



## Community and Wellbeing Scrutiny Committee

26 November 2019

### Report from the Strategic Director Community and Wellbeing

## Adult Safeguarding Peer Review

<b>Wards Affected:</b>	All
<b>Key or Non-Key Decision:</b>	Non-key
<b>Open or Part/Fully Exempt:</b>	Open
<b>No. of Appendices:</b>	2 - Appendix 1 – Brent Peer Review Presentation Appendix 2 – Safeguarding Adults Action Log
<b>Background Papers:</b>	None
<b>Contact Officer:</b>	Georgina Diba Head of Safeguarding & Transformation 020 8937 6172 <a href="mailto:Georgina.diba@brent.gov.uk">Georgina.diba@brent.gov.uk</a>

### 1.0 Purpose of the Report

- 1.1 Peer Reviews are a key part of the national and London Association of Directors of Adult Social Services (ADASS) sector led improvement programme. Every Local Authority is now expected to undertake a review every 3 years, and in London Boroughs can choose one of three themes – Safeguarding, Commissioning or Use of Resources. Brent Council chose safeguarding adults because of the importance of safeguarding adults and the need to provide continual assurance that the systems, processes and functions are working as well.
- 1.2 This report provides an overview of the ADASS Safeguarding Adults Peer Review that took place in Brent in between 19-21 June 2019. It provides detailed feedback from the review by the Peer Review Team. It then focuses on the actions that are being taken forward, both within the Local Authority and where recommended by the Brent Safeguarding Adults Board (BSAB).

### 2.0 Recommendation(s)

- 2.1 Community and Wellbeing Scrutiny Committee is asked to:
  - i. Note and comment on the outcome of the peer review by the Peer Review Team and set out in the presentation

- ii. Note and comment on the actions that are being taken forward by the Local Authority and the Brent Safeguarding Adults Board (BSAB).

### **3. Background**

#### ***Sector Led Improvement and Peer Reviews***

- 3.1 As there is no external inspection regime for adult social care, ADASS and the Local Government Association (LGA) have worked together to develop a national programme of sector led improvement (SLI). The aim of this is to work in partnership with DASSs and their regional ADASS branch to support programmes of SLI which:
  - improve DASS and whole-Council self-awareness of risks, challenges and strengths
  - develop a culture of sharing, challenge, learning and development
  - promote a collective, sector-wide responsibility to improve performance and outcomes for all citizens
  - promote SLI as an approach to wider Health and Care system improvement
  - maximise the best 'mix' of LGA and ADASS SLI tools and approaches to support improvement in the sector as a whole.
- 3.2 In addition, and as part of this focus on SLI, London ADASS delivers a programme of Peer Reviews. Boroughs can choose one of three themes: Safeguarding, Commissioning or Use of Resources. The format for all three Peer Reviews is determined by London ADASS, and the methodology for each is developed in line with materials produced by the national SLI programme.
- 3.3 Peer Reviews are not inspections, nor a mechanism to produce scored assessment or a detailed service assessment. They are an opportunity to get external challenge in order to provide assurance, and to focus on what can be done to improve.
- 3.4 Reviews are undertaken by teams of 5/6 peers from across London. Each Peer Review is led by a Director of Adult Social Services (DASS). Teams are made up of experienced adult social care professionals from a range of backgrounds, including Principle Social Workers, Commissioners, Performance and Finance staff. All team members are trained Peer Reviewers.
- 3.5 The process of a Peer Review is as follows:
  - The Borough produces a self assessment according to the key lines of enquiry for that particular Peer Review methodology
  - The Borough supplies a range of key documents, both in support of the self assessment, and additional documentation as requested by the Peer Review team
  - The team are then on site for 3 days during which time they speak with a range of people, including staff at all levels, service users and their carer's, and external organisations/partners relevant to the theme of the review.
- 3.6 The review team use these different sources of information to triangulate their findings, and provide evidence based conclusions. There is an expectation that the review findings are shared widely, including with elected members. The findings and recommendations are presented in the form of a brief PowerPoint style presentation.

