Torbay Council
Adult Safeguarding

South West Regional Peer Challenge Report

August 2014

1. Introduction

1.1 Torbay Council asked the Local Government Association (LGA) to run a Regional Adult Social Care Peer Challenge as part of sector led improvement within the South West ADASS Region. The Peer Challenge was based on the specific priorities identified by Torbay Council for the team to focus upon within this framework which were:

- How you can further improve the safeguarding process
- Experience of the safeguarding process for domiciliary care providers and home based support as part of your strategy for supporting more people in their own homes
- The extent to which you share learning and feedback with other organisations, focusing on the user involvement process / engagement as part of your safeguarding and quality assurance process

1.2 Regional Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit 'critical friends'. It is designed to help an authority and its partners assess current achievements and areas for development, within the agreed scope of the review. 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 in a way that is proportionate to the remit of the challenge. All information was collected on the basis that no comment or view from any individual or group is attributed to any recommendation or finding. This encourages participants to be open and honest with the team. The LGA Peer Challenge Team would like to thank councillors, staff, people who use services, voluntary sector and other partners for their open and constructive responses during the challenge process. The team was made very welcome.

1.3 The members of this Regional Adult Social Care Peer Challenge Team were:
• Sheila Smith, Director of People and Communities – North Somerset Council – Lead Peer
• John Lamb, Cabinet Member – Trafford Metropolitan Borough Council
• Eileen Dunnachie, LGA Associate
• Gill Elliott, Challenge Manager, Local Government Association.

1.4 The team were on-site from 30th June – 2nd July 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 including service user organisations
• focus groups with managers, practitioners, frontline staff
• reading documents provided by the council, including a self-assessment of progress, and a small selection of safeguarding cases.

1.5 This summary letter is based on the presentation delivered to the Council on 2nd July 2014 and is the triangulation of what the team have read, heard and seen. This letter covers only those areas most pertinent to the remit of the challenge.

2. Summary of Feedback

2.1 The peer team were asked to comment on how Torbay Council's safeguarding processes could be improved and the extent to which it shares learning and feedback with other organisations, focusing on the user involvement process.

2.2 We found many safeguarding strengths in Torbay. Partners were clear that the integrated model of health and adult social care has improved safeguarding in Torbay. The approach is an innovative one that has brought benefits for vulnerable people in the community. Given this history of integration, the plan for the new integrated care organisation (ICO) is a logical way forward for Torbay which will enable all the key health and social care partners to work together more seamlessly. This should result in less bureaucracy, fewer avoidable admissions to hospital and more support to help people stay well in their community.

2.3 Safeguarding really is seen as everybody's business and there is evidence of a growing culture of openness. Staff feel supported and appreciate the fact that their professional training is good and there are opportunities to learn from a wide range of sources. However they also fed back that staff are very stretched and that this may reach a critical point as safeguarding alerts increase and cases become more complex and resource intensive.

2.4 The Lead Member is passionate about safeguarding. Going forward it will be important to keep refreshing all Council Members' knowledge about safeguarding and for structures like the Health and Wellbeing Board to be able to hold to account those responsible for safeguarding.

2.5 There is confidence in the DASS and good relationships between the Council and the Southern Devon NHS Health and Care Trust (TSDHCT) which delivers the Council's adult social care and safeguarding. The Safeguarding Unit and its manager are seen as a safe "pair of hands" for safeguarding.

2.6 The Chair of the Safeguarding Adults Board (SAB) is well regarded and is keen to develop the Board and make the best use of experience across Torbay and neighbouring authorities. There is good evidence that people are learning from experience, sector experts, research etc.

2.7 We saw that involvement by service users of the safeguarding service is developing. The Experts by Experience project is a good model with potential for expansion into domiciliary care and the Health Watch Rate and Review

scheme could provide a strong, independent communication channel that has the potential to drive up standards of care and drive out poor practice.

2.8 The Safeguarding Service works really well with its partners and there is good innovation within the area. Examples include the GP Frailty Register pilot in Newton Abbot (but which will be rolled out to Torbay if successful), the police's Neighbourhood Harm Reduction spreadsheet and the multi-agency Vulnerability Forum.

2.9 Peers were also asked about the experience of the safeguarding process for domiciliary care providers and home based support as part of a strategy for supporting more people in their own homes. We felt that the vision for the Living Well at Home programme is very exciting but that its delivery will be challenging. Key issues will be around securing buy-in from key stakeholders; raising expectations in a context of reducing budgets and recognising that implementation will take some time.

