcomes set by the service user. The Council should review the current file auditing arrangements to ensure increased accountability in the audit process; it is recommended that Social Care managers routinely audit Safeguarding cases to provide assurance that interventions are effective and that procedural and training needs are highlighted in regular thematic analysis of these audits.
14. The Team recognised that the Council had a good link with the Community Safety Partnership through the Director of Community Services who has been a member for several years and the Partnership's priority focus on domestic abuse and sexual violence links directly to adult safeguarding. However, this priority focus of the Partnership, like the other actions recently undertaken, is relatively new and the Council will want to monitor closely how effective this is in helping deliver safeguarding outcomes.
15. The Team noted that there had been some contact with the Care Quality Commission (CQC) in the past and that a new CQC lead had recently come into post. This provides the Council with an opportunity to enhance and deepen this relationship, particularly during a time of significant change for Health organisations and the CQC.
16. The Council needs to build on where it is working well with individuals to develop a culture that empowers the communities to support themselves. There are pockets of community engagement activity and these need to be extended to cover the whole of the county, creating an asset based approach culture that focuses more on using the assets that are there in the community in new and innovative ways.

Suggested Actions:

1. Carers need more assurance on how complaints about care providers will be addressed
2. Develop a system to record outcomes and service user involvement and to ensure service users receive copies of their safeguarding plans, with an associated audit process to monitor how these are achieved

3. Train social care workers in person centred and outcome focused practice
4. Develop a system to feed back results and outcomes to the referrer and to monitor that this is being consistently undertaken
5. Operational staff are involved in routine audit work
6. Routine use of chronologies for service users and providers would aid information analysis, risk assessment, proactive intervention and enable targeted interventions and resource allocation

People's experience of safeguarding

Strengths

- National survey shows Norfolk citizens feel safe
- Council has signed up to be an early adopter of the Making Safeguarding Personal programme
- Good examples of where user involvement has shaped and taken forward projects
- Anecdotal evidence of positive user engagement with staff
- There is a single point of access for safeguarding concerns
- Awareness that safeguarding of prison inmates will become a new responsibility and planning has started to address it

Areas for consideration

- There is no consistent way of collecting and measuring people's experiences of safeguarding interventions
- Service users/advocates are not regularly involved in the safeguarding process (MSP has only made a limited impact)
- No consistent way of engaging and translating users' views into planning, commissioning and QA
- Very low level of awareness among carers and public of where to go/ring to report abuse
- Use the rich expertise in voluntary sector, carers and service users

17. The *Personal Social Services Adult Social Care Survey England, 2012-13* survey showed that the majority of residents felt safe in Norfolk. Although this in itself is not an indicator of safeguarding it was a positive reflection of people's wellbeing. Additionally, the survey shows that more people who use services feel that their support enhances their quality of life and helps them remain independent, when compared to national and regional figures. The Council could use this to highlight how joint working is having an impact on people's lives, perhaps through reducing crime and increasing social cohesion.

18. The Council has plans in place or has recently implemented plans to improve safeguarding. The Team thought that it was positive that the Council signed up as an early adopter to the Making Safeguarding Personal programme. This is

another example of the Council being in the early stages of its work, with only a few cases going through. The Council now needs to build on this and move from a process focused approach to a user focused approach in line with national trends. It was also positive that there was a single point of access for safeguarding, although more work needs to be done to ensure that users, carers and other organisations know about it and how to refer into it so that safeguarding procedures are consistently applied. Another example of the Council being aware of its responsibilities and planning for them was in relation to the implications of the Care Bill for safeguarding vulnerable adults in prisons, of which Norfolk has three.

