Appendix 2 – Further information on the findings of the Safeguarding Adults Sector Led Improvement Peer Review and Surrey's responses

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Introduction

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1. A Sector Led Improvement Peer Review of Safeguarding Adults was undertaken on 31st March, 1st and 2nd April 2014. This was undertaken as part of a sector led improvement programme whereby Teams from Council's undertake peer reviews of each other's services. This is a critical friend approach rather than a traditional inspection.

2. The Peer Review Team, led by the Strategic Director, Adults and Family Wellbeing, Buckinghamshire County Council, included two Assistant Directors, two safeguarding managers and the Sector Led Improvement Lead for South East Association of Directors of Social services.

3. The focus of the Review agreed with the Surrey Adult Social Care Leadership Team; included the following areas within the work of safeguarding adults:
   - Leadership
   - Delivery and effective practice
   - Performance and resource management
   - Decision making
   - Workforce

   (See Appendix 3, Terms of Reference)

4. The Review Team spent three days looking at safeguarding through the eyes of staff and managers at all levels, holding focus groups with key partners and providers, meeting with service users and carers, undertaking one to one interviews with key staff and political leaders as well as spending time in Teams looking at cases and practice.

5. At the end of the Review the Team presented their initial findings to the Adult Leadership Team.

6. Four key messages were given at the verbal feedback, these were:

   - The Review Team were really impressed by the commitment, enthusiasm and calibre of the staff they met "your staff are a real credit to you".
   - The Team were impressed by the political leadership for the safeguarding agenda, both by the Cabinet and Health and Wellbeing Board. The leadership by senior managers and their commitment to the continual improvement of safeguarding practice was felt to be very good
   - Partnership working was considered to be good, some partners felt they could offer more and would like more engagement
   - There were no significant areas of concern, rather areas were identified that we could or in some cases are already focusing upon and further developing as part of our continual improvement ethos.

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7. A written report was presented several weeks later. (See Appendix 4-Adult Social Care, Safeguarding Peer Review of Surrey County Council)

Key Messages

Leadership – Key Strengths

8. Political leadership for the safeguarding agenda by both the Cabinet and Health and Wellbeing Board was viewed as being strong with effective Governance in place.

9. Active leadership across all aspects of safeguarding which was reported as a 'golden thread' throughout Surrey County Council – " A lot of very committed staff doing a lot of good work".

11. The leadership by senior managers and their commitment to the continual improvement of safeguarding practice was seen to be good.

11. The Senior Manager for Safeguarding was seen to be a highly effective and visible lead for Safeguarding and Partners had expressed that there was a culture of openness and sharing across all organisations.

12. The appointment of an Independent Chair of the Safeguarding Adults Board was seen to have enhanced the standing of safeguarding within Surrey County Council and in partner agencies.

Delivery and Effective Practice – Key Strengths

13. Good examples of the service user outcome survey with service users and carer's being asked their views in relation to a safeguarding concern and in relation to the quality and outcome of the safeguarding meeting. There was recognition by the review Team that the current process might not capture all of what service users and carers wanted from the safeguarding intervention however acknowledged that as Surrey are part of a National pilot on service user outcomes, this issue may well have been addressed.

14. Positive experience expressed by service users and carers in relation to the safeguarding investigation, information that was available and their involvement within the safeguarding meetings, there was recognition of the excellent practice of practitioners.

15. Good engagement with partners such as the Police, Clinical Commissioning Groups, Acute Trusts, and Surrey and Borders Partnership FoundationTrust.

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16. Good working relationships with Adult Social Care Senior Managers and partners leading to a culture of openness and sharing across all organisations.

17. The depth and breadth of the internal safeguarding procedures was acknowledged providing clear useable guidance that was used and embedded in practice with staff showing a good understanding of the different thresholds of intervention in place.

18. Good understanding by staff of safeguarding and sensitive working with service users and their families.

19. High commitment to ensuring that safeguarding is a core activity for all practitioners.

20. A good understanding of risk which was reflected in the multi agency policy and procedures

Performance and Resource Manager – Key Strengths

21. Good links between Surrey County Council Operational teams and Commissioners.

22. The Provider Failure Protocol and the co design of the new service specifications with service providers were seen as good examples of best practice.

23. The high level enthusiasm and understanding by Commissioners of the service areas they commission

24. Social Care staff were pleased with the safeguarding adult activity log which had enhanced the data provided on the database and given a clear tool for management oversight of all safeguarding activity. This was also accessible to Commissioning Managers who were able to monitor the Safeguarding activity of Commissioned services.

25. All staff have a Performance, Practice and Personal development Folder (PPP). This was considered to be an excellent example of how training and development were dealt with at both an organisational and individual level.

