

Oxfordshire Safeguarding Childrens Board and Oxfordshire Safeguarding Adults Board: Annual Impact Assessments - 2017:

Introduction:

OSCB undertook an Impact Assessment for 2015/16 as a result of a Report Card on increased activity levels across the safeguarding system. In the context of significant organisational change, reducing public sector budgets, the fact that a number of the issues are equally relevant to safeguarding vulnerable adults with care and support and to reduce duplication, it was agreed that OSCB and OSAB would undertake an annual joint Impact Assessment on current pressures and activity by each member agency. Each agency would undertake this from a strategic perspective across their organisation and not as an individual member of either or both boards. To ensure we focused on the top priorities each agency was asked to list their top three pressures - therefore this should not be seen as a comprehensive list of the pressures and issues facing the agencies but the key issues and common themes across the partnerships.

This report now summarises the impact assessments submitted by 11 partner organisations and departments in January 2017 and the subsequent multi-agency discussion of those returns on 9-3-17. The multi-agency meeting identified the key themes and issues it wished to bring to the attention of the boards. The meeting noted that the process did not include a review of key lessons learnt from Serious Case Reviews and Safeguarding Adult Reviews in the last 12 months and this would be added to the process in future years.

Summary:

The key points raised by this report are

- *Managing Risk:* Individual agencies are effectively managing safeguarding risks within their service, however, in the current context that we are working (greater demands, reduced budgets, recruitment and retention of staffing difficulties and consequent levels of organisational change), we need to reinforce the agreed multi agency approach to managing risk which views safeguarding collectively through the journey of the person rather than the response of the individual organisations. Where more than one agency is involved, risk levels should be assessed and managed collectively and not by an individual agency.
- *Rise in demand for services and activity pressure:* Respondents identified three distinct increases in demand: there are more safeguarding cases coming forward, cases are more complex and there are greater expectations both from members of the public and from organisations themselves as they continue to learn more lessons about safeguarding. Many respondents indicated a rise in demand for particular client groups and in adult safeguarding concerns in particular. Most departments and organisations have time related targets

- for dealing with different aspects of the safeguarding process which are increasingly difficult to achieve given this rise in demand. In the case of NPS (National Probation Service) - they need timely responses from CSC(Childrens Social Care) in respect of same day reports to Magistrates and Crown Courts to ensure safe sentencing. In the case of OUH (Oxford University Hospitals) - pressure to stick to the 4 hour emergency department rule can impair the quality of assessment in Emergency Departments. OHFT (Oxford Health Foundation Trust) also mention significant delays in authorisation of DOLs (deprivation of liberty safeguards) due to capacity pressures with potential adverse consequences for individuals. More complex cases are now being held in universal and non-statutory services and this includes the voluntary and community sector and city and district councils.
- *Resources, staffing and restructure pressures:* Having a stable workforce is seen as an important safeguard for vulnerable people and families but most respondents talked about the staffing pressures that they were facing and the difficulty in recruiting and retaining suitably qualified staff. At least 8 of the 11 respondents also cited budget pressure or lack of resources as a key pressure on safeguarding adults and children.
- *Workforce development and support:* In the context of changing roles and different organisations holding more complex cases, there is a need for more training and support for staff.
- *Housing:* Two distinct issues were identified relating to housing and homelessness. The first related to homelessness among children and families, including migrant families. The second related primarily to adults and to the reduction in supporting people funding and the implications for people who do not meet the thresholds for social care.
- *Multiagency responses and interdependency:* The responses to question 5 (What do you need from your partners to address these pressures?) in particular highlight the need for multi-agency involvement in the development and implementation of strategies for dealing with particular aspects of safeguarding - in attendance at joint meetings and most importantly, the importance of sharing information in a timely fashion. Partnership engagement was also a key theme - described as for example by TVP (Thames Valley Police) as a willingness to provide evidence about domestic abuse perpetrators and of increased involvement of housing teams (South & Vale) in service redesign. OHFT also suggested full integration of children's and adults boards with one work programme across safeguarding (with some subgroups) to save time and maximise senior input. As we learn more lessons, there is increasing pressure to monitor more areas which in itself takes time away from direct service provision.

