Appendix 1

City of York Council Adults Safeguarding **Peer Challenge Report**

January 2017

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Executive Summary

City of York Council requested that the Yorkshire and Humber ADASS undertake an Adult Safeguarding Peer Challenge at the Council and with partners. The work was commissioned by Martin Farran, Corporate Director of Health, Housing and Adult Social Care who was the client for this work. He was seeking an external view on the direction of travel that York was undertaking in the transforming of adult social care, and how York might improve outcomes for people using services, as well as a view on how the future sustainability of the health and social care system could be promoted. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:

- An external view of direction of travel and progress made to transform adult social care in York
- Recognition of the journey towards implementation of MSP and scope for improvement
- Confirmation and challenge of the self assessment and how York might
  - Further improve health and well being outcomes for individuals
  - Promote the future sustainability of the health and social care system

The City of York Council (CYC) has a new senior management team following a five year period where senior appointments were transient or interim. A newly appointed Chief Executive Officer and the current Corporate Director of Health, Housing and Adult Social Care appointed in 2015, have established a stable and committed senior management who are driving transformation of services based on a vision that is recognised by the council and partners.

The peer team heard from staff that had a “can do” attitude, there is a sense of collective optimism in delivering the vision. There is evidence of good monitoring, support and improvement practice in place underpinned by a shared understanding of good quality of care and a focus on prevention.

The peer team thought that Making Safeguarding Personal (MSP) were principles that ran through York’s social care practice like a stick of rock. MSP is transforming the work around the city and the work of social care appears to be bespoke to individuals and this was evidenced by good case examples. The Safeguarding Board understand the importance of talking through a case, and this demonstrates a learning organisation from the bottom up and top down

York’s front line staff are amazing! There are good levels of motivation and a sense that people are communicating and supporting each other very well.

Although there is now a stable management team in place, the legacy of the senior team instability is still an issue for some service managers and front line staff, many of whom have worked in York for many years. We heard levels of anxiety around how long the current Director would remain in York and whether “*new structures*” would bring further change.

Front line staff and middle managers have weathered the storm of frequent leadership changes and feel supported by each other. Staff welcome the stability that the new director has brought and expressed a desire for "the review" to take place so that they understand what the final shape of the service will be.

Safeguarding Board arrangements, including the critical role of the Council's safeguarding service, is at risk of being underfunded "*There's no fat on it*" Arrangements to service the Board are lean and more capacity is needed. However, key partners are extremely committed and show a huge amount of resourcefulness and creativity. It is invidious to single partners out, but the leadership shown by the Police and by Healthwatch are worthy of particular note. The Peer Review Team were envious of the strength of many local partnership arrangements.

There is no doubt that staff and social workers have worked hard to keep people safe and independent, and a shift towards a personalised approach is starting to take hold. However, there is an anxiety in staff that as York moves to a personalised, preventative approach, that the infrastructure of services needed in communities to support people in new ways is not available. The Peer Review Team did not think this anxiety was well-founded: York is clearly a city with a huge number of community organisations and local assets. However staff concerns highlight the need for proactive workforce development to support them in working differently and engaging with the new opportunities that are emerging.

York should be proud of the enormous strength there is with your staff, your partners and your physical assets in delivering excellent services. York really does feel at a potential turning point in beginning to harness these considerable advantages to the benefit of local citizens, even in the context of limited financial resources.

The report is includes detailed comment across the headings of the Local Government Association (LGA) Adult Safeguarding Improvement Tool, and incorporates recommendations in response to the scoping questions within the standards, to help City of York Council, the SAB and partners to continue to build upon its existing firm foundations, develop and improve at pace.

Report
Background

1. City of York Council (CYC) requested that the Yorkshire and Humber ADASS undertake an Adult Safeguarding Peer Challenge with the Council and its partners. The review used the LGA Adult Safeguarding Improvement Tool and a LGA Associate to manage the Challenge Process. The work was commissioned by Martin Farran, Corporate Director of Health, Housing and Adult Social Care, who was the client for this work. He was seeking an external view on the direction of travel that York was undertaking in the transforming of adult social care, and how York might improve outcomes for people using services, as well as a view on how the future sustainability of the health and social care system could be promoted. The Council intends to use the findings of this peer challenge as a marker on its improvement journey. The specific scope of the work was:

   - An external view of direction of travel and progress made to transform adult social care in York

   - Recognition of the progress made in relation to the implementation of MSP along with the potential for improvement

   - Confirmation and challenge of the self assessment and how York might

     - Further improve health and well being outcomes for individuals

     - Promote the future sustainability of the health and social care system

2. 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.

