Brent

Community and Wellbeing Scrutiny Committee – Supplementary Agenda

Tuesday 26 November 2019 at 5.00 pm
Boardrooms 3, 4 & 5 - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

Membership:

Members	Substitute Members
Councillors:	Councillors:
Ketan Sheth (Chair)	Aden, S Butt, S Choudhary, Gbajumo, Gill, Johnson,
Colwill (Vice-Chair)	Kabir, Kelcher, Mashari and Nerva
Afzal	
Ethapemi	Councillors:
Hector	
Knight	Kansagra and Maurice
Shahzad	
Stephens	
Thakkar	

Co-opted Members
Helen Askwith, Church of England Schools
Dinah Walker, Parent Governor Representative
Simon Goulden, Jewish Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools
Alloysius Frederick, Roman Catholic Diocese Schools

Observers
Brent Youth Parliament
Brent Teachers Association - John Roche, Jenny Cooper & Azra Haque

For further information contact: Hannah O'Brien, Governance Officer
Hannah.O'Brien@brent.gov.uk

recycle
for Brent

The press and public are welcome to attend this meeting

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

*Disclosable Pecuniary Interests:
(a)	**Employment, etc. -**	Any employment, office, trade, profession or vocation carried on for profit gain.
(b)	**Sponsorship -**	Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.
(c)	**Contracts -**	Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
(d)	**Land -**	Any beneficial interest in land which is within the council's area.
(e)	**Licences-**	Any licence to occupy land in the council's area for a month or longer.
(f)	**Corporate tenancies -**	Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
(g)	**Securities -**	Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

**Personal Interests:

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:
- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:
- You yourself;

a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest

Agenda

Introductions, if appropriate.

To note the Adult Safeguarding Peer Review.

Date of the next meeting: Tuesday 4 February 2020

📱 Please remember to ***SWITCH OFF*** your mobile phone during the meeting.
• The meeting room is accessible by lift and seats will be provided for members of the public.

	Community and Wellbeing Scrutiny Committee 26 November 2019
	Report from the Strategic Director Community and Wellbeing
Adult Safeguarding Peer Review	

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

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:**

- o Progress the local integrated commissioning function workstream to ensure safety, quality and value for money
- o Development of co-production through commissioning processes
- o Using the full range of data to drive commissioning
- o 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
- o Opportunity to create an environment to enable staff to have greater professional curiosity when conducting safeguarding enquiries
- o Data and customer insight driven long-term planning in safeguarding, especially in cases where frequent alerts are being raised
- o Learning from Safeguarding Adult Reviews should be disseminated more effectively amongst staff
- o Recording of notes on Mosaic need to be improved across the teams
- **Theme 4: Outcomes for, and the experiences of, people who use services:**
  - o 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
  - o 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 21st 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:**
  - o 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.

- o 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.
  - o 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:**
  - o 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:**
  - o 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.
  - o 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.
  - o Briefings have been delivered to all staff on professional curiosity and recording requirements by the PSW.
  - o All teams now deliver reflective practice sessions as part of monthly team meetings.
  - o 147 staff have completed training in MCA and DOLS since 2018, with courses ongoing.
  - o 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.
  - o 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:**
  - o 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.
  - o 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.
  - o 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.
  - o 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