26. The Safeguarding Adults Competency Framework provides clear evidence of the competencies required, suggested evidence that should be provided to support the competence, dates of training attended, references to standards of proficiency for social workers, all assured through the line

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management system. Areas the Team noted were the 360 framework which supports the appraisal process, the behaviours template, how people should behave.
The Review Team noted that this clearly demonstrated the golden thread of leadership.

27. The Team Appraisal was seen as a useful tool to ensure standardisation across the Council ensuring staff are addressing the absolute (givens) including safeguarding.

Decision making – Key Strengths

28. Those service users, service providers, carers and partners interviewed, all reported that the decision making process was sound with Case Conferences happening in a timely way.

29. The Review Team found that the decision making reviewed was proportionate and that staff had a clear understanding of making decisions in line with the Threshold of Intervention guidance. The Team found no evidence that decision making was incorrect.

Workforce – Key Strengths

30. The development of the SGA role has been seen as a success, supporting practice development and acting as the Area focal point for safeguarding.

31. The appointment of a safeguarding lead and two SGA's within the Mental Health Trust was seen as positive which staff felt would lead to improved practice.

32. Partners felt confident in the professional involved and that competence and knowledge was demonstrated.

33. The Review Team felt that the piloting of the national caseload tool will help to predict workforce needs and training requirements.

Recommendations arising from the Peer Review Report:

34. Embedding Safeguarding across all aspects of SCC including developing the Corporate Parenting Model for Adult Safeguarding and succession planning for Councillor and Officer Leads.

35. Review the makeup and funding of the Safeguarding Adults Board

   Response: this is currently in progress led by the Chair of the Safeguarding Adults Board

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36. Strengthen the relationship between Surrey County Council and the Borough Councils

37. Develop a scorecard for quality and safeguarding to provide assurance to the Adult Leadership Team

   Response: a quality assurance framework for Commissioning and Safeguarding is already in place, this recommendation will be reviewed as part of that framework

38. Clarify the 'confusion' regarding the term 'investigation'.

   Response: **Surrey staff are very clear as to what is meant by an 'investigation' and Surrey's approach is further strengthened by the Safeguarding Clauses within the Care Act. The Review Team however had a different approach regarding their interpretation of the local authority's powers in terms of ' investigating another agency' which has led to this recommendation.**

39. Consider use of Making Safeguarding Personal as a way to address the needs of the service user and carer and the extension of Family Group Conferences.

   Response: **Surrey have been accepted within the next rollout of the Making Safeguarding Personal programme led by the Association of Directors of Social Services. It is expected the programme will commence in September 2014.**

40. Find ways to amplify the voice of service users and carers in the work of the Safeguarding Board.

   Response: **Service users and carers are represented on the Safeguarding Board. The Chair of the Board is currently reviewing Board and group membership and will consider this recommendation as part of this work.**

41. Consider how self funders can access information and get help with any safeguarding issues.

   Response: The Board has produced a 'safeguarding pack' for people who are self funding their care. This will be further enhanced by the work arising from the Care Act in relation to self funders

42. Develop a checklist for service users and carers to consider when employing a Personal Assistant.

   Response: Surrey Independent Living Council (SILC) have something similar in place as well as providing specific safeguarding training for personal assistants and service users. This will be reviewed in light of this recommendation.

43. Ensure that safeguarding is included as a specific area to be addressed

in all Contracts and Service Specifications including Section 75 arrangements with the Mental Health Trust

Response: This is currently in place however will be reviewed in Light of this recommendation to ensure robustness

44. Acute hospitals to have 'read only ' access to AIS data

Response: This action is already in Progress. The first step is to provide access for Acute Hospitals to the Adult Social Care (AIS) records. Organisations can only share information with express consent from an individual. We are therefore currently finalising the information sharing and information governance requirements. In the interim named health staff have been nominated and our social care teams have provided them with training on the Adult Social Care (AIS) database. Once the Information sharing issues are resolved health staff will have access.

45. Feedback outcomes from relevant quality assurance and other routine data to ASC staff teams

Response: This is already in place in terms of data and analysis of audits and quality assurance being received by the Leadership Team and each Area Board. This will however be reviewed in light of this recommendation to ensure that data is relevant and reaches all levels of staff where appropriate.

46. Ensure that all staff complete the safeguarding competency framework.

Response: This action is already in place with timescales given for completion

47. The Adult Leadership Team to consider rolling the 'Waverley Team' model for embedding safeguarding training into day to day activity

Next steps:

48. To consider each of the areas identified for consideration and those Recommendations made within the full Peer Review report, reviewing those recommendations where there is currently work in progress.

49. To develop an action plan in relation to the areas for consideration and recommendations where activity is required with stated timescales for completion.