3. The benchmark for this peer challenge was the Adult Safeguarding Improvement Tool, March 2015. The Standards for Adult Safeguarding are at (Appendix 1). These were used as headings in the feedback along with feedback on the scoping questions outlined above. The key themes of the challenge were:

   - 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

4. The members of the Peer Challenge Team were:

- **Phil Holmes,** Director of Adult Services, Sheffield Council

- **Cllr Marilyn Greenwood,** AHSC Scrutiny Chair, Calderdale Council

- **Shona McFarlane,** Deputy Director, Leeds City Council

- **Liz Walton, Designated Nurse,** Safeguarding, NHS Salford, CCG
- **Richard Cumbers,** Assistant City Manager, Hull City Council
- **Venita Kanwar,** LGA Associate

Assisted by

- **Margaret Rosser,** Directorate Improvement Manager, Calderdale Council
- **Sarah Carlisle,** Safeguarding Partnership Manager, Kirklees Council
- **Dave Roddis,** Yorkshire and Humber ADASS

5. The team was on-site from 23rd – 25th January 2017. 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
    - A comprehensive audit of a select number of case files

6. The peer challenge team would like to thank staff, people using services, carers, partners, commissioned providers and councillors for their open and constructive responses during the challenge process. The team was made welcome and would in particular like to thank Martin Farran Corporate Director of Health, Housing and Adult Social Care and Melanie Hopewell Executive Support Officer and Carolyn Ford Inspection and Planning Manager for their invaluable assistance in planning and undertaking this review.

7. Our feedback presentation to the Council on the last day of the challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the challenge.

8. The Care Act (2014) provides the statutory framework and guidance for adult safeguarding. This defines an ‘adult at risk’ 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 are important.

The Care Act has put safeguarding adults on a statutory footing. Safeguarding remains a complex area of work and case law continues to test the basis on which it is undertaken.

Leadership, Strategy and Working Together

Strengths

- Newly established, highly motivated executive team
- Very highly regarded independent safeguarding chair
- Highly regarded Cabinet member who brings “can do” focus and experience of delivery
- The Chief Executive, Members, The Director of Adults Social Care and his senior management team are committed to “Prevent Reduce Delay” and this ethos permeates throughout adult social care
- There is a very well represented Safeguarding Board with evidence of good relationships with partners, with opportunities to develop further.
- Good leadership from key partners including the Third Sector, Police and GPs

Areas for consideration

- The many senior management changes in recent years have caused apprehension
- The executive team has a clear vision, but lots of work is needed to get everybody on board
- Staff would like more contact with senior officers
- We welcome the council’s commitment to consider the restructure of scrutiny panels, to enable closer working between members and officers
- We understand the significant challenges that the CCG faces

“If anyone can do it, York can”

Chief Executive

9. The last eighteen months has seen City of York Council (CYC) appoint a new senior management team following a five year period where senior appointments were transient or interim. At the top of the structure is a newly appointed Chief Executive Officer. The current Corporate Director of Health, Housing and Adult Social Care who has been in post since 2015, and together they have established a stable and committed senior management which is driving transformation of services based on a vision that is recognised by the directorate and partners. The mantra of “Prevent, Reduce, Delay “ is embedded and was frequently heard by the peer team.

10. The chair of the Safeguarding Adults Board was widely praised by members, partners, officers and staff for his commitment and passion for safeguarding people and his leadership of the Board. The Chair is effective and challenging and is committed to delivering improvement based on the evidence presented to the Board, for example the work delivered on suicide prevention in collaboration with the universities. Comments in relation to the Chair were “*He lives “Making Safeguarding Personal” and his passion comes through*”. He is commissioning a theatre company to bring the Making Safeguarding Personal message and roll it out further. To ensure that partners are working in the same way he is asking

them to provide , in addition to their safeguarding data, examples of what they are doing to embed MSP. The Board we heard is well structured, and the Chair "*provides tough challenges when needed, but is otherwise supportive*".