### **4.0 Detail**

#### ***Safeguarding Adults in Brent***

- 4.1 In Brent, and in consultation with the Brent Safeguarding Adults Board (BSAB), the theme of safeguarding adults was selected to be the subject of our peer review. This was for a number of reasons, but particularly to give elected members, CMT and the

BSAB further reassurance that the systems, processes and functions of safeguarding adults are working as well as they should, that we are following the multi-agency Pan-London Safeguarding Adults policy and procedures, and to give visibility of areas of risk or improvement.

- 4.2 In consultation with partners and the BSAB, it was further agreed that as an area we would gain most value by asking the peer review team to focus on the operational safeguarding links between and across agencies in Brent.
- 4.3 This was because there has been significant focus on the BSAB, and a significant amount of work and development has been done at a strategic level through the board to strengthen the alignment of agencies in Brent around safeguarding at a more strategic level.
- 4.4 Therefore, it was felt the peer review would be most helpful to Brent if it focussed on the effectiveness of safeguarding across agencies at an operational level, particularly testing whether the strategic view of safeguarding was implemented operationally.

### ***The Peer Review process***

- 4.5 As stated above, the Peer Review is based on the Local Government Association (LGA) improvement methodology, which is divided into 4 main themes. The borough prepares a self-assessment before a Peer Review against those themes:
  1. Outcomes for, and the experiences of, people who use services
  2. Leadership, Strategy and Working Together
  3. Commissioning, Service Delivery and Effective Practice
  4. Performance and Resource Management
- 4.6 In addition to the themes, the methodology then requires information according to eight elements:
  1. Outcomes
  2. People's experiences of safeguarding
  3. Collective Leadership
  4. Strategy
  5. Safeguarding Adult Board
  6. Commissioning
  7. Service Delivery and effective practice
  8. Performance and resource management
- 4.7 A wide range of evidence was used to complete the self assessment, including internal policies and procedures, the findings from an internal audit of the Council Safeguarding Team, performance statistics, and an independent case file audit of safeguarding cases, which BSAB commissioned. The self assessment went through internal checks, for example, it was discussed at Corporate Management Team and due to the nature of adult safeguarding being multi-agency, it also had input from the Safeguarding Adults Board partnership, and in particular the statutory partners on the BSAB – Police and Health.
- 4.8 The self-assessment identified a number of areas of strengths, including:
  - keeping the person at the 'centre' of the safeguarding process, and timeliness of responses and intervention
  - strengthened approach to working with social care providers, particularly through the Establishment Concerns sub group, and
  - the Council applies the Care Act appropriately to undertake statutory enquiries where required.