19. The Team found some anecdotal evidence of good user involvement and how people have been able to shape their own care. However, this information was not routinely gathered in a systematic way and so it was hard to evidence the impact of any interventions on people being safeguarded. The Council needs to develop a mechanism for routinely gathering people's experience of safeguarding, analysing the data and using this to make demonstrable improvements to the services it offers so that people can see that they are being listened to.
20. From the evidence gathered from users, carers and the case files the Team's view was that the Council needs to improve how it engages service users, their advocates and their families in investigations, protection planning and reviews. Although there is a question posed in the safeguarding procedures "*do you feel any safer?*" there was evidence that it was not widely asked or recorded. There is a need for a step change, which actively involves users and their advocates in every stage of decision-making to give them back control over their lives.
21. The team saw that responses to referrals were generally swift. However, it appears that relatively few strategy meetings or case conferences take place, with the majority of work to plan responses to referrals being undertaken through strategy discussion. From what the team saw these strategy discussions appear to involve a limited number of key partners and do not always include the service user or their representative. It appears that safeguarding work following strategy discussion, although undertaken generally in a robust and thorough way, tends to be through a series of conversations with partners or the service user or their representative. This approach does not systematically focus on the outcomes the service user wishes to achieve. It also limits the ability to undertake effective and coordinated partnership working and information sharing in response to safeguarding concerns, which can therefore be more resource intensive. Further consideration should be given to how technology can be used to support communication and increase the involvement of service users or their representatives in strategy discussions and meetings, particularly where the process is unlikely to progress to case conference.
22. There was a low level of awareness amongst service users of where to go to get information if they had safeguarding concerns. It was noted that the Safeguarding Adults Board (SAB) had recently created a dedicated website but this was again in its early stages and more promotion needs to be undertaken to ensure that there is a wider awareness of this resource. In the Team's view the voluntary sector organisations are a significant community asset that the council

needs to engage with more in order to communicate effectively with service users, enhance responses from them and broaden the range of services offered.

Suggested actions:

1. Build the principles of MSP into your safeguarding procedures, practice and processes
2. Invest into more publicity and initiatives to raise public awareness of adult safeguarding
3. More consistency of information sharing needed with and across District Councils (e.g. DCs' license taxi drivers that the CC would refuse)
4. Safeguarding MASH PCs to engage with community groups
5. Develop an asset based approach to safeguarding.

Thurrock has adopted an Asset Based model to all areas of Social Care by introducing Local Area Co-ordinators, and training social work staff in how to support people using their strengths, their families and their communities before creating dependencies on services. This work is now being extended to a number of safeguarding initiatives in partnership with Community Safety. For more information contact: fledra@thurrock.gov.uk .

6. Supervision and audit to evidence MSP
7. Make a step change from a process-led to a user-led culture

Leadership

Strengths

- Good visible leadership within ASS
- Good relationship between ASS and the Police at senior level is reflected throughout the organisations
- Some political and corporate recognition that they must turn their attention to Adult Safeguarding to ensure it has sufficient priority and resource
- Some good examples of safeguarding initiatives within the community (e.g. *Trusted Traders*)
- DASS is an active member of the Community Safety Partnership
- There is a clear recognition of the need to establish sound working relationships with Health partners throughout a large and diverse Health environment

Areas for Consideration

- Political involvement in safeguarding needs to be heightened
- The issues with Children's Services have eclipsed the corporate council's focus on adult safeguarding
- Ensure sufficient focus is maintained on adult safeguarding through a period of political and corporate change
- Challenge between organisations needs to be more robust
- Continue with collaboration across Children and Adults and emphasis around the whole family
- Heighten profile of Health as a key partner in safeguarding

23. From the people that the Team talked with the view was that Adult Services was well led with good, visible leadership. There was also a good senior level relationship with the police and this translated into effective working relationships at all levels, as evidenced by the Team's experience of the Multi-Agency Safeguarding Hub (MASH). However, currently Health has a limited role in the MASH and increasing this would strengthen its multi-agency focus.

24. It was acknowledged that recently the Council has rightly been focusing attention and resources on the needs of safeguarding children. However, there is corporate and political recognition that the Council now needs to turn its attention

to adults' safeguarding and the peer review was part of this process. The Council also recognises that there is a need to develop the strategic relationships with the wide range of health partners, including; five Clinical Commissioning Groups (CCG), three acute trusts, a mental health trust, two community health providers and 143 GP practices. Although the Council has plans as to how it will engage with health partners these are in their early stages and reflect the impacts of the Health reorganisations. The Council, along with the relevant Health colleagues, therefore needs to ensure these relationships are actively worked upon so that a consistent approach to safeguarding is adopted, even if this is refined to meet specific local needs.