11. The Safeguarding Board is well represented with a range of committed partners, and all representatives are at the appropriate level of seniority within their own organisation. There are clear terms of reference for the Board, setting out accountabilities, and a strong constitution outlining roles and responsibilities, and conduct of members

12. The cabinet member demonstrated her commitment to safeguarding both adults and children, and provides a bridge between the two directorates as a previous chair of the Children's Safeguarding Board. Links too with the Health and Wellbeing Board are well developed as the cabinet member is also the Chair of this Board. The peer team heard that there is strong leadership from the Cabinet Member, "*she does the difficult stuff really really well*". The commitment to the social care agenda and wealth of experience of the cabinet member provides a solid foundation for political leadership.

13. Opposition councillors also spoke of a shared commitment to delivering transformation in social care based on Prevent, Reduce, Delay and spoke of good cross party working arrangements.

14. There is good leadership from partners for safeguarding, with a very strong and vibrant third sector delivering services in partnership with the council, the police as part of the Vulnerability Assessment Team (VAT) located in the council offices and therefore accessible and involved in discussions with care staff and the safeguarding team. The peer team heard that there were GP leads in all practices and that GP's worked collaboratively within multi-practices where they were co-located with social care staff within localites, delivering a strong primary care, preventative function.

15. Although there is now a stable management team in place, the legacy of the senior team instability is still an issue for some service managers and front line staff, many of whom have worked in York for up to 15 years. We heard levels of anxiety around how long the current Director would remain in York and whether "*new structures*" would bring further change.

16. Staff were pleased that the senior management team were expressing a clear vision for adult social care, but some wondered what "*the inverted triangle meant in practice*". The inverted triangle of the prevention model, is still to be embedded for some at the front line. We were told about the vision "*not everyone has internalised it although everyone has heard it*" Embedding the vision at the front line is something that could form part of the newly appointed Principal Social Worker's role (PSW).

17. Staff spoke to the peer team about the need to understand how the vision could become a reality in practice (as mentioned above in paragraph 17) and further understand the direction of travel. There was a suggestion that the Director and Senior Managers should "*walk the floor and have informal conversations*" with staff, and they said that this is something they would value. It felt to the peer team that the pace of change is fast and that a lot has happened in the last year. While senior managers understand perfectly how Reduce, Prevent, Delay

should work, there is still a cohort of staff that do not fully understand the range in services provided outside of the council, and who may still have a very traditional approach to delivering social care. The senior management team are already considering ways in which their vision can be translated into practice for all staff. Although there is evidence (for example via regular roadshows) that the DASS and senior management team have already sought to increase their accessibility, it is unsurprising that there remains further appetite for this from staff.

18. The peer team heard that Scrutiny was being reviewed to set out more clearly the roles of officers and members, with a clear framework of standards accompanying this. The peer team welcomed the review and believe it will lead to improved challenge and Scrutiny that will ultimately improve both services and outcomes for people, and will demonstrate an ongoing commitment to improvement in the council.

19. The peer team understood the significant financial challenges experienced by the CCG (Clinical Commissioning Group). It was regrettable that the team did not have significant contact with the CCG in the course of the Peer Review to explore further if and how this affected their ability to be a strong safeguarding partner at both strategic and operational levels. However it did seem clear that financial insecurity was hampering longer term planning, potentially in ways that would cost local organisations more (for example by not getting a strong grip on local intermediate care services). While these concerns existed, the Council and other partners expressed empathy and trust in the individuals working within the CCG at present, and were determined that the overall partnership was supportive of individual members..

Commissioning, service delivery and effective practice

Strengths

- Partners work well on safeguarding and quality in residential and nursing care although there are concerns about CHC
- Local authority commissioners have a “can do” approach
- Links between social work, safeguarding and commissioning are strong and further opportunities have been identified
- “Triaging” of safeguarding referrals has assisted community teams to target their response and has improved ownership of safeguarding
- Recent improvements to reablement and front door have had a positive impact
- Front line staff have weathered the storm of frequent leadership changes
- Front line staff are supporting each other really well
- Evidence of some good management practice at all levels

Areas for Consideration

- York needs to satisfy itself about the capacity, coverage and focus of advocacy services
- Some service users, carers and partners did not know how to access support when they had concerns
- Concerns about some practice that is quite traditional and needs to move to become more strength-based and less preoccupied with outputs. The focus on risk enablement and outcomes will address this.
- Vision on early intervention and prevention is clear, but more to do to align partnership activity and ensure there is capacity to deliver this.

