

Adult Safeguarding **Peer Challenge**

Central Bedfordshire Council
July 2011

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Appendix 1 – LG Group Standards for Adult Safeguarding Peer Challenge

Executive summary and key recommendations

Summary

Central Bedfordshire Council Adult Social Care department asked for a peer challenge on its Adult Safeguarding work to be conducted by the Local Government Group. CBC was judged Adequate by the Care Quality Commission in its final Annual Performance Assessment in 2010 and is seeking to demonstrate change and improvements. This peer challenge was instigated prior to the processes being created by the sector led Adult Social Care Improvement Board.

At the Council's inception in 2009 it inherited significant challenges in adult social care practice and subsequently has had further financial challenges. The Director and her team have given clear leadership through these difficult times by identifying the importance of good practice and instigating a number of processes and procedures to achieve this goal. These processes are good, clear and effective and there is now an understanding of the importance of safeguarding throughout the department and partner organisations. There is clear political leadership and support for the safeguarding agenda.

The report outlines the view of the peer challenge team that these are good foundations upon which the Council can seek to build further developments. The future improvements would be to focus more on defining and demonstrating improved outcomes with and for people who use services. They should seek to use them to design services to develop multi-agency working to better integrate a range of personalised responses, investigations or enquiries and to measure the quality and impact of the delivery of the safeguarding agenda. The Council needs to develop joint commissioning with NHS partners and influence future commissioning priorities. The role of the private and voluntary sector could be enhanced and the Think Family initiative could be evaluated and rolled out across the department.

The Adult Safeguarding Board has been well led by its present chair who has overseen improved membership and attendance as well as the implementation of previously absent policies and procedures. The ASB now holds partners to account and the next stage of its journey would be to develop shared future strategic priorities to further drive safeguarding of Adults in Bedfordshire. The report contains greater detail and elaboration of these points.

Key recommendations

The recommendations of the peer challenge team are set out under the main themes of the adult safeguarding standards below. There are further suggestions for improvement within the report.

Outcomes and people's experience of safeguarding

- a) There is a need for the Council and partners to embed the individual's experiences and perspectives into the safeguarding process, so personal outcomes reflect greater choice and control.
- b) The Council needs to align the development of personalisation (self directed support) with the safeguarding process; as this can contribute to minimising risks for and to individuals and strengthen personal influence on their lives.
- c) The wider Council agenda of safer communities, housing, information, voluntary sector development needs to be better aligned with the safeguarding agenda.
- d) The Council and partners need to improve their use of mental capacity legislation and the use of independent advocates to better protect the rights of people who lack capacity.

Leadership

- e) Adult services management need to develop a more collaborative approach to the safeguarding agenda. The experience and learning of the last two years from practitioners and front line managers needs to influence future practice and implementation of policies.
- f) The Lead Member is well regarded and has strong sense of what she hopes to achieve through a focus on key issues. There is good evidence to suggest that councillors are made aware of safeguarding issues and this is a good foundation for the Council to better utilise the Lead Member and Councillor Champion to raise awareness of safeguarding amongst other Councillors and the wider public.
- g) The Council needs to develop multi agency working to better integrate responses, investigations and delivery of the safeguarding agenda.

Strategy and commissioning

- h) The Council and partners need to better understand and review the barriers to accessing justice for victims. This includes, for example, barriers to achieving prosecutions and convictions, access to advocacy, victim support, restorative justice and mediation.

- i) The Council needs to develop joint commissioning with NHS partners to better address such issues as wellbeing, early intervention and prevention.
- j) The Council and partners need to better align data and joint analysis which can influence future commissioning priorities; e.g. shared data on service quality of providers; and data on anti social behaviour and vulnerable individuals.

Service delivery and effective practice

- k) The Council needs to enhance the role of the voluntary and community sector which could add value to early alerts and intervention for vulnerable adults in the community.
- l) The Council needs to evaluate the added value of the “Think Family” initiative and to roll it out across the department. This would enhance safeguarding in those family situations which involve children; e.g. families with parents who misuse substances, parents with mental health needs etc.

Performance and resource management

- m) Overview and Scrutiny need to review their role in improving performance on safeguarding. This could include thematic reviews and task and finish groups to investigate issues highlighted in the annual report.
- n) The collation of data within the Council and partners need to be better utilised to improve performance, measure quality, impact and outcomes and develop future priorities for services.