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London Borough of Brent
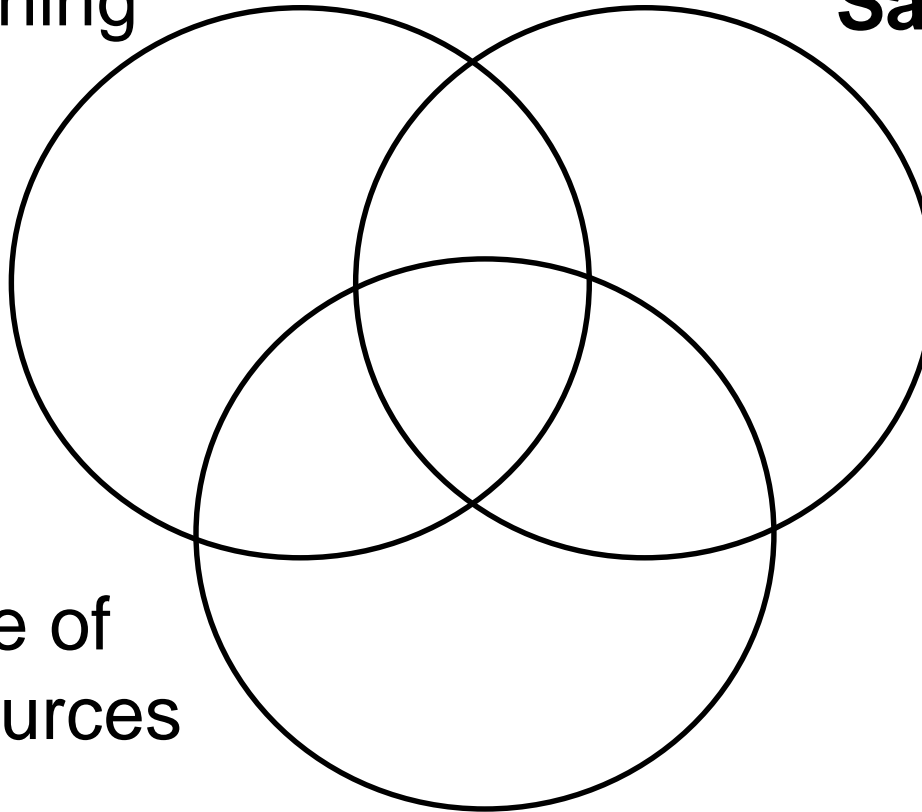# Peer Review
19 – 21 June 2019

Review team

Name	Title
Hannah Doody	Director of Community and Housing, London Borough of Merton. Lead reviewer
Richard Sparkes	Assistant Director Adult Social Care, London Borough of Lambeth
Elissa Rospigliosi	Head of Performance and Systems, London Borough of Barnet
Monica Patel	Senior Commissioning Manager, City of London Corporation
Beverley Latania	Principal Social Worker, London Borough of Newham
Adesoji Ogungbola	Consultant Social Worker, London Borough of Hackney
Tristan Brice	Programme Manager, LondonADASS
Jane Simmons	Programme Manager, South East ADASS

Peer review themes

Commissioning

Safeguarding

Use of
Resources

'Light touch' peer review

With the volume of information supplied and a relatively short time to process it, subtleties of Brent's situation will inevitably be missed along the way. For this reason the peer review is light on absolute 'judgments' about the quality of services. This report is provided in the spirit of self-directed improvement and identifies good practice as well as areas for reflection which may suggest ways of improving services.

We have only included our themes and thoughts based on triangulated information.

This presentation and discussion form part of the triangulation.

Methodological Approach

Theme 1	Theme 2	Theme 3	Theme 4
Outcomes for, and the experiences of, people who use services	**Leadership, strategy and working together**	**Commissioning, service delivery and effective practice**	**Performance and resource management**
This theme looks at what differences there have been to the outcomes people experience in relation to Adult Safeguarding and the quality of experience of people who have used the services provided	This theme looks at: - The overall vision for Adult Safeguarding - The strategy that is used to achieve that vision and how this is led - The role and performance of the Adult Safeguarding Board (SAB) - How all partners work together to ensure high quality services and outcomes	This theme looks at the role of commissioning in shaping services, and the effectiveness of service delivery and practice in securing better outcomes for people	This theme looks at how the performance and resources of the service, including its people, are managed • Element 8: Performance and resource management
• Element 1: Outcomes • Element 2: People's experiences of safeguarding	• Element 3: Collective leadership • Element 4: Strategy • Element 5: Safeguarding Adult Board	• Element 6: Commissioning • Element 7: Service delivery and effective practice	

Overview

- Strong leadership and commitment from Members and the Chief Executive
- Strong voice across the Council in ensuring parity of esteem for adult safeguarding
- Well prepared and structured schedule and support across the visit
- Dedicated and engaged staff
- Open and transparent conversations and a willingness to grow and develop services to ensure safe delivery to borough residents
- Evidence of professional curiosity throughout our visit

Our findings and reflections

Theme 1: Outcomes for, and the experiences of, people who use services

This theme looks at what differences there have been to the outcomes people experience in relation to Adult Safeguarding and the quality of experience of people who have used the services provided

What is working well?