2.10 This summary letter comments on the focussed areas you asked us to look at and details your strengths and some areas you may want to consider for further development.

3. Leadership and Governance (Safeguarding)

Strengths

- Culture of openness and challenge
- Lead Member is committed to the safeguarding agenda
- High level of confidence in the DASS
- SAB Chair well regarded and forward thinking
- SAB executive committee and sub groups work effectively
- SAB is moving towards more joined up processes across Devon and Torbay

3.1 We found evidence of a general culture of openness and challenge around the Safeguarding function. Staff spoke of a growing culture of "appreciative enquiry" rather than one of blame as training was improved and awareness about safeguarding was spreading.

3.2 The lead member for adult social care is clearly very committed to the safeguarding agenda and is a good advocate for the Safeguarding Service, taking opportunities to raise the issue generally in the community.

3.3 Relationships between Torbay Council and the Southern Devon NHS Health and Care Trust (TSDHCT) which delivers the Council's adult social care are good. Everyone the peers spoke to expressed a high level of confidence in the Director of Adult Social Care (DASS) and there is a very positive working relationship between her and the Trust. There are regular reviews of how the contract is working at the Adult Social Care Programme Board.

3.4 The Chair of the Torbay Safeguarding Adults Board (TSAB) is experienced and dedicated to the role and is clearly well regarded. He has regular meetings with the DASS and an external mentor, has a 360 degree feedback of his performance as the Chair and engages with the national Chairs network. He is keen for the Board to keep developing, challenging and seeking solutions. The Board has championed the use of appreciative enquiry and thematic reviews as positive learning models.

3.5 The SAB's Executive Committee and the sub groups are working effectively although on occasions attendance can be inconsistent by some representatives. The Executive Committee is the main forum for holding those involved in safeguarding to account. The SAB successfully challenged a review of police arrangements to ensure they reflected Health and Social Care arrangements.

3.6 Subgroups of the SAB include Policy and Practice; Experts by Experience and Serious Case Review Group. TSAB is establishing a new Keeping Vulnerable People Safe Sub Group to collate learning and experience from other fora in order to develop appropriate and consistent information for staff and public about ways of keeping themselves and their family safe. This group will link together recommendations from the Winterbourne View Group, Financial Abuse Forum, Vulnerability Forum, Frequent Users Review Panel

and the Serious Case Review Sub Group etc. The sub-groups are supported by a Delivery Board that meets quarterly.

3.7 The SAB is moving towards more joined up processes across Devon and Torbay. As an example there has been a thematic review of mental health services across Devon and Torbay.

Areas for consideration

- Is there sufficient oversight and scrutiny of the effectiveness of the whole safeguarding system?
- Performance management information received by SAB needs to demonstrate more rigour and consistency across partners
- There is a need to ensure fuller attendance and more engagement/challenge at the SAB
- Do SAB members need to act more corporately as a Board?
- There needs to be continued training around awareness of safeguarding for elected members

3.8 Torbay Council is working to establish an Integrated Care Organisation (ICO) by October 2015, through which TSDHCT, its community provider, will be acquired by South Devon Healthcare NHS Trust (SDHCT), the current provider of acute in-patient services. This will bring together the provision of acute and community hospitals with community social and health care. As organisations are brought together to become one it will be important to retain clarity around the statutory safeguarding requirements. The lead agency role for safeguarding and the responsibility for oversight and scrutiny of the whole safeguarding system need to be visible to everyone.

3.9 Partners expressed the view that there is need for greater consistency and rigour in the way performance data and information is reported to SAB so that it is more meaningful. One suggestion was to have a common template for all the partner agencies to use. Regarding greater rigour the SAB could look at the framework and processes used by the Safeguarding Children Board rather than developing new ones themselves.

3.10 Some partner agencies are not sufficiently engaged with the SAB process or sufficiently challenging. This includes some providers, GPs and the Mental Health Trust. The Care Quality Commission, CQC, was singled out as an organisation that rarely attended SAB and which generally has a lack of presence and a role that was at best “peripheral”. Partners who do attend need to participate fully.

3.11 We felt that the members of the SAB need to act more corporately rather than the current tendency to represent their own organisation’s interests. This would lead to greater collective responsibility for the Board. A development day for Board members might be a good way to start to address this.