Working together – Safeguarding Adults Board

- o) The Board needs to develop its shared future strategic priorities and build its collective responsibility for shaping the role and responsibilities of its members.
- p) The Board needs to agree the future scope of its focus- i.e. does it wish to focus on some or all of the following:- protection, safeguarding or the wider prevention agenda.
- q) In order to progress the above issues, the Board should consider facilitated development sessions as part of an overall review of achievements, and areas for development.

Report

Background

1. As part of its programme of quality assurance and improvement Central Bedfordshire Council requested the Local Government Group undertake an adult safeguarding peer challenge. Central Bedfordshire was seeking an external view of the effectiveness of arrangements for user involvement in safeguarding services; and awareness of safeguarding across partners and councillors. Of equal importance was the opportunity for further external challenge to the effectiveness of safeguarding practice and procedure across partners.
2. This was particularly in the context of the council having been judged Adequate by CQC in its final Annual Performance Assessment in 2010 and wishing to seek external challenge as to progress in the area of safeguarding. The council intends to use the findings of the Peer Challenge as a marker on its improvement journey with the aspiration of demonstrating performance beyond that previously deemed Adequate
3. A peer challenge is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead it offers a supportive approach, undertaken by friends – albeit ‘critical friends’. It aims to help an organisation identify its current strengths, as much as what it needs to improve. But it should also provide it with a basis for further improvement.
4. The basis for this review is the LG Group standards for adult safeguarding (Appendix 1). A range of guidance, tools and other materials has been produced by national and local government, the NHS, police and justice system in the last two years. The LG Group Standards reflect this. The headline themes are:
 - Outcomes for and experiences of people who use services
 - Leadership
 - Strategy and commissioning
 - Service delivery and effective practice
 - Performance and resource management
 - Working together – the Safeguarding Adults Board
5. The members of the peer challenge team were:
 - John Rutherford, Director of Adult and Community Services, Bolton Metropolitan Borough Council
 - Councillor John Lamb, Cabinet member (Conservative), Trafford Council
 - Caroline Baria, Service Director Joint Commissioning Quality and Business Change, Nottinghamshire County Council
 - Dr Ruth Allen, Director of Social Work for South West London and St George’s Mental Health NHS Trust
 - Marcus Coulson, Programme Manager, Local Government Group.

The team received additional support from Cathie Williams, LG Group adult safeguarding lead.

6. The team was on-site from 27th June – 1st July 2011. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These activities included:
 - interviews and discussions with councillors, officers and partners
 - focus groups with managers, practitioners, frontline staff and people using services / carers
 - reading documents provided by the council, including a self-assessment of progress, strengths and areas for improvement against the LG Group standards for adult safeguarding.
7. The peer challenge team would like to thank staff, people using services and councillors for their open and constructive responses during the review process. The team was made welcome and would in particular like to thank Julie Ogley, Ed Thompson and Emily White for their assistance in planning and undertaking the review.
8. Our feedback to the council and Adult Safeguarding Board members on the last day of the review gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the review. The report is structured around the main areas of the standards for adult safeguarding listed above.
9. 'No Secrets' (DoH 2000) provides the statutory framework and guidance for adult safeguarding. This defines "a vulnerable adult" as 'a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation'. The previous Government published a review of No Secrets with the following key messages for safeguarding:
 - safeguarding must be empowering (listening to the victim's voice)
 - everyone must help empower individuals so they can retain control and make their choices
 - safeguarding adults is not like child protection – vulnerable adults need to be able to make informed choices
 - participation / representation of people who lack capacity and the use of the Mental Capacity Act is important.

Context

10. Central Bedfordshire is one of nine new unitary councils from 1 April 2009. Bedfordshire County Council ceased to exist on 1 April 2009 with the introduction of unitary councils across all Bedfordshire. All services previously provided by the County Council are now provided by either Bedford Borough Council or Central Bedfordshire Council depending on the area concerned. Central Bedfordshire covers the area of the former Mid Bedfordshire and South Bedfordshire Councils.

The move to create unitary councils in Bedfordshire had to be completed to a challenging timeframe.