Element 1: Outcomes

- Strong partner awareness, expertise in Making Safeguarding Personal / learning from Safeguarding Adult Reviews - monthly case review forums

- Safeguarding team aware of thresholds and apply these with strong focus on practice and outcomes with wider focus on prevention

- Having centralised safeguarding team is valued and enables relationship building across partners to access advice and expertise around safeguarding

- Strong service user involvement informing prevention work in safeguarding e.g. "Brent Bus"

Areas for consideration

Element 1: Outcomes

- Opportunity to embed the voice of those who access services within the review and refresh of the safeguarding strategy

- Broaden out the knowledge and expertise currently held within the safeguarding team

- Data needs to drive understanding of outcomes e.g. contract monitoring / provider concerns

- Opportunity to review the process of triage for Merlins drawing on the expertise of the integrated mental health teams

- Multi-agency approach to the hoarding protocol to identify clear leadership to ensure co-ordination of complex cases

What is working well?
Element 2: People's experience of safeguarding

- There is clear commitment between the Council and its partners to support and protect vulnerable adults who are at risk of abuse

- There is general awareness on how to report concerns about abuse or neglect

- Advocacy services are used to ensure the best interests of vulnerable adults are considered

- The safeguarding process helps to mitigate risk to vulnerable adults and, where necessary, care and support needs are addressed

Areas for consideration

Element 2: People's experience of safeguarding

- 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

- Having the assurance through the Safeguarding Adult Board that borough residents are aware of how to raise concerns of adult safeguarding

Theme 2: Leadership, strategy and working together

This theme looks at:

- **The overall vision for Adult Safeguarding**
- **The strategy that is used to achieve that vision and how this is led**
- **The role and performance of the Safeguarding Adult Board (SAB)**
- **How all partners work together to ensure high quality services and outcomes**

What is working well?

Element 3: Leadership

- Councils commitment to safeguarding is well evidenced (e.g. Chief Executive, Leader, Lead Member Adult Social Care)
- The use of the different forums (including scrutiny) to drive learning and development across the system
- The commitment to ensure all elected members are provided with adult safeguarding mandatory training
- Commitment from the leadership with the Council to grow and develop the strategic partnership working
- The corporate approach to ensure parity of esteem for adult social care safeguarding

Areas for consideration

Element 3: Leadership

- Opportunity for the Council to use the review of the safeguarding strategy to reaffirm its active leadership role and those of its statutory partners

- Utilising leadership resources external to the Council to deliver the safeguarding strategy

- In light of the changing landscape, the stability of the Council and robust governance arrangements are critical to sustaining the adult safeguarding agenda

- Linking the strategic learning from Safeguarding Adult Reviews into the delivery of frontline service

What is working well?

Element 4: Strategy

- Safeguarding is in political manifesto and flows through service planning to ensure that safeguarding is everyone's business with teams providing service plans which reviewed by peers and feed into area plans with monthly DMT review on progress

- Strong Safeguarding Adult Board strategy

- Partners are aware of the tensions to the local authority of safeguarding remaining place based despite the changing architecture of the statutory partners

- Clinical Commissioning Group strong commitment to Making Safeguarding Personal and training within community health providers

Areas for consideration

Element 4: Strategy

- Opportunity to coproduce the safeguarding strategy and clearly focus on outcomes that are shared across the system