3.12 Ongoing refresher training for elected Members of the Council around adult social care and safeguarding would ensure that they all understand what

safeguarding is and what to do if a concern arises, thus making safeguarding “everyone’s business” across the Council.

4. Safeguarding Delivery

Strengths

- Committed staff at all levels who “go the extra mile”
- Professional development and training is taken seriously
- Safeguarding Unit and its Head are well regarded
- Supportive voluntary and community sector
- Safeguarding Vulnerable People Review tool
- Vulnerability Forum

4.1 We were impressed by the commitment of staff at all levels. They clearly see safeguarding as the top priority and support each other to ensure that other work gets done when colleagues are involved in investigations.

4.2 Staff clearly appreciate the fact that professional training is of a high quality. There is a wide range of training provided, from seminars on self-neglect provided by health partners to sector renowned expert speakers. An appreciative enquiry approach is being adopted rather than the traditional serious case review approach. This was welcomed by all those interviewed with one exception.

4.3 The Safeguarding Unit and its Head are well regarded. The Single Point of Contact (SPOC) system is a good source of support and advice across the organisation. It is also very visible across all the partner agencies. SPOC triages all alerts and passes all referrals reaching the threshold to zone teams for investigation and subsequent safeguarding. There are plans under consideration to reinforce the multi-disciplinary working of the SPOC by locating it with the Police Safeguarding Adult and Children Hub.

4.4 There is a large and supportive voluntary and community sector (VCS) in Torbay with over six hundred separate organisations. Many are very active and there is evidence that some are engaged in campaigning work, for example around dementia. Those to whom peers spoke were proud of what they do and are keen to demonstrate what more they can do.

4.5 The Safeguarding Vulnerable People Review tool is a vulnerability screening tool used by the police on the street. It focuses on an individual’s vulnerability regardless of whether they are a victim, perpetrator or witness. Relevant information is then passed to the police’s central safeguarding team to consider next steps and in turn cases can be referred to the Local Safeguarding Team. Although early days, this has resulted in police officers recognising people’s broader needs and ensuring these are flagged to be dealt with by others at an earlier stage.

4.6 The Vulnerability Forum provides a focus on people who don’t meet the safeguarding threshold. Referrals can come from GPs, social workers or the police. It has representatives from housing, the acute trust, the police and the voluntary sector. The forum is chaired by the police.

Areas for consideration

- Independent chairing of case conferences – need to look at training/recruitment from across the system
- Look at the level of staffing within SPOC in context of increased referrals
- Build on some GPs wish to be more involved
- Work needs to be undertaken to standardise documents across the residential sector
- There is a need to develop an effective relationship with CQC
- Explore the perception that effort is being duplicated across the VCS whilst conversely, gaps are opening as a result of loss of Supporting People funded services

4.7 As the number and complexity of safeguarding cases rises there is a need to look at the training and recruitment of staff from across the system to act as independent chairs of case conferences. It may be possible for people to work together more to spread the load. Managers reported that sometimes they could not find a chair from other service areas when needed, for example when an allegation involved a day care or other provider service for which they were responsible. It would be helpful if more managers were trained so that there is a larger pool of people who could be approached to act as conference chair. The SPOC team could also chair case conferences where independence was required if it had more capacity.

4.8 Although there was universal praise for the SPOC in terms of the level of advice and support it provided to social workers and other staff, there was also concern at the timeliness of getting SPOC input. The SPOC team is small and its capacity to gather information and have key conversations prior to taking decisions can be limited. Some said that the SPOC was difficult to contact.

4.9 Some GPs want to be more involved in safeguarding, particularly in the Whole Home Investigations. GP's are now receiving safeguarding training and their growing awareness and enthusiasm is something that could be built on and developed.

4.10 Staff and providers feel that there needs to be greater standardisation of documents used in residential care homes so that investigations could be done more efficiently. At present care homes all use different forms for care plans risk assessments etc.

4.11 There was universal feedback that CQC is not sufficiently engaged with safeguarding in Torbay. The peer team believe that the peer challenge could provide a good opportunity for developing a more effective relationship between the safeguarding team, the SAB and CQC.

4.12 Within the VCS there is a perception that there is duplication in the sector whilst at the same time gaps have opened up since the loss of Supporting People funded services. It would be helpful for Torbay Council, the CCG and Health provider trusts to work together with the voluntary sector to

prioritise service development, particularly in the area of prevention. The VCS has a lot of experience and expertise which could be harnessed to extend preventative services. The sector does need help, however, to reduce activity in those areas where effort is duplicated and increase activity where it is needed as it is acknowledged that there will not be additional resources.