11. Central Bedfordshire Council borders Cambridgeshire to the east, Hertfordshire to the south and Buckinghamshire to the west. It has boundaries with three other unitary councils: Luton, Bedford and Milton Keynes. The M1 and A1 run through the area, which is also served by the East Coast Mainline, East Midlands major train routes and nearby London Luton Airport.
12. Central Bedfordshire covers an area of some 716 square kilometres. It is one of the least densely populated unitary councils. The main towns are: Leighton-Linslade, Dunstable, Houghton Regis, Biggleswade, Flitwick and Sandy. It also consists of many picturesque villages and rural hamlets set among rolling countryside. The population of about 252,900 is forecast to grow by 30,000 (over 10 per cent) in the next ten years. Car dependency is high. Most work journeys are made by car with limited alternatives available for people without a car in rural areas.
13. Fifteen per cent of the population are over 65. The forecast is for this to rise to 19 per cent by 2021. Eleven per cent of the population are not white British. More than 97 per cent of pupils of compulsory school age in Central Bedfordshire speak English as a first language. However, the remaining children have more than 60 different first languages.
14. There are about 107,000 households. Seventy seven per cent of households are owner-occupiers with 9 per cent privately rented and 14 per cent social rented. The Council owns over 5,000 properties. The Council also manages travellers' sites at Timberlands, Chiltern View and Potton.
15. The rate of unemployment in Central Bedfordshire has started to decline. 4,016 people were claiming JSA in Central Bedfordshire in June 2010, a rate of 2.5 per cent. This is lower than the average for England of 3.5 per cent. Unemployment among young people is higher than among adults as a whole. In January 2010, 6.3 per cent of 16 to 18 year-olds in Central Bedfordshire were not in education, training or employment.
16. Safeguarding adults services in Central Bedfordshire are coordinated by the Local Safeguarding Board for Bedford Borough and Central Bedfordshire. The role of the Board is to promote the safety of adults by developing robust multi-agency systems for the prevention and investigation of the abuse of adults.
17. The following organisations and agencies are members of the Local Safeguarding Board for Bedford Borough and Central Bedfordshire:
 - Bedford Hospital NHS Trust
 - Bedfordshire Advocacy Services for Older People
 - Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust
 - Bedford Borough Council
 - Bedfordshire Police
 - Bedfordshire Primary Care Trust

- Central Bedfordshire Council
- Care Quality Commission
- Domiciliary Care Association
- Luton and Dunstable NHS Hospital Trust
- National Probation Service – Bedfordshire
- POhWER IMCA Services
- Residential Care Association

18. Central Bedfordshire Council's 2009-10 annual performance assessment for adult services, published by CQC in 2009, rated it as adequate overall for delivering outcomes and adequate for the maintaining personal dignity and respect element, which includes adult safeguarding.

19. The Council has established a dedicated Safeguarding Of Vulnerable Adults (SOVA) unit within the Adult Services Directorate. The unit provides advice and guidance, and supports safeguarding processes (protection plan meetings etc) and deals with the more complex or institutional safeguarding referrals. This support is available to and used by partners across Central Bedfordshire. The unit is headed by the Safeguarding Manager who reports directly to the Assistant Director of Adult Social Care.

Outcomes

Strengths

- The main focus of the Adult Safeguarding Board (ASB) has been the development of processes (policies and procedures) which is a good foundation for improving outcomes for individuals
- The SOVA Team are collating the investigation reports which are the potential basis for the systematic collection of outcome data.

Areas for consideration

- The next stage of your journey should include a more coherent approach to involving people who use services and carers in defining the outcomes for them of safeguarding. This is essential to determine what good outcomes look like
- As you recognise, further development should be based on evidence of outcomes for people who use safeguarding services and learning from their experiences
- Ensuring that people have choice and control should be an intrinsic part of your development of both safeguarding and personalisation
- Central Bedfordshire Council (CBC) needs to extend its scope to include prevention with the wider community.

20. The Bedfordshire Adult Safeguarding Board was inaugurated in 2009 at the creation of the two unitary councils of Central Bedfordshire Council and Bedford Council. This joint board is chaired by the Director of Adults Services (DASS) from Bedford Council. On his Chairmanship attendance from partner organisations was at the fifth tier level and inconsistent. This changed rapidly to first and second tier officers from across the partner organisations. The result has been a time of great change where many policies and procedures have been adopted and implemented within the two councils and all partner agencies.