- 4.9 The self assessment also identified a number of areas for improvement, including:
- the need for more focus across all partners on the Making Safeguarding Personal agenda
  - improving our understanding of, and response to, evidence of self-neglect and hoarding, and
  - the need for better use of performance and outcome data across all partners.
- 4.10 Ahead of the review, the Council submitted over 100 documents to the Peer Review team both as supplementary evidence for the self assessment, but also in response to requests from the Peer Review team for additional information.
- 4.11 The Peer Review team were on site between 19-21 June, and was led by Hannah Doody, who is the DASS in Merton. The Peer Review started with an introduction from senior representatives from the Council (including the Leader, Cabinet Member, Chief Executive, DASS and Operational Director) and concluded with a feedback session from the Peer Review team to senior representatives of the Council and members of the Adult Social Care departmental management team.
- 4.12 Over the 2 days of information gathering, the Peer Review team split into sub-teams and had 20 different sessions, not including the wrap up sessions they had with individual leads at the end of the review. They met with the most senior leaders in the Council and the Clinical Commissioning Group, the strategic leads for the BSAB sub groups, operational staff, multi-agency practitioner meetings, social care providers, and voluntary sector providers.
- 4.13 The presentation given by the Peer Review team at the end of the review is attached at Appendix 1. The presentation provides a summary, in which the Peer Review Team reported strong leadership and commitment from members and Chief Executive. As a result, there was a strong voice for parity of esteem for adult safeguarding. Staff were seen to be dedicated, with open and transparent conversations and a real willingness to grow and develop the service. There was lots of evidence of professional curiosity, not just from the Council, but across the partnership.
- 4.14 In addition, the presentation sets out detailed findings for each theme setting out 'what is working well' and 'areas for consideration'. It is important to build on 'what is working well', but the 'areas for consideration' are driving the action plan. It is also important to note that the Peer Review team also commented on the quality of the self assessment, and the fact that it represented what they found through their review. The key issues specifically for the Council are set out below according to the theme:
- **Theme 1 - Outcomes for, and the experiences of, people who use services:**
    - Strengthening the feedback loop for providers when the refer to safeguarding
    - More needs to be done to ensure that outcomes are defined by the vulnerable adults themselves
    - Opportunity to improve the experience of vulnerable adults who are supported by different teams as part of the safeguarding process
  - **Theme 2: Leadership, strategy and working together:**
    - Opportunity to roll out Making Every Contact Count (MECC) to expand expertise, knowledge and professional confidence across the Council and its partners
  - **Theme 3: Commissioning, service delivery and effective practice:**

- Progress the local integrated commissioning function workstream to ensure safety, quality and value for money
- Development of co-production through commissioning processes
- Using the full range of data to drive commissioning
- Developing further the strong culture of professional curiosity and maturity across the system by the rolling out of mandatory safeguarding awareness training across the borough
- Opportunity to create an environment to enable staff to have greater professional curiosity when conducting safeguarding enquiries
- Data and customer insight driven long-term planning in safeguarding, especially in cases where frequent alerts are being raised
- Learning from Safeguarding Adult Reviews should be disseminated more effectively amongst staff
- Recording of notes on Mosaic need to be improved across the teams
- **Theme 4: Outcomes for, and the experiences of, people who use services:**
  - Data could be collected and collated more effectively, addressing gaps in Mosaic recording and making more use of partner intelligence and information from non-safeguarding teams
  - Demand and capacity oversight could be managed in a more efficient way which would address potential for lack of clarity on accountabilities

#### ***Actions and next steps***

- 4.15 The findings and the presentation have been shared widely across the Safeguarding Adults Board partnership, highlighting 'what is working well' but also focusing on the 'areas for consideration'. The Safeguarding Adults Board considered the findings at its Board away day on 1 October 2019 as part of reviewing the Board's priorities and work plan and is developing its response and actions to be taken forward as a result.
- 4.16 The local Authority has also developed its own action plan, which is attached as Appendix 2. The Council's action plan is held by the Head of Transformation and Safeguarding. The Peer Review is not the only source of feedback and quality assurance on the safeguarding adults service, though. Therefore, the action plan addresses a range of feedback as well as the peer review, bringing suggest actions from the Peer Review, internal and externally commissioned audits and learning from complaints, along with the key priorities identified by the Safeguarding Team and Principal Social Worker as part of the annual departmental planning process together into a single action plan. It is important to note that this is a 'live' document and it is continually reviewed and update, with more actions being added as they are identified.
- 4.17 A great deal of work has been achieved since the peer review, and all identified actions are completed, or are on track to be completed. This has been helped by the agreement and appointment of a Safeguarding Transformation Lead Officer (SGTL), who started in post on the 21<sup>st</sup> October 2019. This officer sits within the transformation team and reports to the Principal Social Worker (PSW) and Head of Safeguarding and Transformation, but is dedicated to supporting improvements and transformation in safeguarding.
- 4.18 Key actions and developments to note include:
- **Theme 1 - Outcomes for, and the experiences of, people who use services:**
    - The safeguarding recording and reporting process and workflow has been entirely redesigned, both to align more with the Pan London Safeguarding procedures and statutory requirements, but also to incorporate feedback from the peer review and other improvements as identified by the service.