25. Given the above, political involvement in safeguarding adults now needs to be heightened. The Team noted that there had been little political involvement on the SAB and it was felt that the importance of this board had been overshadowed by the needs of Children's Services. The political focus needs to reflect where possible abuse is likely to occur in society, particularly so with an increasing elderly and potentially vulnerable population. The challenge is to ensure that the change to a committee structure, agreed whilst the Team was on site, is used to best effect to address the issues of adult safeguarding. The same is true of the corporate focus and changes in the senior leadership, so that when your new Managing Director takes up her post she is made aware of adult safeguarding and that a rebalancing takes place as Children's Services improve.
26. There is a need for partners to increase the robustness of their challenge to each other, so that they confront issues and are still able to maintain the relationships required to make the partnership work. The current level of challenge does not sufficiently drive change and partners need to feel secure enough to say when they disagree with each other or believe other partners are not performing adequately.
27. There were areas of good collaboration between Children's and Adults' Services and there was evidence of an increasing number of transition plans in place. The Think Family approach needs to be built upon so that the whole family situation is considered when dealing with abuse of children or adults. The more holistic the approach the more effective the Council will be in addressing further areas of abuse.

Suggested actions:

1. Raise profile and understanding of adult safeguarding with elected members by amongst other things, launching *corporate carers* (based on the concept of *corporate parents* for looked after children)

"Councillors' Briefing: Safeguarding Adults" LGA 2013 is a useful guide
http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10180/3510589/ARTICLE

2. Cabinet member and SAB elected member representative to be involved in appointment of new SAB Chair

Service Delivery and Effective Practice

Strengths

- Committed and skilled workforce – across all partners
- Good range of initiatives and tools, including “Shout it out” campaign
- Positive response to MASH
- Appreciation of the impact of Practice Consultants
- Appreciation of benefits of multi-agency training – where received
- Customer Service Centre ensures all alerts received are dealt with quickly

Areas for Consideration

- People do not always know how to make a safeguarding referral
- Feedback to referrers is inconsistent
- Thresholds not consistently applied or understood across relevant organisations
- Health representation at the MASH is important
- Partners not always aware of each other's activity/information
- Training needs bringing together across all providers to give a more consistent approach
- Policy of police consultation on every referral is clogging up system
- Norfolk is an outlier on DoLS – need to increase awareness across care settings
- Norfolk has low safeguarding referrals – are thresholds being applied too rigidly?
- Use the rich expertise in health sector and independent providers

28. The Team found that there was a committed and skilled adults social care workforce, working across all partners. There were also a good range of tools and publicity, including the ‘*Shout it Out*’ campaign, encouraging people to notice abuse and informing them as to who to tell about it.

29. The staff that the Team spoke with had an overall positive response to the Multi Agency Safeguarding Hub (MASH) and to the creation of Practice Consultants. It

was recognised that safeguarding was a vital area and that the Council was prepared to give people the expertise to carry out this work.