21. The Safeguarding Of Vulnerable Adults (SOVA) team has begun to collect and collate the investigation reports from the variety of agencies involved in safeguarding in Central Bedfordshire. This begins the systematic collection of data that can lead to further analysis for the future.

22. It is recognised and acknowledged by senior managers and those of the Adult Safeguarding Board (ASB) that the safeguarding process has focussed on processes and protecting people and making people safe but hasn't focussed on identifying outcomes for individuals. There is now an opportunity on the next stage of your journey which should include a more coherent approach to involving people who use services and carers and that further development should be based on defining and evidencing outcomes with and for people who use safeguarding services and learning from their experiences. This is essential to determine what good outcomes look like.

23. Ensuring that people have choice and control should be an intrinsic part of both safeguarding and personalisation. High quality self directed support should be the foundation to safeguard people. To do this the ASB and CBC should work creatively to seek the views of those who use services collect and collate these and adapt services as a result. Then evidence that these changes have taken place.
24. Central Bedfordshire Council (CBC) needs to extend its scope to include prevention with the wider community. The service could take more opportunities to identify risks of abuse, exploitation and avoidable harm in the population of Central Bedfordshire. For example, aligning work within community safety, housing, voluntary sector initiatives and developing strategies to identify people who are not known to services within the adult safeguarding agenda.

People's experience of safeguarding

Strengths

- South East Essex Partnership Trust (SEPT), have begun collecting service user feedback from surveys
- SOVA team have designed a survey to ascertain the experiences of the safeguarding process of people who use services.

Areas for consideration

- There needs to be more systematic use of advocacy services, including Independent Mental Capacity Advocates (IMCA), to ensure the real experience of people who use services are communicated and their rights upheld
- There needs to be a better focus on how the personal experience of safeguarding drives improvement including helping people identify what outcomes and process they want
- All partners should make sure staff use the Mental Capacity Act appropriately to safeguard people's rights.

25. The peer challenge team found the South East Essex Partnership Trust (SEPT) who provide mental health services to Central Bedfordshire have begun collecting service user feedback from surveys. This should be shared as it has the potential to be innovative and should lead to an improved understanding of individual's experience, wishes and outcomes.

26. The SOVA team have designed a survey to ascertain the experiences of the safeguarding process of people who use services. This is the beginning of a process which should enable CBC to set objectives based upon the needs and views of people who use services giving them a clearer voice in the work of the ASB.

27. Advocacy services are commissioned by CBC but there appears to be only limited use of advocacy in safeguarding investigations. The use of the IMCA service remains very low. Some evidence suggested that there had only been 11 referrals to the IMCA service during 2010/11. This service should always be considered where people lack capacity and are involved in safeguarding. Providers of advocacy services echoed the views of practitioners in relation to the involvement of people who are going through a safeguarding investigation, stating that often people are not involved in the process and are not informed of the outcome.

28. There needs to be a better focus on how the personal experience of safeguarding drives improvement. It is recognised amongst practitioners that a personalised approach should be central throughout the safeguarding process; however practice doesn't yet reflect this. Practitioners stated that, at times, family members are invited to strategy meetings, but staff are not yet routinely involving people in the process - the focus appears to be on whether or not people are

being notified of the outcome of a safeguarding investigation, rather than on how best to involve them from the beginning of the process. Practice needs to ensure that people who use services, and their carers, are able to contribute to the safeguarding process from the start and to determine what it is they want as a result of a safeguarding incident.

29. All partners should make sure staff use the Mental Capacity Act appropriately to safeguard people's rights. Training has begun to be rolled out across agencies. Individual's rights need to be protected through effective use of mental capacity legislation, referrals to independent advocates and appropriate use of Deprivation of Liberty safeguards.

Leadership

Strengths

- Strong, positive political leadership
- The Executive Member demonstrates a clear sense of priorities and commitment to the safeguarding agenda
- The appointment of Adult Safeguarding Member Champion is a positive initiative
- The Director and her team are very visible and respected, demonstrating clear drive and determination to achieve success for Adult Social Care
- There is a lot of evidence of leadership of safeguarding at all levels of the department
- All key partners understand the importance of safeguarding and are engaged with CBC.