5. User Involvement

Strengths

- You have started on the journey of involvement of service users in the safeguarding process
- Experts by Experience are a valuable resource
- The co-production of the information and advice strategy
- Healthwatch's "Rate and Review" has good potential

5.1 Torbay Council has clearly started on the journey of involving service users in the safeguarding process. This is being done in a way that has been thought through. Clients are asked informally about their experience. Some victims are enabled to participate and attend strategy meetings but there is recognition that this number is low and that there still needs to be a culture change for staff to allow time for this to happen more generally.

5.2 Experts by Experience are a valuable resource and their independence is key to their success. As well as capturing in-depth user experience they provide and train a cohort of mystery "shoppers" who go into care homes and later score the home according to Care Trust standards.

5.3 The co-production of the Information and Advice Strategy by Health Watch and other key partners is a positive development which will provide a focal point for users.

5.4 Health Watch works closely with the safeguarding team and has visited the zone teams. Its Rate and Review (Trip Adviser style review service) was recently launched on local television and has huge potential for raising awareness around safeguarding and care concerns.

Areas for consideration

- There is a need for broader awareness by the public of what safeguarding means and the part they play
- Consider the expansion of the role of Experts by Experience into domiciliary care whilst maintaining their independence
- There is a need for more advocacy in order to involve service users more in the safeguarding process
- Ensure practitioners are putting into practice their learning both from individual service users and Experts by Experience

5.5 There is a general need for greater awareness by the public of what safeguarding is and what part they (the public) play in the system. This can include the role for friends, neighbours and health and social care professionals. Experts by Experience said that users often don't know what safeguarding means until they themselves are in the system. The new Keeping People Vulnerable Safe Sub Group will provide appropriate guidance and consistent information for staff and public about ways of keeping themselves and their family safe.

5.6 The Experts by Experience Group could be expanded to work in other spheres such domiciliary care. However it will be vital to ensure that their independence is maintained. The group itself are keen to be innovative and creative in the way they operate.

5.7 There has been a start made in user involvement but more needs to be done in this area. User satisfaction including from family members needs to be captured more routinely. There was little evidence of user involvement from reading the case files. If there is to be greater user involvement more advocacy services will be needed to enable a level of participation. This is particularly so for people who are frail and elderly. Currently only Learning Disability clients have access to advocacy.

5.8 It will be important to ensure that lessons learned from both individual service users and Experts by Experience are fed back to front line staff. Processes for doing this still need to be embedded.

6 The extent to which learning is being shared

Strengths

- SAB ensures learning takes place from SCRs and appreciative inquiries
- SAB has commissioned academic research on the Vulnerability Forum's effectiveness and outcomes
- There is a range of learning opportunities e.g. service improvement group; fora for learning from local experience and external expertise
- Safeguarding Unit ensures care home providers receive feedback about investigations

6.1 The SAB is a strong supporter of learning and development. It has championed the use of appreciative inquiry as a way of learning from serious cases. The SAB has also commissioned academic research into the effectiveness of the vulnerability forum

6.2 There is a strong commitment to learning from experience and a range of learning opportunities exist. Staff spoke highly of the Safeguarding Adult Forum which is open to all local staff and the Safeguarding Improvement Group for operational managers. Occasional sessions are also organized to consider outcomes of national and local Serious Case Reviews and issues.

6.3 The safeguarding unit routinely gives advice and feedback about safeguarding investigations to care home providers and this is seen as a very helpful way of involving them as partners in safeguarding and assisting them to improve their services and procedures.

Areas for consideration

- There is a need to ensure timely and appropriate feedback to domiciliary care providers and CQC after safeguarding investigations
- Look at opportunities for less experienced staff to increase their confidence in activities like chairing; minute taking; involving service users
- There is a need to identify who is responsible for distilling service user feedback into key messages for staff

6.4 Whilst residential care providers were positive about getting feedback from the Safeguarding team after investigations, domiciliary care providers were much less positive. It will be important going forward to ensure that they and CQC receive timely and appropriate feedback.

6.5 Staff involved in investigations felt that they needed more opportunities to increase their confidence in participating in safeguarding investigations. Often this was because they only carried out the work periodically. Activities like chairing meetings, minute taking and involving service users were highlighted. Shadowing opportunities or coaching could be considered to increase staff confidence as well as more formal training.