30. Where multi-agency training had been received the benefits of this were recognised. However, frontline staff that the Team spoke with said that more training was required so that consistency in approach was given across the partnership. There was a particular issue in providing training to support the use of the MASH and the Team was made aware that steps were being taken to address this. Also, training is required to ensure that more people are aware of when to make a Deprivation of Liberty Safeguards (DoLS) application and this should help address Norfolk's position as an outlier on the national Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS) statistics. Further consideration could also be given to the application of wilful neglect under the MCA, where referrals relating to the quality of care provided may indicate this could be relevant. Training is also beneficial in informing partners about how to access each other's offer, although more needs to be done outside training to ensure partners are aware of what those offers are. The Council should review the balance between the 'awareness' training and specialist training and how this can be delivered to the whole of the social care workforce so as to minimise any gaps in knowledge and skills between the various partners.
31. Frontline staff, carers and users that the Team spoke with did not always know how to make a referral and that when these were made the Team was told that they did not always receive feedback as to the outcome of their referral. Thresholds were not being consistently applied, particularly with differences being noted when comparing Health providers' definitions of Serious Incidents and when a safeguarding referral needs to be made. The Council and partners need to ensure that there is more effective promotion of referral information and that there are clear mechanisms for providing referrer feedback that are consistently applied.
32. In the Team's view there needs to be Health representation in the MASH to cover adults' issues and not just children's, as is currently the case. This would strengthen Health's existing good links and increase the impact of the multi-agency response to referrals.
33. The Team noted that, while there had been an increase more recently, relatively few safeguarding referrals were made in Norfolk, although they were unsure as to the reason for this; it could be that there is less abuse in Norfolk or people do not know how to make a safeguarding referral or thresholds are being applied too rigidly or some other reason. However, the Council will need to understand for itself why this is the case and take appropriate action to address it. The SAB could address this issue by making it a key part of its business plan.
34. The care providers in Norfolk, in the health, voluntary and private sectors, have a lot of experience that could be more effectively drawn upon to help improve services. The Council needs to work through existing networks and where necessary create new ones (an inclusive provider forum for example), so that providers can become more engaged with each other and the development of the service offer.

Suggested actions:

1. Develop a Quality Assurance framework to demonstrate effective practice, including: qualitative case file audits, safeguarding forums to facilitate reflective practice, and a review of the Safeguarding Training reflective practice and a review of the safeguarding training programme – this should be led from the top and include regular dip samples that are reported up and down the line with clear rules and timescales for corrective action.
2. Review potential duplication of Practitioner Consultants' role
3. Develop a multi-agency training strategy that includes a Training Passport for all staff who work in health and social care – standardise the levels of training for staff at all levels and coordinate through the SAB training sub-group. NOTE the CCG commissioners have agreed to a financial contribution to make this happen.
4. Change local policy so that police are only consulted where required. This is being addressed and support must be given when the Adults Social Services and police MASH leaders bring a proposal to the SAB
5. Customer Service Centre needs some admin support as precious specialist time is wasted in inputting and checking data, etc.
6. Record keeping (including minimum standards) and supervision policy to be designed and implemented to include evidence of management oversight
7. Develop a system to ensure referrers are given feedback and build this into audit procedures.
8. Consider review of the content and format of the adults safeguarding policy and procedures to combine these into one more easily accessible and navigable document that is more reflective of current and developing practice.

Working together – Safeguarding Adults Board

Strengths

- Good relationship with the police force
- The Board has established itself and five Safeguarding Locality Partnerships
- There is a business plan and risk register
- The core partners have tested the market for the Board's independent chair and will shortly make a new appointment
- Board now has its own web site

Areas for consideration

- Safeguarding Locality Partnerships are council-led and are insufficiently accountable to the Board
- Problems ensuring full representation from NHS partners (Health do not appear to be an equal partner)
- The Board is not linked in to other relevant Boards and bodies, does not appear to have sufficient clout to achieve actions or hold its members to account
- The Board has no way of objectively knowing if/how it is making a difference
- The Board have struggled to engage service users and carers

35. The SAB has five Safeguarding Locality Partnerships that ensure there is coverage across Norfolk's large, complex, geographic area. However, because the partnerships are not directly tied to the SAB inconsistencies occur across the five areas and this acts as a barrier in delivering the Norfolk safeguarding message. The Board needs to develop a longer term strategy and change the Locality Partnerships into delivery subgroups to implement the strategy attuned to local circumstances. They will then report back on the objectives set so that a consistent approach is created.

36. The Board produces an annual business plan with a risk register and there are good relationships between partners, especially the police. The Team noted that the Board had recently launched its own website and this now needs effective promotion to ensure that service users, carers and organisations are aware of the resources and information that it has to offer.