Areas for consideration

- Now that you have a solid foundation in place the department needs to articulate its vision and further develop collaborative whole sector local leadership for safeguarding
- Further develop professional practice leadership across disciplines.

30. It was clear to the peer challenge team that there is strong, positive political leadership at CBC. The recovery from its 'adequate' status has been seen as a priority for the council and the adults safeguarding agenda has been financially supported through monies to adult social care. The Leader of the Council (since May 2011) is aware of the importance of safeguarding and is clear about the Council's priorities and responsibilities.

31. The Portfolio Holder for Adult Social Care and Housing is well regarded by Chief Officers and colleague councillors and has a strong sense of what she hopes to achieve for the service and is focused on key issues relating to safeguarding. She is a regular attendee at the adult safeguarding board which the peer challenge team felt demonstrated the political commitment to the issues of safeguarding at a senior level in this organisation. There is good evidence to suggest that councillors are made aware of safeguarding issues through a series of briefings and the Executive Member has committed to an ongoing programme of councillor awareness.

32. The Council has taken the positive step to appoint a Councillor to the role of Adult Safeguarding Champion. This role will strengthen the political leadership within the Council of adult safeguarding matters and help ensure awareness among all councillors.

33. The Director and her team are very visible to all of the ASB and CBC staff and partners. The clarity they deliver at information events is welcomed and the direction the organisation is presently taken is understood. Whilst these processes can sometimes be experienced as a burden by staff, they recognise the reasons for these and the importance of them to attain the safeguarding goals of the organisation and for individuals.
34. When the peer challenge team spoke with staff across CBC it was clear that there is a good understanding of safeguarding and the importance of it throughout the different levels of the council and the work of these staff. This is a strength that should seek to ensure that adults are better safeguarded in Central Bedfordshire.
35. It is known amongst the partners who make up the Bedfordshire Adult Safeguarding Board that the practice of safeguarding has been varied and created an inconsistent experience for some people who should have been safeguarded. Due to the leadership shown on the ASB over the past two years it is evident that all key partners now understand the importance of safeguarding.
36. The work completed to date creates a strong foundation upon which to build the work of safeguarding within Bedfordshire. Senior management now need to identify their priorities for safeguarding within the department and to articulate the future focus on prevention and early intervention, the impact of personalisation and the role of partners in safeguarding adults in CBC. All partners need to play their full part in promoting safeguarding and should work together to bring different perspectives, identify different vulnerable populations, and support each other to develop excellent practice across organisations.
37. There are different disciplines in a variety of roles in health, social care and other sectors which all have a role to play in adult safeguarding. Professional leaders in all organisations, not just in social work, should be encouraged to develop local professional standards and models of best practice. Health and police professionals should use the recent respective Department of Health (DH), Home Office and Association of Chief Police Officers (ACPO) guidance to inform integrated multi-agency approaches which deliver effective outcomes for people who are subject to a safeguarding investigation and improve the shared leadership and responsibility for safeguarding.

Strategy

Strengths

- There is a high level focus and commitment to improvement across the department
- The department understands the strategic necessity for engaging all partners including provider organisations

Areas for consideration

- CBC now needs to dovetail safeguarding with community safety, wider wellbeing strategies and prevention
- Seek to embed safeguarding in the corporate strategies of all partner agencies
- Build access to justice as part of partner strategies.

38. At the strategic level of the Adult Social Care department at Central Bedfordshire Council, there is a clear commitment to, and engagement in safeguarding. This was evident to the peer challenge team throughout our engagement.

39. There was evidence of care home providers becoming much more engaged, under the leadership of the Local Authority, which was evidenced in the number of care home referrals. It was apparent from interviews that senior leaders in health, the police and the community and voluntary sectors understood the importance of the safeguarding agenda. However, some ongoing hotspot problems in parts of the health and social care provider sectors suggest that the engagement of practitioners and managers is not yet embedded throughout partner organisations.

40. There are a number of community safety initiatives and streams of work within the communities and through a range of voluntary and community services. The SOVA team have helped raise awareness about safeguarding processes across different departments and organisations, including how and when to raise alerts. However, it was clear that some of these departments and organisations continue to operate in silos and there remain gaps in knowledge around prevention strategies and how to ensure that vulnerable people who do not access social care services are helped to stay safe and in control of their lives. To counter-act this CBC needs to align safeguarding with community safety, wider wellbeing strategies and prevention, to ensure that mainstream and universal services play their role in safeguarding the adult population.