“The jigsaw pieces are there: we’re just not sure how they fit together”

Managers workshop

20. The Local Authority (LA) and the Care Quality Commission (CQC) work well together to ensure quality and safety of residential care. There is evidence of good monitoring, support and improvement practice in place where the joint understanding of having good quality of care provides a preventative function. For example, the development of a joint action plan which providers are expected to submit to the funding and contracting partners as well as CQC enables a single view of quality improvement and gives the provider one clear plan to work against rather than having separate action plans. Intelligence Meetings take place in which managers share reports and take a co-ordinated approach to suspensions and there is a joint approach to action plans where there are high risks resulting in joint visits and follow up. Healthwatch also contribute to this through their ‘Enter and View’ visits where the Healthwatch volunteers speak to residents, a report is provided both to the council and to CQC, which has added value and reduced the burden on inspection. This has

increased to visibility to Healthwatch in care homes and provides another route through which people can raise concerns, and have their voice heard.

21. There were concerns expressed about the approach that the CCG was taking with regard to NHS Continuing Healthcare (CHC). CCG staff engaged within this function were not always accessible when it came to exercising leadership around quality or safeguarding concerns with registered providers. This was felt to link with significant funding restrictions in relation to actual use of CHC. The Peer Review Team were unable to get sufficient access to the CCG to be able to triangulate this.

22. We saw evidence of a “can do” approach from commissioners particularly, and a culture of “glass half full” across the directorate which is commendable.

23. Safeguarding leads recognised the need for stronger links into commissioning and contract management and are working to develop these. Staff demonstrate self awareness and understand where improvements need to be made.

24. We heard that there was an effective “triaging” of safeguarding referrals which assisted community teams to target their response and has improved ownership across the services. Safeguarding staff were confident in their decision making and felt well led and enabled to make decisions by their managers. Safeguarding staff articulated that part of their role was to be supportive, advisory and specialist within the directorate. Social care staff we spoke with valued the role of the safeguarding team, and understood their own role in safeguarding people.

25. The increased use of supported discharge, reablement and “diverting” people at front door is having a positive impact. There were examples of positive leadership within the service itself that had a significant impact across the whole system.

26. The PSW has plans to support developing practice including using action learning sets. The PSW role is a new position in York’s adult social care service and the peer team believe the PSW function will assist the directorate in embedding the vision, values and skills required for the service as it continues the transformation journey.

27. Front line staff and middle managers have weathered the storm of frequent leadership changes and feel supported by each other. Staff welcome the stability that the new director has brought and expressed a desire for “the review” to take place so that they understand what the final shape of the service will be.

28. There was a strong emphasis on workforce development, with a senior management focus on an integrated approach across strategy, vision and service development. Peers were told that further consideration is to be given to HR and Recruitment staff undertaking safeguarding training, and for social workers to have a better understanding of budget and financial requirements and procedures.

29. The peer team heard that Advocacy Services have been through a recommissioning process and we felt that there was a need for City of York to

be confident that the Advocacy Service was robust and resourced to deliver. Advocacy Services are unclear about thresholds for safeguarding and the urgency of the referrals they receive. In particular they expressed concern about the length of the referral form they were required to complete for the Safeguarding Team.

30. Some health partners were unsure who to contact for advice and in particular advice around crisis services. Health professionals requested an improved dialogue and information provided to them when their patients have been subjected to a safeguarding process. The peer team felt that a more stable staff team would help with this.

31. There were some concerns expressed by health partners that early discharges from hospital resulted in increasing needs in the community. This requires a balance of resources

32. The peer team heard that providers thought that LA staff were too paternalistic and risk averse. City of York's focus on risk enablement and an outcomes focus will begin to address this specific concern. The peer team were told of a low take up of Direct Payments (DP), and that the market for DP required further development. The peer team thought that the new care management culture was moving towards a culture of using direct payment supported by a workforce strategy that would be supportive of Personal Assistants.

33. The vision on prevention and early intervention is clear, however, as stated earlier, there is a need to embed the approach in council staff's day to day working, along with embedding the vision with all partners including the NHS. City of York should consider the opportunity now to deliver the strategy face to face with all staff.