37. The Team saw the recent testing of the market for a new independent chair of the SAB as positive. The Board is at a stage where it is ready for a revamp to take it to the next stage of its development and a new chair should help increase the robustness of challenge between partners. In the Team's view this is an important step and the Council needs to continue with the leadership it has shown in deciding to appoint a new chair. This is a priority action as the SAB is key in developing the approach for all the partners in Norfolk in consistently and effectively addressing adults' safeguarding needs.
38. Health as a whole was not viewed as a core partner within the SAB. This view was expressed to the Team by Health partners as well as other people the Team spoke with. It is recognised that there was a difficulty in getting all Health partners represented. This needs resolving so that effective mechanisms are in place for gathering and reflecting the views of Norfolk's Health partners when the Board takes on a statutory role next year and Health, the Council and Police become the core statutory partners.
39. The SAB is not formally linked to the Health and Wellbeing Board and this means that it operates without clear lines of accountability. There is an opportunity with the appointment of a new chair to review the governance arrangements including political oversight to develop clear and formal lines of accountability and reporting with key boards and committees. This could also consider how partners are even more fully engaged.
40. The SAB needs to develop a clear set of outcome measures that demonstrates to users, carers and partners how its actions are impacting on the lives of the residents of Norfolk. The Board needs to use the statistical and other information at its disposal to tell the clear story of how people are being made safer. Although there is no nationally agreed safeguarding performance dashboard there are a number of working examples available from other council areas (see action point 8 below).
41. The Board also needs to reassure itself that the voices of vulnerable adults involved in safeguarding are heard. It does understand that individual service users as Board members is extremely problematic however their voice can be heard through a specific sub-group or one that has responsibility for engaging with both staff and service users. The information obtained needs to be collected in a way that supports the performance management and communication strategies so that these processes are complimentary rather than a duplication of work.
42. The SAB needs to include in its policies and procedures a Serious Incidents protocol that applies to the NHS as well as all care providers.

Suggested actions:

1. Give the new chair support to provide a strong and clear lead with political, managerial and operational support (e.g. Lead ASS councillor is a Board member, regular meetings with Council Managing Director, Board coordinator post is reviewed to ensure capacity to carry out actions for the chair).

2. Build a 3-5 year strategy with the Board members that they can own. Deliver it with an annual business plan, which you review at the year end with a published SAB annual report, (every action in the business plan must be tied in to the delivery of the strategic objectives).

A lot of Boards now have a published strategy on their website. here are two examples (also attached)

<http://ersab.eastriding.gov.uk/easysiteweb/getresource.axd?assetid=260528&type=0&servicetype=1>

https://www.newcastle.gov.uk/sites/drupalncc.newcastle.gov.uk/files/wwwfileroot/health-and-social-care/newcastle_safeguarding_adults_board_vision_and_priorities_2014-2016_-_final.pdf

3. Make the County Board the strategic Board, the Locality Partnerships then become action groups directed by the SAB, reporting to it and held accountable by the County Board.
4. Review sub-groups to ensure they will facilitate delivery of the strategy and consider sub-strategies such as training, communication, etc.
5. Map out and implement a governance structure for the SAB (e.g. how it links to H&WB, OSC, LSCB, etc.).
6. The chair will hold SAB members to account for their actions. Start off by running a Section 11-type review whereby all partners complete a self-assessment and are then individually challenged, follow up with a feedback workshop and then make it an annual event.
7. Develop a dashboard of outcome measures (mixture of outputs, outcomes and subjective measures) that really will tell them how they are making a difference. Make it a standing agenda item and drive up performance through it.

Nottingham City Council is in the design stage of developing a real time cloud based browser, which will hold all contractual and regulatory information from the Council, health partners and CQC in relation to regulated providers. The aim of the 'Dashboard' is to share information in relation to the current status of providers, to which practitioners can refer. It is anticipated the pilot will go live in autumn 2014. For more details contact:

Julie.Sanderson@nottinghamcity.gov.uk .

The LGA/ADASS report "Making effective use of data and information to improve safety and quality in adult safeguarding" is also a useful resource:

http://www.local.gov.uk/c/document_library/get_file?uuid=92848e3c-50a8-4ac3-8110-da12c793c90f&groupId=10180

8. Find a way of gathering users' and carers' views and feeding them into the Boards planning.

The SCIE guide "User involvement in adult safeguarding" attached is a useful resource:

<http://www.scie.org.uk/publications/reports/report47/files/report47.pdf>

9. Find a better way of ensuring full representation of NHS organisations.
10. Ensure the 3 core statutory partners make a fair contribution (financial and resource) to run the Board.
11. Plan for how the Board will meet new statutory status under the Care Act.