41. Whilst all partners are represented at the highest level on the ASB, attendance is good and partners are being held to account, there is further work to be done to ensure that all those who sit round the table have safeguarding strategies which are embedded in the wide variety of different work. Partners then need to be able to evidence the embedded nature of this approach.

42. Local data highlights that there is a low level of convictions resulting from safeguarding investigations. More needs to be undertaken to better understand the barriers that divert people from obtaining access to the justice system. Improved awareness of people's rights and expectations may result in appropriate interventions, whether that be convictions, mediation, advocacy and victim support.

Commissioning

Strengths

- There is evidence that NHS commissioners understand the importance of embedding safeguarding in their commissioning strategies
- Commissioning SEPT to provide mental health services has improved the safeguarding focus in that sector
- CBC's commissioning and contracting activities have required safeguarding to be a core component of externally provided services

Areas for consideration

- There are under-developed joint commissioning structures across health and social care which, if in place, could strengthen safeguarding requirements
- All partners need to pull together to ensure that joint commissioning is resilient at a time of change and is able to safeguard people
- CBC needs to progress further commissioning of personalised services/opportunities.

43. There is evidence that NHS commissioners understand the importance of embedding safeguarding in their commissioning strategies. Social care and health commissioners indicated that the effectiveness of provider organisations' safeguarding strategies and monitoring of their performance on this was a clear consideration in commissioning decisions. The engagement of care home providers in this agenda was partial evidence of this focus on the part of the commissioners. SEPT's proactive governance of safeguarding was seen as important by commissioners. Commissioning SEPT to provide mental health services has improved the safeguarding focus in that sector. There was comparison by commissioners and other senior staff interviewed with the previous mental health provider which did not have the same corporate governance, close management of safeguarding alerts and training.

44. CBC's commissioning and contracting activities have required safeguarding to be a core component of externally provided services. This is evidenced by CBC responding to safeguarding concerns raised by a range of parties, to failing services and issuing new contracts with care home providers over the past 12 months, using the Eastern regions approved contract documents. An annual review process is also being put in place and is to be implemented by the Contracts Compliance staff, and providers are being required to complete a workbook which has a heavy emphasis on demonstrating good understanding of safeguarding processes. This will be important to ensure that the quality of care is good enough to safeguard people's rights and to prevent harm and abuse. New contracts are due to be issued to home care agencies.

45. There are under-developed joint commissioning structures across health and social care which, if in place, could improve the approach to wellbeing,

prevention, early intervention and overall service quality of providers. If commissioning was more joined up across health and social care, common standards and common language about expectations of safeguarding practice and governance could be developed further. This should be mutually reinforcing of quality across the sector.

46. All partners need to pull together to ensure that any joint commissioning is resilient at a time of change and that they are able to safeguard people. Partners need to agree priorities and levels of investment in any joint commissioning developments. There is much less money in the system. For quality to be maintained and the risks of harm reduced commissioning across the sector should work together to seek to be aligned. This should reduce any potential territorial disputes or unilateral withdrawals of service that put pressure on the other party without discussion, which leave people vulnerable. Joint commissioning should be looking for economies of scale and efficiencies through integration.
47. CBC needs to progress further commissioning of personalised services and opportunities. This will entail an expansion of the market which better reflects the choices of individuals through personal budgets. Commissioning personalised responses should strengthen safeguarding for individuals. This would involve CBC seeking to support the development the local market for provision to meet diverse needs. This could involve hosting local social entrepreneurs, supporting existing third sector organisations to develop their offer, supporting the development and training of existing staff in the private and voluntary sector. Through more tailored services that meet people's needs more sensitively and effectively, people should ultimately be better safeguarded through the mainstreaming of high quality support planning. This should be seen as preventive, not least of the risk of institutional abuses and avoidable harms.

Service delivery and effective practice

Strengths

- The safeguarding process is good, sound and embedded in the front line
- Service providers and staff understand safeguarding processes and know what to do
- The SOVA team is very well regarded by the range of people, teams and organisations that come into contact with it because it is highly effective
- The training that is delivered and competency framework used is helping to build confidence and skills.