- Develop wider and more flexible information sharing systems

- Opportunity to roll out Making Every Contact Count (MECC) to expand expertise, knowledge and professional confidence across the Council and its partners

- Opportunity now for the Council to clearly setting out what activity needs to be delivered at place level ensuring this strategy is embedded across the statutory partners aims

What is working well?
Element 5: Local Safeguarding Adults Board (SAB)

- Willingness and commitment across organisations to deliver the Safeguarding Adult Board strategy

- Safeguarding Adult Board business is managed well and resourced

- Commitment to growing and developing the partnership through annual safeguarding conference and Safeguarding Adult Board development day

- Clear visibility of Safeguarding Adult Board independent chair

- Annual Report – well structured and accessible

Areas for consideration
Element 5: Local Safeguarding Adults Board (SAB)

- Opportunity to use the strategy refresh to reaffirm the role of statutory partners with the Safeguarding Adult Board and embed the voice of those who access services

- Core partner engagement – in light of the changing architecture

- Opportunity to take the learning from Safeguarding Adult Reviews and embed it within frontline practice and providers

- How does the Safeguarding Adult Board use data to give itself the reassurance that vulnerable adults are safe within Brent?

Theme 3: Commissioning, service delivery and effective practice

This theme looks at the role of commissioning in shaping services, and the effectiveness of service delivery and practice in securing better outcomes for people.

What is working well?

Element 6: Commissioning

- Strong link between housing, health and care including the development of new accommodation for independent living
- Commitment to developing an outcomes based approach to care delivery drawing on the dementia strategy work (co-produced)
- Positive relationship with providers through relationship managers and engagement events
- Role of relationship managers has strengthened contract monitoring, assessments and work with providers
- Joint visits and close working with safeguarding team

Areas for consideration
Element 6: Commissioning

- Explore opportunities within the NHS plan for delivering joined up safe integrated care at Place level

- Progress the local integrated commissioning function workstream to ensure safety, quality and value for money

- The opportunity to utilise the expertise across the system to shape the market, build capacity and deliver effective preventative services

- Development of co-production through commissioning processes

- Using the full range of data to drive commissioning

What is working well?
Element 7: Delivery and effective practice

- There is clear understanding of what abuse is and how to raise concerns to address them

- Equality policies are adhered to as part of the process

- There are models of multi-agency working and integrated teams in different services across the borough

- Resources available to deliver joined up safeguarding training across partners

- Response to safeguarding alerts are raised in a timely fashion and effective arrangements are made for enquiries to occur

Areas for consideration
Element 7: Delivery and effective practice

- 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

This theme looks at how the performance and resources of the service, including its people, are managed.

What is working well?
Element 8: Performance and resource management

- Brent and partners have a wide range of data available to measure performance and inform decision-making

- Performance, Improvement and Insight team is an important resource and an opportunity to bring a different perspective

- There are examples of effective use of qualitative information and user experience within the Council and partners

- Well resourced for safeguarding

Areas for consideration
Element 8: Performance and resource management

- 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

- Performance information could be used more effectively to enable meaningful discussion and challenge at the Safeguarding Adult Board

- Demand and capacity oversight could be managed in a more efficient way which would address potential for lack of clarity on accountabilities

- Opportunity to use the strategy refresh to bring together qualitative and quantitative data, insight and user experience and set clear outcomes to drive delivery.

Suggested next steps

- Review to be shared widely in Brent, particularly among those who contributed to the review
- Action plan to be co-produced and owned across the system

Thank you

Thank you to all the staff and providers we met during our visit who were open and extremely welcoming. Thanks also for your hospitality and support during our stay.

A special thanks to Georgina, Adam and Hasan who supported us throughout the review meeting each and every request.