Summary

- Re-organise your SAB to make a strategic impact
- Make a step change from a process led to a person centred approach
- Refine and re-orientate performance measures to test, “*have we made a difference to people’s lives?*”
- Rebalance the ASS budget as resources become available as increase in demand is projected to rise even higher
- You need to know how the citizens’ experience has improved through your restructure

43. With the move from a voluntary to a statutory partnership under the Department of Health next year the SAB has the opportunity to redefine how it will make and be seen to make a strategic impact on safeguarding adults in Norfolk. Steps have already been taken to ensure that this happens with the decision to appoint a new independent chair. However, more work needs to be done to ensure the governance arrangements are robust, allowing partners to challenge each other openly and for the voice of the user to be seen to be heard.

44. The Council and its partners need to ensure that the people, culture and systems are in place that allows the person to be placed at the centre of safeguarding. At present there is an overemphasis on getting the process right and ensuring boxes are ticked. It is important that information is recorded timely, accurately and consistently but with the focus being that this is for the benefit of the vulnerable person.

45. Information needs to be recorded, analysed and presented so that Adults Social Care and the other partners know that the work undertaken makes a difference to people’s lives. At the end of an intervention people need to feel more empowered and safer. Information needs to be gathered at the start and end of the person’s journey so that those involved can measure the impact that they have made.

46. Norfolk has a higher than average level of older people in its population and this brings with it an increase in demand for health, care services and social care services. There is also an increasing number of people with health problems, which all gives rise to an increasing population of vulnerable people. The Team’s view is that the financial cuts to services need to be rebalanced as the issues within Children’s Services are addressed. This is not about giving Adults more money but more about looking at where the demand for services lies within the overall council budget.

47. The Council needs to do more to engage with service users and those other organisations providing services to them. Those the Team spoke with were very willing to share their experiences and this should be embraced to help improve services, provide open challenge and information to monitor the impact of

interventions undertaken. The Council may want to consider an approach similar to Thurrock Council, which used a co-ordinator to engage with community organisations who then helped represent their views in an organised way. This approach may also identify 'community assets' that can be brought into the partnership's overall offer.

Contact details

For more information about the Adult Safeguarding Peer Review of Norfolk County Council please contact:

Jonathan Trubshaw
Review Manager
Local Government Association

For more information on the LGA's National and Regional Adults Peer Challenge Programmes please contact:

Marcus Coulson
Programme Manager
Local Government Association
Email: marcus.coulson@local.gov.uk
Tel: 07766 252 853

For more information on Adult Safeguarding and Adult Social Care Peer Reviews and Peer Challenges or the work of the Local Government Association please see our website www.local.gov.uk/peer-challenges

Appendix 1 - LGA Standards for Adult Safeguarding Peer Review

The standards are derived from:

- CQC performance and board reports
- The No Secrets Review
- LGA engagement with safeguarding developments
- Broader local government and NHS developments

The standards are grouped into four main themes which are further divided into sub themes:

Themes	Outcomes for and the experiences of people who use services	Leadership, Strategy and Commissioning	Service Delivery, Effective Practice and Performance and Resource Management	Working together
Elements	<p>1 Outcomes</p> <p>2 People's experiences of safeguarding</p> <p>This theme looks at what difference to outcomes for people there has been in relation to Adult Safeguarding and the quality of experience of people who have used the services provided</p>	<p>3 Leadership</p> <p>4.Strategy and</p> <p>5. Commissioning</p> <p>This theme looks at the overall vision for adult safeguarding, the strategy that is used to achieve that vision and how this is led and commissioned</p>	<p>6. Service Delivery and effective practice</p> <p>7. Performance and resource management</p> <p>This theme looks service delivery, the effectiveness of practice and how the performance and resources of the service, including its people, are managed</p>	<p>8. Local Safeguarding Board</p> <p>This theme looks at the role and performance of the Local Safeguarding Board and how all partners work together to ensure high quality services and outcomes</p>