Areas for consideration

- Practice should be driven by informed and empowered choice and control for people who've experienced harm. Awareness and skill in the application of the Mental Capacity Act is crucial
- Practitioners should have further opportunities to learn from people's experiences of safeguarding
- Extensive voluntary and community services that already exist could be better harnessed to improve early alerts and prevention in the wider community
- Use the opportunities to develop safeguarding through the Think Family approach.

48. The peer challenge team spoke to a wide variety of staff across CBC and with partner organisations looking at the work of safeguarding. It is the considered view of the team that the safeguarding process is good, sound and embedded in the front line.

49. It was clear to the team that service providers and staff understand safeguarding processes and know what to do. Staff can identify safeguarding concerns, they know how to raise an alert, the response is managed and coordinated and investigations are instigated promptly and then monitored and reviewed. There has been a considerable amount of work done to raise awareness of what harm and abuse are and what to do about it with the public, people who use services and professionals. Staff confidence in safeguarding has been enhanced through training and development. This is a good example of how far the service has come in a very short period of time.

50. The peer challenge team did not directly audit any case files. CBC had undertaken quality monitoring audits internally (which highlighted that from March to August 2010 and from September to February 2011 20% and 27% respectively of case files were considered good and 68% in both time periods adequate). CBC commissioned an independent audit relatively recently, which is good practice

and which was shared with the team. This identified a number of areas of good practice and areas of development to be addressed.

51. The SOVA team is very well regarded by the range of people, teams and organisations that come into contact with it. This is a testament to the leadership and activity of the staff as well as the senior staff who have sent it up and monitor its development.
52. The drive that comes from the ASB is felt in CBC by the revised training which is delivered to all staff, members and partner organisations and the competency framework which is used in conjunction with it. Staff report that because of this they feel more confident when identifying safeguarding issues and over time believe they have become more skilled at doing so.
53. Practice should be driven by informed and empowered choice and control for people who've experienced harm so that safeguarding practice now moves beyond process and focuses on people and outcomes. Awareness and skill in the application of the Mental Capacity Act is crucial and needs to be rolled out across the department and partners. Ensuring individuals who lack capacity are appropriately safeguarded through appropriate use of legislation.
54. Practitioners should have further opportunities to learn from people's experiences of safeguarding. The feedback from user experience should be used in the training and supervision of staff. Hearing what it was like for people to be involved in the safeguarding process from the inside is a very powerful source of learning and also motivation for staff to do it well. This should result in improved outcomes for people.
55. Extensive voluntary and community services that already exist could be better harnessed to improve early alerts and prevention in the wider community. There are 3000 community and voluntary organisations in the county of Bedfordshire. By utilising these local voluntary and community services, early intervention can be enhanced such as identifying vulnerable older people in local communities and ensuring they receive the right contact or service which prevents a safeguarding alert ever being made.
56. The CBC Adult Social Care department should review the learning from the Think Family approach and clarify what benefits and value it can add to current practice. If the evidence is conclusive, it then needs to be rolled out in a systematic manner that incorporates all service areas both within the Council and other agencies.

Performance and resource management

Strengths

- Resources and training have been invested in adult safeguarding
- Since its inception CBC has focused on systems and processes to ensure it delivers an effective service in adult social care including: frequent supervision, competency framework, training, auditing of case files and SOVA team co-ordination and monitoring of processes.

Areas for consideration

- Overview and Scrutiny could add further value to the improvement agenda for safeguarding
- Safeguarding data could be used more effectively to inform and influence practice
- As you recognise, ICT systems could be improved to share data and improve the practice of safeguarding.

57. The ASB and CBC have demonstrated commitment to safeguarding through their actions. CBC elected members have devoted significant resources to this agenda which has resulted in staff feeling confident and informed and that it should benefit the safeguarding of adults in the borough.

58. CBC was a new organisation set up in 2009 and inherited staff from a similar but different council. The focus in the first two years of existence has been quite rightly on delivering an effective service in the different areas of adult social care. This focus upon service delivery has been through the use of frequent supervision, the introduction of a CBC specific competency framework, training in safeguarding for all staff, members and partnership organisations, the auditing of case files and the creation and development of the Safeguarding Of Vulnerable Adults team and its monitoring processes. That these have all been introduced and seen to be successful by the staff is something to celebrate.