34. Staff relying on commissioned services will need support through Local Area Coordination (LAC) (and other initiatives to become fully aware of and part of the city. Currently social workers are expressing that they feel that there are too few services available within the city – the new approach of LAC will enable there to be a clear link between the city's assets and its citizens. In order for social workers to be able to build on these links and ensure that they also support citizens to develop their strengths and assets, some accessible tools including simple guides to accessing and unlocking community resources plus clear directories at a micro-local level would be useful.

35. Front line assessment and care management staff felt that the success or failure of Direct Payment (DP) packages was solely their responsibility – more joined up work with commissioning services around DP support and the provider market would help alleviate this perception.

Case File Audit

The Case File Audit process completed in this adult social care peer challenge follows the methodology outlined in the LGA Guidance Manual for Adult Safeguarding Peer Challenges. The cases considered represented a mix of ages and included adults with mental health problems, people with learning and physical disabilities. A total of twenty-eight case record reference numbers were made available to the peer challenge team and fourteen were randomly selected, two from each category. The feedback given here is based on the files the peer challenge team have read and seen.

Strengths

- Practice was evidently person centred; there is clear evidence in all cases that the person is included in the safeguarding process and their wishes are central to the work that is carried out.
- Recording was comprehensive, with a clear record of activity and outcomes. There was less focus on analysis and judgement Initial decisions are timely.
- When managers record their views and decisions, they do this in a clear and unambiguous way and bring clarity to the safeguarding process.
- There was evidence of good partnership working with the police, community and housing services and third sector organisations including advocacy support providers

Areas for Consideration

- In complex cases, there may be a need to reflect on the 'bigger picture' through the use of planning meetings earlier in the process to gather the wider view and plan a proportionate and more timely approach
- There is a need to consider the interface between safeguarding and ongoing social work support especially where the case holding worker is out of area as one case seen would have benefited from a more strategic view including holding the provider to account
- Risks are addressed well but a more comprehensive approach undertaken earlier in the process may be beneficial. for example in a case involving domestic violence, a response through domestic violence services following a risk assessment would have been beneficial
- There would be some benefit in looking at thresholds for safeguarding intervention.
- There may be scope for ensuring that all front line social workers are refreshed in the area of legal literacy

36. Fourteen case files were provided and audited in line with the following criterial in order to assess the quality of safeguarding practice:

- That the views of the adult at risk and their desired outcomes were sought and recorded
- That the principles of the Mental Capacity Act were applied
- That the rationale for decision making was clearly recorded, and there was evidence of management oversight

- That where needed there was multi-agency involvement, and clear protection plans were put in place to manage risk
- That processes were completed within required timescales.

37. The reviewers found evidence to suggest that the adult at risk and family members and carers were involved in safeguarding investigations. Initial decisions and responses to concerns raised were prompt and that appropriate safeguards were put in place to manage any immediate risk identified.

38. The audit evidenced the majority of cases were underpinned by good practice with front line staff engaging with the adult and working alongside them to reduce risk.

39. Case files in all cases demonstrated that capacity had been assessed and recorded. Case files were comprehensive.

40. Reviewers thought that in 2 of the cases the investigations were disproportionate in terms of the response and resource allocation and in least one case there was no evidence of significant harm. This resulted in a thorough piece of work that could have been handled through the relevant agencies policies and did not require a safeguarding response. As noted above, while there was feedback that the 'triage' process was working well, and that community teams were receiving positive referrals from the safeguarding team , some work on thresholds and consideration to the plan at the start of the process may prove beneficial, which has been recognised internally. However there were no cases where the individual had been left at risk of harm.

Performance & Resource Management

Strengths

- Staff have a real “can do” attitude
- Key partners have recruited and invested in the preventative model
- Strong change programme across area teams
- Advice and information strategy in place
- The Board receives regular reports about performance
- Soft intelligence is being used practically
- There is a lot of time spent learning on case studies
- New care management system has potential
- The resource allocation system has been simplified
- Adult social care budget is managed very well

Areas for consideration

- Safeguarding team needs more stability and workforce planning
- A struggle to recruit keyworkers in the city
- Review needs to happen in ASC
- A risk of duplication in preventative services
- Data for the Safeguarding Board comes largely from the local authority
- Homecare staff – quality is viewed as having deteriorated
- Staff need more support with MOSAIC
- Quarterly DoLs Board needs to be implemented

“There’s no fat on it”

Safeguarding Manager

41. The peer team heard from staff that had a “can do” attitude, like their commissioning colleagues mentioned in paragraph 22, there is a sense of collective optimism in delivering the vision.