For the complete, detailed version of the LGA Standards for Adult Safeguarding please go to:

http://www.local.gov.uk/web/guest/peer-challenges/-/journal_content/56/10171/3510407/ARTICLE-TEMPLATE

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
1.	Leadership and Governance NCC					
1.1	Raise profile and understanding of adult safeguarding with elected members by amongst other things, launching <i>corporate carers</i>					
	Present the Peer Review of Adult Safeguarding report to the new Adult Social Services Committee for agreement and sign-off the action plan.		1	Harold Bodmer	16/6/14	
	Member for Safeguarding adults to be on Safeguarding Board		1	Harold Bodmer	16/6/14	
	Harold Bodmer to present Peer Review slides to COG at first opportunity		2	Harold Bodmer	8/5/14	Complete
	Cabinet member and SAB member to be involved in appointment of new Independent SAB Chair		1	Debbie Olley	16.05.14	Completed
	Adult Safeguarding a standing item on the Committee agenda		1	John Perrott	07.07.14	
	Arrange a series of events to raise the profile of Adult Safeguarding with members generally, with a view to parity of importance with the Corporate Parenting function.		2	Lucy Hohnen	15.09.14	
	Agree with Children's Committee the Terms of Reference of the Safeguarding member Group		1	Harold Bodmer	07.07.14	

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
1.2	Invest in more publicity and initiatives to raise public awareness of adult safeguarding					
	Develop a communications strategy for safeguarding		3		15.12.14	
	Issue media comms re new safeguarding website		2		15.09.14	
	Issue media comms re appointment of indep. Chair.		2		15.09.14	drafted
1.3	Give the new Adult Safeguarding Board chair support to provide a strong and clear leadership. <i>(crossover with Practice & Systems and Processes)</i>					
	Review Safeguarding Coordinator post to ensure adequate capacity to support the Board.		1/2	Debbie Olley	15.09.14	
	Arrange induction and mentoring		1	Lucy Hohnen	07.07.14	
1.4	Build a 3-5 year strategy with the Board; an annual business plan and a published SAB annual report.					
	Develop 5 year strategic work plan, based on 2012-15 business plan		2	Debbie Olley	15.09.14	

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
1.5	Make the County Board the strategic Board and the Locality Partnerships into local action groups directed by the Board, reporting to and held accountable by it.					
	Commission a review of the Safeguarding Adults Board membership, processes and functions.		1	Harold Bodmer	07.07.14	
	Director of Community Service to be Board member		2	Harold Bodmer	15.09.14	
	Board meetings bi-monthly		2	Harold Bodmer	15.09.14	
	Ensure the Board is appropriately resourced and core partners make a fair financial and resource contribution.		3	Harold Bodmer	15.12.14	
	Review sub-groups in line with LSAPs		3	Harold Bodmer	15.12.14	
1.8	Ensure full representation of NHS organisations					
	Present the report and action plan to the 5x CCG Boards, NCH&C Board, NSFT Board, 3x Hospital Boards; to get sign up for representation.		2	Debbie Olley	15.09.14	

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
1.10	Continue to plan for the new statutory duties under the Care Act					
	Ensure the Transformation plan takes account of the Safeguarding Adults Board		2	Janice Dane	15.09.14	
	Project to report to the Board as appropriate		2	Janice Dane	15.09.14	
1.11	Develop a multi-agency training strategy <i>(Practice)</i>					
	Review existing training programme		2	Debbie Olley / Lucy Hohnen	15.09.14	
	Hold workshops to identify what staff need		3	Debbie Olley / Lucy Hohnen	15.12.14	
	Draft strategy		3	Debbie Olley / Lucy Hohnen	15.12.14	
	Implement strategy		3	Debbie Olley / Lucy Hohnen	15.12.14	