59. The Chair of the Social Care, Health and Housing Overview and Scrutiny Committee is new into post (June 2011) and is committed to engaging with the adult safeguarding agenda. To date the Social Care, Health and Housing Overview and Scrutiny Committee has received the annual safeguarding report. In addition to this role the committee should consider the development of its work programme that includes short 'task and finish' reviews on aspects of safeguarding. The committee should consult widely on work programme proposals whilst the draft annual safeguarding report 2010/11 offers some opportunities for task and finish scrutiny review for example sources of referral (para. 4.3.1), financial abuse of people aged 65 to 84 (para 4.5.2) and low level of alerts from minority ethnic communities (para. 4.8.2).

60. Safeguarding data could be used more effectively to inform and influence practice so that the Safeguarding Adults Board teams and individual practitioners

know how effective they are and the extent to which they have had an impact on outcomes with and for people needing safeguarding. There was comment to suggest that the referral documentation used by CBC is not always appropriate when used in non-social care situations such as in housing and community safety settings. A review of the referral documentation should take place to ensure suitability in a range of different safeguarding scenarios.

61. As you recognise, information technology systems within the council are a problem shared by the whole organisation. This is understood by all council leadership and there are plans in place to address this problem. When the solution is implemented it should improve the ability of CBC to share data and improve the practice of safeguarding.

Working together – Adults Safeguarding Board

Strengths

- All the key partners at a senior level are present at the ASB showing a high level of commitment
- The ASB has driven and delivered good policies and processes
- The ASB has raised the profile of safeguarding within the services and the wider community
- The ASB has dealt with individual and organisational service failures.

Areas for consideration

- Given that the foundations have been laid there is an opportunity to work together as partners to develop a more strategic approach
- The ASB has rightly been focused on protection. This can now be built on to determine its future scope and ambition
- Mechanisms should now be developed to ensure that the focus is on improving outcomes at an individual and population level
- As reflects the national picture the ASB should monitor and respond to the potential changes to, and impact of, regulatory arrangements for all partners.

62. Since the present chair took the role on the ASB significant changes occurred. All the key partners at a senior level are now present at the ASB showing a high level of commitment. This bodes well for the future and is a testament to the direction and drive brought about by the present chair.

63. Since the arrival of the new chair the ASB has focused on creating and delivering good policies and processes for the Board itself, the two councils and the wide variety of partner agencies and providers. These have been adopted and developed within partner organisations to drive the safeguarding of adults.

64. Through the policies and resulting training and development the ASB has raised the profile of safeguarding within the services and the wider community. The next steps are to assess where any potential gaps may exist and to move to an outcomes based approach to safeguarding and to measurement of the achievement of outcomes for and with people.

65. The ASB has dealt with individual and organisational service failures. The ASB is working to its' remit as it has sight of failures and also holds partners to account at both an organisational and individual level. Two Serious Case Reviews have been undertaken and a range of recommendations drafted.

66. It was clear to the peer challenge team that the focus on critical operational issues has been necessary due to trying circumstances. Now that these good foundations have been laid there is an opportunity to work together as partners to

develop a more strategic approach. This would seek to generate collective responsibility within the Board and lead to authority to hold each other to account and develop throughout the group.

67. The ASB has rightly been focused on protection. This success foundation can now be built on to determine its future scope and ambition. The ASB need to agree what its focus is for the future: is it to focus on protection or can it develop its scope to include the wider prevention agenda.
68. Mechanisms should now be developed to ensure that the focus is on improving outcomes at an individual and population level. This would be in the format of working with individuals and/or their advocates to identify the outcomes they want or which have been identified through Best Interest processes if they lack capacity and then feedback from individuals on their experience and perceptions of what worked for them in the form of surveys, questionnaires, and through the effective use of shared data and intelligence on performance and activity.
69. The regulatory landscape has changed or is changing for many of the ASB members. This is a national picture and therefore not exclusive to the Bedfordshire ASB but it should nevertheless monitor and respond to the potential changes and impact of the dynamic regulatory arrangements for all its partners.

Contact details

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For more information on peer challenges or the work of the Local Government Group please see our website www.local.gov.uk/improvement.

Appendix 1 - LG Group Standards for Adult Safeguarding Peer Challenge

The standards are derived from:

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

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

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