42. Key partners have recruited and invested in a preventative model the police partners have two safeguarding managers to ensure representation at subgroups. Housing we heard, have invested in several prevention roles with further proposals to increase housing support officer rations. Public health are developing a wellbeing service, joining up key low level health interventions, and children’s services have recruited six project officers focussed on transitions.

43. There is a strong programme of change around local area teams having a focus on developing and embedding self-evaluation.

44. There is an advice and information strategy in place with a massive opportunity for quick wins. Front line staff were in general only looking for simple and practical solutions and a bridge needs to be built between the strong aspirations of the strategy and pragmatic delivery on the ground.

45. The Board receives regular reports that inspire key decisions. An example of this is the analysis reported on number of increased suicides amongst the student population, which caused great alarm and concern. The board acting on this has put in place a suicide prevention officer with clear links to the newly recruited Head of Safeguarding, and there is a financial commitment to provide training to staff around self-harm.

46. The peer team also heard about the forthcoming survey of older people, being carried out in collaboration with the third sector to find out what levels of support is required by people to prevent them coming into social care services. This will inform future service provision focused on prevention and provided by the third sector with support from adult social care. York is committed to identifying vulnerable adults requiring support, and we heard of the commitment to identify those older people, who may be isolated and who may not currently be in receipt of care or understand how to navigate the care system. The peer team thought that your preventative support initiatives such as "*Tea and a talk*" involving volunteer university students, was an innovative way of bringing communities together and providing support.

47. Soft intelligence is being used proactively with effective links and regular communications between CQC, Commissioners and Safeguarding officers on safeguarding concerns and alerts.

48. The peer team were impressed to hear about the sharing of case studies at the Board. Several senior officers commented to us about the importance of sharing information about where things went well (both in terms of safeguarding adults and also with regard to an evaluation by all members of the safeguarding board meeting at every meeting). This was regarded as equally important as sharing lessons learned when things did not go as planned. Officers told the team " *The chair has adopted a very powerful approach of starting the meeting with a story. This sets the tone of the meeting and reminds you of why you are there…the atmosphere in the room creates a safe space*"

49. The peer team heard that the Resource Allocation System had been simplified. The language used in the new IT system challenges assessors and reviewers to think and write in the first person when updating or inputting records. This use of language can help facilitate a more solution based approach to work, leading to better outcomes and a more personalised service.

50. The peer team were impressed that the social care budget had been balanced last year and was only projecting an overspend of £300K this year. This is an enviable position to be in.

51. The peer team felt that the safeguarding team needed more stability. There are high levels of expected maternity absence in the team and high agency staffing. Improving workforce planning would improve the stability of the team.

52. The peer team heard from several officers of the difficulties around recruitment of key care staff, and there were concerns about the low level of applicants for advertised posts. There are plans in place to recruit more widely using "Community Care" as a vehicle. York is an expensive place to live, family homes are priced on average at £250K, with cheaper accommodation taken up by the student population of approximately 22,000. The lack of affordable housing is having an impact on attracting keyworkers into public services. We have been informed of plans to address this with future planning permission in brownfield sites in the city centre to focus on affordable property and homes that provide independent living facilities.

53. The peer team sensed that staff, particularly at the front line were eager for the pending review of services to commence. This would enable them to see how the final staffing structures would be configured and enable key posts to be recruited to. This would enable staff to finally have the sense of stability they have spoken to the peer team about on several occasions.

54. There is a risk of duplication in some of City of York's prevention services, we felt that Public Health links could be stronger, and that more could be done across the council to raise the profile of what officers in Public Health were doing in terms of prevention. The Public Health team spoke of a soft launch for their new wellbeing service and there may be potential that the service could go under the radar of other teams such as housing and children's who are developing similar services. This could increase the risk of duplication and result in a disjointed approach.