6.6 It was not always clear who is responsible for distilling learning from investigations and case reviews so that it can be fed back as key messages for staff. It is important that this is done regularly and embedded into practice.

7. Domiciliary care and safeguarding

Strengths

- Early signs of multi-agency identification of vulnerability in the community - Vulnerability Forum; Neighbourhood Harm Reduction spreadsheet; Frailty Register pilot; voluntary and community sector
- There are clear expectations within contracts with regard to safeguarding
- Integrated teams mean there is less risk of people "slipping through the net"
- Providers feel they are treated as partners

7.1 There are some good early signs that vulnerability in the community is being identified across a range of agencies and initiatives. These include the Vulnerability Forum, the Neighbourhood Harm Reduction spreadsheet, the Frailty Register pilot in Newton Abbot and the voluntary and community sector.

7.2 Within the contracts between the Council and TSDHCT there are clear expectations around safeguarding for providers to meet or even exceed. This bodes well for the new Integrated Care Organisation.

7.3 Integrated health and social care teams are well placed to develop preventative work to avoid individuals' situations reaching the threshold for Safeguarding Adults or them "slipping through the net". The teams comprise social workers, occupational therapists, physiotherapists and community nurses and are linked to GP practices.

7.4 Domiciliary care providers were very positive. They feel that they are treated as partners by the Safeguarding Unit rather than being seen as part of the problem. They are invited to forums and strategy meetings.

Areas for consideration

- Consider how you can "knit together" these initiatives so they can act as a safety net for vulnerable people being supported in their homes
- Develop a common narrative around what good care at home looks like for "Mrs Smith" to inform the wider dissemination of safeguarding messages to the community
- Explore ways of engaging with the voluntary sector to develop the Living Well at Home programme
- Build on your good relationships with providers to develop a culture of innovation that encourages them to be creative and take risks
- There is a need to quantify the size of the self-funding market

7.5 Going forward there is a need to consider how all the positive initiatives; services and agencies referred to above can be "knitted " together to create an adequate safety net for vulnerable people who are being supported to live in their own homes.

7.6 There needs to be a common understanding and narrative around what good care at home looks like. This can then be used to inform wider safeguarding messages to the community so that awareness is raised about what is and is not acceptable from care providers

7.7 The Living Well at Home Programme will need the help of the voluntary and community sector if it is to succeed. At the moment knowledge about the programme is patchy. The Council needs to explore how it can engage with the sector to develop the programme.

7.8 The move towards more domiciliary care is an exciting vision for the future that will take a long time to reach its full potential. It will be important to encourage contractors and providers to continue to innovate, be creative and take risks.

7.9 The Council needs to quantify the size of the independent self- funding market, not least in readiness for the Care Act. This work should also help to scope the future need for domiciliary care and therefore inform commissioning plans.

8. Signposts to good practice

The LGA works with a range of partners to develop information and resources that seek to help local councils and their partners fulfil their safeguarding responsibilities to adults in their local areas. Its web pages contain links to a wide range of articles and other resources.

Adult Safeguarding initial web page
http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/3877757/ARTICLE

The Adult Safeguarding Knowledge Hub – contains relevant documents and discussion threads.
https://knowledgehub.local.gov.uk/home

LGA Report on Learning from Adult Safeguarding Peer Challenge
http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/4036117/ARTICLE

Making links between adult safeguarding and domestic abuse
http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/3973526/ARTICLE

Making Safeguarding Personal Guide 2014 – the guide is intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.
http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/6098641/PUBLICATION

Quantifying the self-funding market
Torbay Council could consider contacting Poole Council about its employment of social workers specifically for self-funders who are referred from the hospitals and GP surgeries. Through this they are starting to extrapolate how many self- funders there are in Poole from the numbers of people they are seeing.

9. Next Steps

The Council and its partners will no doubt wish to reflect on these findings and suggestions before determining how the Council wishes to take things forward.

In the meantime the LGA is keen to continue the relationship we have formed with you through the peer challenge to date .As you know Andy Bates, Principal Adviser is the main contact between you and the Local Government Association. Andy can be contacted at andy.bates@local.gov.uk
or tel 07919 562849 and can provide access to our services or any further support.

Finally, the peer team and all of us connected with the peer challenge would like to wish the council every success going forward. Once again many thanks for inviting the peer challenge and to everyone involved for their participation.

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