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Recommendations From	Ref	Area	Description	Actions	Lead	Completed By	Updates / Outcomes
Complaints	1	Communication	Communication between SA Team and HDT	Graham Conroy and Amy Manji to meet, reflect on actions to be added around communication / joint work with HDT	GC	23.05.2019	Ongoing - SG case protocol agreed between HDT and SG
	2	Adult at Risk	Alleged Perpetrator has need for care and support	Case reflection with SA Team	GC	23.05.2019	Completed and ongoing
	3	Quality Assurance	External case audit of LR	LR referred as a case for the external safeguarding case audit commissioned	JP	complete	Report complete and signed off by SAB April 2019
	4	MSP	Person Centred approach -balancing views and information	quarterly case audits	GC / GD	15.05.2019	In light of peer review, audits starting August 2019
External SA Review	5	Quality Assurance	Quality assurance audit system for safeguarding	Propose a system for quality assurance in safeguarding; agree at TM Monthly meeting; sign off at DMT	GD	23.05.2019	Quarterly audits, external commissioning audit annual for assurance
	6	Recording	Recording reasoning for actions and evidence of discussion	a) Review of supervision policy in relation to case recording b) SA Team Manager and SAMs supervision discussion and agreement	GD/ GC	23.05.2019	Amend current supervision policy for consistency across ASC, not just safeguarding. Completed 10.19
	7	Partnership	Protocol Mosaic and MH System Recording for cross referencing	a) Protocol identification and refresh	Rachel Isidore		13.08.19 conversation with Eric Craig
	8	MSP- SAB	Board partners deliver a refresh of MSP	SAB Response to MSP	Daniel Morris		SAB development away day held on 0.10.19. New SAB priorities agreed as SAB on 10.10.19
	9	MSP- LA	LA to deliver a refresh of MSP for staff	LA Response to MSP- to deliver training session to SA Team and bite size training for adult social care practitioners	GD	15.06.2019	Training commissioned 08.19
	10	MSP- AaR feedback	Managers consider the best way to capture data on how outcomes for people experiencing safeguarding captured and delivered	Review of data capture of outcomes on Mosaic	GD and SA Team	06.05.2019	MH / ILDS need to be represented?
	11	Self Neglect	Tools for self neglect to improve practice	Task and Finish Group SAB Outcome	Daniel Morris	31.10.19	Initial meeting of multi-agency SAB partners task and finish group held 13.11.19 - adopted Lambeth protocol.
	12	Partnership - SAB	Board may consider if all partners have an understanding in relation to financial abuse how information can be discussed with the DWP and the OPG	Issue for SAB to consider specific actions	Daniel Morris	tbc by SAB	
	13	Advocacy	Use of advocacy	a) Review of recording in Mosaic b) consideration around local practice guidance with the SA Team c) SA Team briefing d) inclusion in audit tool	GC / GD	14.06.2019	Review completed. Initial changes to SG workflow with IT to implement.
	14	Practice	Safeguarding Plans and Risk	a) Review the approach to risk and safeguarding plans in the team b) ensuring consistent local practice guidance c)inclusion in audit tool	GC/GD	14.06.2019	New Tool developed by GC and his team
	15	Fire Safety	LFB Safe and Well checks default	a) SA Team briefing and info circulated b) to take to ASC TM meeting to consider how this is implemented outside of safeguarding more consistently	GC / GD	14.06.2019	GC has circulate to SA Team the information
Oragnisational Learning - EB and MG	16	MSP	AaR or carer not contacted following concern raised	See actions under point 9 for the Local Authority	GD	15.06.2019	
	17	Policy	Outcomes were not compliant with London policy and procedures	a) Review and changes to the recording of safeguarding on Mosaic b) training for the SA Team on policy and procedurs	GD	15.06.2019	

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Appendix 2: Action Log - Peer Review