55. The peer team head of some concerns about the quality of home care provision, this is a national trend and not unique to York and has been noted by strategic commissioners. .Due to The costs of living and high presence of retail employment in the city of York, it is noted that the ability to recruit good home care workers is more difficult than in previous years. Providers stated that "*it is the one thing that keeps them awake at night despite their efforts to improve training and induction within their services*". There is no quick solution to this problem. We understand however that Healthwatch are undertaking a home care survey to understand user perception, which will be helpful in understanding some of the issues in the quality and effectiveness of the service.

56. Staff felt that the IT system was not working for them just yet and that they needed more support and training to be able to get the most from MOSAIC. This appears to have an impact when staff are on duty.

57. The peer team heard that a quarterly DoLs Board was to be implemented. This will result in improved oversight and monitoring of this activity. York has been managing its DoLs demands effectively which has resulted in a 'bottleneck' on authorisations. There is agreement to hold a panel which will quality assure and check residents' safety during the authorisation process. The panel will also monitor the conditions that are set under the Dols authorisation process and the use and effectiveness of RPR's (Relevant Person's Representatives). This will further strengthen what seems to be a good process.

58. The Safeguarding Board in the peer team's opinion, at risk of being underfunded, in relation to the infrastructure required to ensure robust analysis and prompt timely decision-making. "*There's no fat on it*" Board arrangements are lean and more capacity is needed.

Outcomes.

Strengths

- MSP is actively sponsored by the Safeguarding Board
- MSP is talked about proactively by staff who ae proud of treating people as individuals within the safeguarding process
- Council staff and partner organisations can provide excellent case examples showing how this approach works well
- The use of case examples to drive learning and improvement from Board level downwards demonstrates active commitment to better outcomes
- The Board has shown commitment to use evidence to drive tangible improvements, e.g. in suicide prevention

Areas for Consideration

- Service user and carer workshops did not work well and did not feel like they drew on a strong tradition of co-production: is there more work that needs to be done on this area?
- The shift to an outcomes focus will be more effective if there is identified resource to monitor and evaluate this, perhaps on a "Plan, Do, Study, Act" basis
- There is anxiety from some front line staff and managers about a shift to a more personalised, outcome focused approach because "the services aren't there"

"York is the Local Authority that we're in contact with that will talk to us most about Making Safeguarding Personal"

National Partner

59. The peer team thought that Making Safeguarding Personal (MSP) ran through York like a stick of rock. MSP is transforming the work around the city and our interviews with officers and partners has revealed that the work of social care appears to be bespoke to individuals and this was evidenced by good case examples. The Safeguarding Board understand the importance of talking through a case, and this demonstrates a learning organisation from the bottom up and top down.

60. .Boards can be talking shops, however in York this is not the case, your successes are evidenced in the way that the Board has pushed the agenda around suicide prevention. Follow through on information sharing is evident

61. The peer team on this occasion had difficulties meeting with service users and carers. The peer team pose a very mild challenge to the council in its approach to engagement of service users and co-production. Do York's adult care services feel confident in their engagement with service users and in their engagement networks, and are you doing it alongside service users? The peer team felt it to be important that City of York obtains feedback from individuals that demonstrate that people understand what safeguarding is. When individuals have been through the safeguarding process they should be invited to feedback on what the process was like for them – with support if necessary – and have an understanding of the fact that they actually have been through a safeguarding. In this way it might be possible to pick up if any issues still remain in terms of safeguarding for the particular individual

62. The peer team felt that York was delivering a lot of services on very limited resources, and we had a sense that some of your change processes needed to be knitted together more. The team thought that Children's Services were slightly ahead of Adults Services in doing this. Big changes require investment in capacity to change for example there is a gap in the investment on training for MOSAIC. Resourcing is important.

63. There is no doubt that staff and social workers have worked hard to keep people safe and independent, and a shift towards a personalised approach to working is evident. However, there is an anxiety in staff that as York moves to a personalised, preventative approach, there is a perception that the infrastructure of services needed in communities to support people is not apparent. The example of homecare services needing improvement means that staff have to be supported to navigate elsewhere to look for support at home services. The peer team thought that staff did not have sufficient information about community services to enable them to select from the very large menu of provision that is provided by the third sector. Staff requested the development of one comprehensive database of information and support.