- This includes realigning the workflow so that there is a review episode attached to all enquiries that must be completed by the Safeguarding Adults Manager at the end of the enquiry and which allows for review and reflection of practice, has clear identification of the outcomes achieved by the AaR (Adult at Risk) and feedback from the AaR.
- Practice guidance is now embedded in the form steps in MOSAIC to allow reflection in real time as staff progress cases.
- **Theme 2: Leadership, strategy and working together:**
  - The Making Every Contact Count (MECC) programme have been revamped and revised to include a specific module on Adult Safeguarding, and is mandatory across CWB. Plans are in progress to roll this out more widely across the Council and partners.
- **Theme 3: Commissioning, service delivery and effective practice:**
  - The department has co-designed a Skills Academy, due to go live on in April 2020. The Skills Academy is based around 4 different development pathways for staff (from non-qualified/ support staff/ qualified/ manager) with clear training and development requirements as designed with staff for each pathway. Training is commissioned for each development requirement in addition to core training required by all ASC staff, such as safeguarding.
  - Safeguarding has been embedded in the mandatory induction course for all staff since 2018, and the Skills Academy ensures all staff have an annual refresher.
  - Briefings have been delivered to all staff on professional curiosity and recording requirements by the PSW.
  - All teams now deliver reflective practice sessions as part of monthly team meetings.
  - 147 staff have completed training in MCA and DOLS since 2018, with courses ongoing.
  - New Risk Assessment templates have been produced and embedded in MOSAIC, along with a new pathway for Modern Slavery, Self Neglect and Hoarding. Training has been provided for all staff on each of these.
  - The PSW and Safeguarding Transformation Lead have redesigned and tested a multi-agency MASH (Multi-Agency Safeguarding Hub) approach for ASC safeguarding. A full proposal is due to be presented in December 2019 and implemented in Jan 2020. Piloting of a case holding duty system has reduced the requirement for S42(1) cases to be opened by the Safeguarding Team from 17 per week to 12, and shown a much higher satisfaction rate by the AaR.
- **Theme 4: Outcomes for, and the experiences of, people who use services:**
  - The process also allows for better recording of ethnicity and other personal information, and data reports from the new system are now analysed on a monthly basis by the Performance, Insight and Improvement Team, with the data used by Transformations Team to assess frequent alerts against actions. All cases of concern are then escalated to the relevant Team Manager.
  - Quarterly case audits began in August 2019, with each Head of Service and Team Manager being tasked to review cases from another team and feedback at a reflective practice session.
  - As part of new process, a closure step has been added where the SAM (Safeguarding Adults Manager) must review actions taken, delegate to a named staff member to deliver any actions and review once complete.
  - Monthly reflective practice is now carried out monthly in team meetings, and the case closure step prompts individual reflective practice between manager and worker on each case.

- Process and workflow is now structured better to prompt easier recording. Briefings have been given by PSW to all staff regarding recording practice. MOSAIC workflow is to be reviewed across ASC as part of ASC Transformation.

4.19 The action plan by the Council is ongoing, recognising that safeguarding is an area of continuous improvement. However, the majority of actions as identified in the peer review are in progress or completed. The action plan is continually updated to reflect the need for continuous improvement, and new actions identified through audits, complaints or reflective practice sessions are added as they are identified.

## **5.0 Financial Implications**

5.1 There are no financial implications arising from this report.

## **6.0 Legal Implications**

6.1 There are no legal implications arising from this report.

## **7.0 Equality Implications**

7.1 There are no equality implications arising from this report.

## **8.0 Consultation with Ward Members and Stakeholders**

8.1 Ward members who are members of the Community and Wellbeing Scrutiny Committee will be involved in scrutinising this report at committee.

### ***REPORT SIGN-OFF***

***PHIL PORTER***

Strategic Director Community and Wellbeing