Actions:

- 1 **Both boards require rigorous scrutiny of activity:** Each board to review its own arrangements to ensure that the appropriate mechanisms are in place to check that partnership working remains effective and strong in the light of the increased activity, pressure on budgets, and limited pool of workers and levels of organisational changes.
- 2 **Workforce Development and Support:** The Boards need to be reassured that training and support is robust and that partners are engaged with it, as complexity of cases; expectations and activity levels all increase. As organisations and roles change, more complex cases are held in universal services and more support and training is needed for these services.
- 3 **Housing and Communities:** The Boards need reassurance that the work of the Health Improvement Board and the Housing Support Advisory Group are picking up the issues related to both adults and children's homelessness and that the housing action identified in the 2015 Impact Assessment has been followed up.
- 4 **Frequency of Impact Assessments:** The Boards are recommended to continue to request an annual update of the Impact Assessments whilst these pressures remain across the partnerships and in the light of the rapidly changing landscape.

Question 1: What are the three key financial and organisational pressures that your organisation is facing that relate to safeguarding adults, children and their families?

The responses to question 1 concerning financial and organisational pressures can be broadly grouped into 5 themes:

- **Activity Pressure:** Most departments and organisations have time related targets for dealing with different aspects of the safeguarding process. Childrens Social Care (CSC), Adults Social Care (ASC), the National Probation Service (NPS) and Oxford University Health Trust (OUH) all reported that some activities were not completed within timescales which can have an effect on outcomes. In the case of NPS - they need timely responses from CSC in respect of same day reports to Magistrates and Crown Courts to ensure safe sentencing. In the case of OUH - pressure to stick to the 4 hour emergency department rule can impair the quality of assessment in Emergency Departments.
- **Lack of Resource:** 8 of the 11 respondents cited budget pressure or lack of resources as a key pressure on safeguarding adults and children. Public Health indicated that the reduction in the public health grant will necessitate the public health directorate revisiting financial contributions to safeguarding generally. CSC referred to the current projected overspend of £5.5m whilst OHFT cited the failure to deliver expected efficiency savings of £6.5m (currently £3m under plan) as a key pressure. Other respondents were more specific - Oxford City Council raised concerns about the reduction of the Supported Housing budget and closure of hostel places whilst NPS

- commented on the lack of additional resource (both IT and financial) to support their work alongside the MASH (Multi Agency Safeguarding Hub). VCS also referred to the increasing tendency to find new (funding) streams to support innovation rather than core evidence based work.
- Rise in Demand: Many respondents talked about rising demand for services for particular client groups - Domestic Abuse Victims (TVP), child and vulnerable adult's exploitation by drug dealers (TVP), ageing prison populations (NPS), rise in homelessness (District Councils), and increased attendance at Emergency Departments by people with mental health problems (OUH). ASC highlighted the rise in the numbers of Adults safeguarding concerns generally.
- Restructure and Organisational Issues: Restructuring within Oxfordshire County Council in respect of Early Intervention, CSC and ASC teams is a cause of additional pressure for some services - in particular the District Councils who feel that it is coupled with expectations that they, together with voluntary groups will take on more responsibilities which traditionally are not their role. VCS also cited pressures caused by the transitional period of the reorganisation leading to some (understandable) inconsistencies of response from front line Social Care staff. Thames Valley Police (TVP) referred to an internal restructure and new operating model which, whilst not expected to impact directly on safeguarding, was a large piece of change which is the current focus of TVP. OHFT listed a series of specific organisational changes which were likely to impact on safeguarding arrangements. These included changes to the adult mental health contract, the transition of adult community learning disability services to OHFT, the commissioning of adult forensic mental health services and the transformation of the children's workforce and retendering process. They also cited "mortality review work" as a key organisational pressure as this is a requirement for them to review every death known to OHFT which is several thousand expected and unexpected deaths.
- Staffing Pressure: Coupled with a rise in the demand for services is staffing pressure due to the difficulty in recruiting and retaining suitably qualified staff (CSC). OHFT commented that Oxfordshire is a high cost area and although significant numbers of staff are educated here, not enough stay or are attracted to work in Oxfordshire and surrounding counties to meet workforce requirements. NPS also pointed to pressures created by a process requiring attendance at conferences county wide which is time consuming (due to travel).

Question 2: What is your performance data telling you about the three most worrying pressure points in relation to safeguarding children and their families and adults with care and support needs?