Recommendations From	Ref	Area	Description	Actions	Lead	Completed By	Updates / Outcomes
Peer Review - Element 1: Outcomes	1	Knowledge & Skills	Broaden out the knowledge and expterise currently held within the safeguarding team	a) Review of structure as part of ASC Transformation	GD	Proposal to be agreed at staff quarterly in Dec 19. Implementation Jan 2020	New Safeguarding transformation lead officer appointed and started on 21.10.19 to lead on SG team structure.
				b) Agree remit and responsibilities where partnership working with other ASC team	GD	Proposal to be agreed at staff quarterly in Dec 19. Implementation Jan 2020	Agreed MASH approach. SGTL leading.
				c) commission SA training for ASC - Level 2	GD	Apr-20	Agreed to be included in Skills Academy - go live in April 2020
Peer Review- Element 1: Outcome	2	Data - Provider Concerns	Data needs to drive understanding of outcomes eg contract monitoring / provider concerns	a) update Mosaic to capture providers names in a way that can be used to inform monitoring	GD	15.09.2019	Went live with new MOSAIC SG recording system/process in Oct 19. Due to review in Dec 19 after 8 weeks of implementation. Second stage of process is working with SGTL to develop practice guidance for all staff as part of MASH approach - due April 2020
				b) Consideration by EoCG of data needed to inform decisions	AD	29.11.19	Reviewed by PII team - reviewing data collection form first month of new recording system. Minor tweeks suggested to be implemented End Nov 19.
				c) agree who will collate / review to inform activities to be undertaken	PII	29.11.19	Transformation team validating PII data as collected against National Requirements
Peer Review - Element 1: Outcomes	3	Triage	Review of triage for Merlins	Review of where Merlins fit within customer journey workstream	ASC Transformation Team	Apr-20	SGTL completed initial scoping exercise with MASH Team. Proposal to be developed by - investigated automated process/portal. Confirmed unable to use due to quality of PDF forms received. Revised proposal to be developed by Jan 2020.
Peer Review- Element 2: Experience	4	Practice	Strengthen feedback loop for provider	Mandatory field in recording	ASC Transformation Team	15.09.2019	Within new worksteps is a mandatory field to record actions taken, and report of actions taken provided to PII team to analyse.
Peer Review - Element 2: Experience	5	Practice	Outcomes identified by AaR themselves	Practice based reflections, team meetings, SAM meetings, audits	ongoing	01.10.19	New forms contain categories for AaR recording. New review step created for SG workflow to review the risk management plan as opposed to review care and support arrangements.
Peer Review- Element 2: Experience	6	Structure	Opportunity to improve the experience of vulnerable aduts who are supported by different teams	ASC Transformation Team - as part of structure, responsibilities and practice	ASC Transformation Team		As part of changeover to new SG workflow, we have revised systems so all ASC staff have access to any SG concerns (except where restricted on case by case basis). Practice Development Framework completed by SW lead task group - completed and to be signed of by end Nov-19.
Peer Review - Element 7: Delivery and Practice	7	Training & Development	Developing culture of professional curiosity and maturity by rolling out mandatory training across the borough	tbc	GD	Apr-19	Safeguarding training in place as mandatory requirement as part of induction - in place since April 19. Skills Academy will offer more in depth SG training for staff depending on needs, including reviewing dates of initial training and holding mandatory refresher courses.
Peer Review - Element 7: Delivery and Practice	8	Structure	Create an environment to enable staff to have greater professional curiosity when conducting safeguarding enquiries		GD	01.10.19	New recording system forces people to consider their practice due to new steps focussed on outcomes. Practice guidance in embedded in the form steps in MOSAIC to allow reflection in real time as staff progress cases. Briefings delivered to all staff on professional curiosity and recording requirements. All teams now deliver reflective practice sessions as part of monthly team meetings.
Peer Review - Element 7: Delivery and Practice	9	Data	Data and customer insight drive long-term planing, especially in cases where frequent alerts are being raised		SH	01.10.19	PII collating monthly reports from new SG MOSAIC flow. Data used by Transformations Team to assess frequent alerts against actions, cases of concern escalated to relevant TM.
Peer Review - Element 7: Delivery and Practice	10	Learning	Learning from SARs should be disseminated more effectively amongst staff	TM and DTM Meetings - briefings passed down from SAB Chair	GD/ GC	Ongoing	As part of new SG process, a closure step has been added where SAM must review actions taken, delegated and named staff to deliver any actions taken. Monthly reflective practice carried out monthly in team meetings, and also case closure step prompts individual reflective practice between manager and worker on each case.
Peer Review - Element 7: Delivery and Practice	11	Recording	Recording of notes on Mosaic need to be improved across teams		GD	Ongoing	Process and workflow structured better to prompt easier recording. Briefings given by PSW to all staff regarding recording practice. MOSAIC workflow to be reviewed across ASC as part of ASC Transformation.