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
1.12	Improve consistency of information sharing needed with and across District Councils <i>(crossover with Systems and processes)</i>					
	LSAPs to approach local district Councils to raise awareness		3	Debbie Olley	15.12.14	
2.	Practice					
2.1	Train social care workers in outcome focused practice					
	With Children's Services, develop a new social work standard which focuses on outcomes.		2	Debbie Olley / Lucy Hohnen	15.09.14	
	Take Peer Review findings to Making It Real group, Carers Council and Older Persons forums		2	Debbie Olley / Lucy Hohnen	15.09.14	
	Set out a clear safeguarding pathway for people		3		15.12.14	
2.2	Build the principles of MSP into safeguarding practice and processes					

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
	Review processes and CareFirst forms to include reference to MSP principles		2	Debbie Olley	15.09.14	
	Investigate Learning and Development needs of practitioners		2	Debbie Olley	15.09.14	
	Implement new processes		3	Debbie Olley	15.12.14	
	Deliver training in new processes		3	Debbie Olley	15.12.14	
2.3	Ensure the asset based community development work includes safeguarding <i>(crossover with Leadership)</i>					
	Ensure that the new model of social work under development includes a community approach to adult safeguarding.		3	Janice Dane	15.12.14	
2.6	Ensure Community Groups are aware of the MASH (link to the communications plan, asset based development)					
			2	Janice Dane	15.09.14	
2.7	Review duplication of Practice Consultant's role in the light of ACMR					

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
	Produce competency framework for safeguarding case oversight		3	Debbie Olley	15.12.14	
	Pilot competency framework in one locality		3	Debbie Olley	15.12.14	
	Roll out competency framework to all teams		4	Debbie Olley	15.06.15	
2.8	Change local policy so that police are only consulted where required					
	Consult with senior managers in NCC and Police		3	Debbie Olley	15.12.14	Underway
	SAB to agree pilot		3	Debbie Olley	15.12.14	Underway
	Monitor evaluation of pilot – take decision whether to roll out.		4	Debbie Olley	15.06.15	Underway
3.	Systems and Processes					
3.1	Review file audit procedure and develop other QA measures (<i>crossover with Leadership & Systems and processes</i>)					
	Review current processes for file checking by QA Team and by operational managers, including the need for a safeguarding case closure process.		2	Catherine Underwood	15.09.14	
	Implement systematic random auditing of files by Heads of Social Care and members of SMT		2	Catherine Underwood /	15.09.14	

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
				Debbie Olley		
	Implement new framework with operational teams		3	Catherine Underwood / Debbie Olley	15.12.14	
3.2	Develop a system to record outcomes					
	Develop CareFirst to enable recording		2	John Perrott	15.09.14	
3.3	Develop a dashboard of outcome measures <i>(crossover with Leadership & Systems and processes)</i>					
	Research how this is done by other local authorities		2	Harold Bodmer to discuss with Debbie Bartlett	15.09.14	
	Identify set of measures – outputs, outcomes and subjective measures		2	“ “	15.09.14	
	Develop recording and reporting mechanisms		3	“ “	15.12.14	

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
	Standing item on Safeguarding Board agenda		3	“ “	15.12.14	
3.4	Gather users' and carers' views and feed them into planning <i>(crossover with Leadership)</i>					
	Research how this is done by other local authorities		2	Catherine Underwood	15.09.14	
	Develop feedback mechanism		3	Catherine Underwood	15.12.14	
	Report findings to SAB		3	Catherine Underwood	15.12.14	
3.5	Give carers more assurance on how complaints about care providers will be addressed <i>(crossover with Leadership)</i>					
			3	Catherine Underwood	15.12.14	
3.6	Develop a system to feed back to the referrer					

Norfolk Adult Safeguarding Action Plan

Ref	Task	Expected benefit	Priority	Senior Sponsor	Completion date	Status
			1	Debbie Olley	07.07.14	
3.7	Admin support for CSC to avoid specialist time being spent inputting and checking data					
	Investigate if additional support is available.		1	John Perrott	07.07.14	

Priority key

- 1 = within 4 weeks
- 2 = within 3 months
- 3 = within 6 months
- 4 = within 12 months