Prospect for improvement

Strengths

- There is now strong and stable high level leadership
- Front line staff don't know how good they are!
- There is a cross-cutting vision across the whole Council that is founded on shared principles
- There is focused commitment from key partners who share this vision
- York is a city with a huge number of assets

Areas for Consideration

- Staff need to see some wins on the board to develop confidence that we are moving from talking to doing
- York is amazingly lean, but risks not making the most of opportunities without adequate change management capacity
- York needs to work across geographical boundaries with NHS and other partners: tension in relation to maintaining local focus while servicing STP and other planning processes
- Many partners are strong but others are significantly challenged and this inhibits the progress that can be made

64. There is no doubt that there is a strong and stable leadership team in place. There is still trust to be built with staff, especially when staff feel that actions and plans set out three years ago have still to be delivered and developed. For example, The peer team heard that there had been a lot of work done with In Control and a plan had been developed for personalisation. However we were told that the plan had not been followed through, leaving staff feeling concerned that the new initiatives may conclude in the same way. We also heard from staff who had been acting up into roles for over 3 years, who felt that a strategic review would give them long term security and a greater ability to focus on the day job.

65. City of York's front line staff are amazing! There is extremely good levels of motivation and a sense that people are communicating and supporting each other very well. This is helped by the fortunate layout of the West Office building, with colleagues and partners situated across the building.

66. Your vision is shared across the service, across the council and with partners. You are all chanting the mantra of Reduce, Delay, Prevent! You are all on the same page.

67. Your engagement with primary care, GP's and Police in particular is commendable. Police partners have asked to join the Health and Wellbeing Board, demonstrating commitment to the wellbeing agenda of the city.

68. City of York has great assets, the third sector is buoyant, engaged, diverse and committed to working in partnership with the Directorate.

69. The Board are delivering, but staff need to see and understand some of the successes, and view the work of the Board as conduit of delivery rather than a producer of strategies.

70. Adult social care is working to an extremely lean structure and in order to make and sustain your transformation of services, there needs to be thought given to increasing the level of resourcing support for the directorate to be able to deliver the vision.

71. York is a small city, and in reaching out to the geography of the Sustainability and Transformation Plan footprints, and health providers and the CCG, York needs to remain strong and act from a position of strength. The peer team is aware that the challenges of the CCG is affecting the ability to carry out collective planning but York has some excellent partners and your Acute Trust is stable.

72. The peer team felt that City of York should not spend time concerned with weaknesses in the system, but should focus on the enormous strength there is with your partners in delivering excellent preventative services to your population

Adult Safeguarding resources

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

2. **Safeguarding Adults Board resources** including the Independent Chairs Network, Governance arrangements of SABs and a framework to support improving effectiveness of SABs
http://www.local.gov.uk/web/guest/search/-/journal_content/56/10180/5650175/ARTICLE

3. **LGA Adult Safeguarding Knowledge Hub Community of Practice** – contains relevant documents and discussion threads
https://knowledgehub.local.gov.uk/home

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

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

6. **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

7. **Social Care Institute for Excellence (SCIE)** website pages on safeguarding.
http://www.scie.org.uk/adults/safeguarding/index.asp

8. **Adult Safeguarding Improvement Tool**
http://www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa

Contact details

For more information about the Adult Safeguarding Peer Challenge at City of York Council please contact:

Venita Kanwar
LGA Associate
Email: venita.kanwar@yahoo.co.uk
Tel: 07865999508

For more information on adults peer challenges and peer reviews or the work of the Local Government Association please see the website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

Appendix 1 – Standards for Adult Safeguarding Improvement Tool, March 2015

Overview
There are four key themes for the standards, with a number of sub-headings as follows:

Themes	**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**
Elements	**1. Outcomes** **2. People's experiences of safeguarding** 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	**3 Collective Leadership** **4.Strategy** **5 Local Safeguarding Board** This theme looks at: • the overall vision for Adult Safeguarding • the strategy that is used to achieve that vision • how this is led • the role and performance of the Local Safeguarding Board • how all partners work together to ensure high quality services and outcomes	**6. Commissioning** **7. Service Delivery and effective practice** This theme looks the role of commissioning in shaping services, and the effectiveness of service delivery and practice in securing better outcomes for people	**8. Performance and resource management** This theme looks at how the performance and resources of the service, including its people, are managed