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Appendix 2: Action Log - Team Priorities

SA Team Priorities 2019-2020

Recommendations From	Ref	Area	Description	Actions	Lead	Completed By	Updates / Outcomes
Develop	1	Risk Assessment	SA Team role in development of the risk assessment tool within Mosaic		Transformation Team	01.10.19	Completed and Live as part of new workflow. Stand alone Risk Assessment and Positive Risk Taking Form now is use.
	2	Self Neglect and Hoarding	Involvement in the Task to Finish Group of the SAB			13.10.19	SAB Task and Finish Group met and agreed Self Neglect and Hoarding Protocol. Establishment of Complex Needs Panel to review cases (first meeting 09.12.19). For produced to support new protocol, with Transformation Team to add to workflow by end Dec 19.
	3	Risk Panel	Co-ordinating and leading role in establishing Risk Panel and Register			Ongoing	Multiple panels agreed and established in cluding Complex Needs Panel chaired by OD ASC. Risk Panel to be established, Chaired by Head of Complex Care. Weekly Quality Assurance Management panel ineffect and continues.
	4	Information Sessions	Further develop information sessions across range of community groups and settings			Ongoing	TM SAT delivered information sessions to police, CYP, Probation and VCS providers. PSW delivered informatio sessions to other partners, OD ASC delivered infomraito sessions to elected members.
	5	DoLS	Strategic response to DoLS Review and robust forward plan			21.11.19	External consultant commissioned for a review. New process designed to start testing on 25.11.19 for full roll out after testing.
	6	Modern Slavery	Development of pathway and finalise policy with task to finish group		AK	25.11.19	Led by Corporate Senior Po;licy Officer from CEX office. Policy finalised, pathway designed, due to go live 25.11.19
	7	Police	Joint working Protocol with Police on Merlins and DV for evidence based prosecutions		GD	Ongoing	SAB Chair asked to escalate Merlins to London SAB. Additional DV training provided for all SG team staff. Completed 10.19
	8	Mosaic	Mosaic workflow to be in line with the London policy and procedures		GD	01.10.19	Mtg 6th May with SA Team to start process. Completed and live in Oct 19
	9	MH	Develop skills of mental health staff to carry out S42 enquiries		GD	Ongoing	Review of MH Lead Social Worker role. Redesigned to MH included in remit of PSW. Further work to support mH staff to carryout S42 enquiries ongoing.
Improve	10	Partnership	Regular meetings SA Team, Duty and EDT		Team Managers	05.05.19	Monthly team meetings in place.
	11	Partnership	Clarity to referring agencies regarding expectations for feedback and information sharing		GD/HW/MPS	Ongoing	Discussion at SAB in Oct 19 and at SAB Development Day. Case studies used to illustrate eligiblity.
	13	Peer Review	Include outcomes once complete		GD	01.10.19	New workflow in place including outcomes.
	14	Mosaic	Data recording to include details of ethnicity and client group		GD	01.10.19	New workflow in place with mandatory recording for ethnicity and client group - inc. communication needs. Validated against national requirements and statutory returns.
	15	Partnership	Referral pathways and awareness of certain teams i.e. DV, Housing, MH Specialist Housing Officer		GD/HW/MPS	Ongoing	SAB focus on understanding of safeguarding legal requirments and processes. Local authority focus on communication and engagement with partners ongoing.

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