The responses to question 2 can be broadly grouped into the following themes - although the vast majority of comments relate to specific groups of people where performance data indicates a worrying trend:

- Organisational related Data: TVP commented that their new operating model has been seen to have a positive impact on managing demand more effectively (see restructure above) but there isn't any actual performance data on this at present. Public Health felt that performance data demonstrated that commissioned services were managing pressures well in regard to safeguarding - although this would need to continue to be monitored.
- Process problems: Similar to activity pressure above - 6 respondents cited pressure points in relation to specific tasks or activities in the safeguarding process. NPS, in particular, was concerned about delays in accessing data from partner organisations and limited internal team resilience leading to backlogs in work. OHFT also talked about the level of regulatory activity and the resilience of staff in the light of increasing workloads. CSC had noted particular pressures in relation to front door processing and similarly, ASC had noted delays in the completion of closures for the safeguarding process. Two distinct issues arose relating to housing and homelessness. The first related to homelessness among children and families, including migrant families. The second related primarily to adults and to the reduction in supporting people funding and the implications for people who do not meet the thresholds for social care, including a rise in homelessness, rough sleeping and anti-social behaviour. The first of these two issues was also an issue in the 2015/16 impact assessment report for children. The action then was that "*The District /City councils should identify the scale and scope of housing issues relating to vulnerable children and what actions are required*". The Housing Support Advisory Group agreed to undertake this work. The progress on this action needs to be reviewed.
- Resource issues: ASC cited problems with the capacity of the local care market which impacts on safeguarding if there is a service failure
- Rise in Demand: OHFT, CSC and ASC again talked about the increases in demand for services. With ASC, this is evidenced by the numbers of adults safeguarding concerns which has increased 38% on last year. Oxford Health identified demand issues relating to the ageing population and TVP also pointed to the ageing prison population. Oxford Health also identified the significant increase in demand to the both CAMHs and Adult mental health services.
- Specific Groups: The data for each respondent tends to highlight issues with specific groups. These are all listed in the tables in Annex 1 but domestic abuse and complex mental health problems feature quite strongly among partners. The two district councils point to increasing problems with homelessness and the demand for housing advice. The VCS commented that some of the work that they had done in the past helping families in need but with no significant safeguarding concerns is no longer possible because of the work with greater levels of need which the sector is now holding.

Question 3: What steps are you taking as an individual organisation to address these pressure points and what are the risks for your agency in managing them?

The responses to question 3 almost entirely identify specific steps being taken by organisations to address pressure points and do not identify the risks involved in managing them.

The specific steps taken can be categorised as follows:

- **Process related:** 7 out of the 11 respondents identified specific "process related" actions that they were taking to address pressure points raised in data. This includes introducing daily reporting (ASC and OUH) and negotiating same day information (NPS). OHFT also have a specific mitigation plan in place around waiting times for mental health services.
- **Detailed studies:** CSC has employed a consultancy to investigate the reasons for the increases in demand for its services generally. They are also engaged in a review of placement decision making. Oxford City Council are undertaking active research in its communities in order to learn more about the nature of these activities and their locations
- **Learning & Training:** Linked to the above, 6 respondents indicated that they were undertaking training to improve their performance in specific areas - with TVP, to increase the numbers of rape prosecutions, with OUH, to reduce the numbers of adults with pressure ulcers, falls and discharge issues. The VCS described how they were working together to provide mutual support and mentoring including support to build greater resilience and to clarify capacity in terms of the numbers of families supported and the levels of complexity. ASC identified a specific need about the understanding of thresholds for adult safeguarding. It was noted and welcomed that the adult safeguarding board had introduced multi-agency training.
- **Participation and Strategy:** Participation in inter agency meetings and strategies seemed to be a key means to address pressure points.
- **Recruitment and Investment:** NPS, CSC, OHFT and Oxford City Council all indicated that they were actively seeking to recruit and invest in particular areas - in order to address the pressures identified. Oxford City Council was specifically seeking to increase housing support and advice services and their youth ambition team. NPS indicated that they were trying to recruit people to develop greater capacity for managing workloads in the NPS PPU. CSC is more generally developing a strategy to recruit and retain social workers across its service. OHFT referred to a portfolio of actions and programmes designed to facilitate staff recruitment and retention including the development of an in house temporary staffing function to reduce reliance on agency staff.

- Structural: There were a number of structural points raised by respondents. In particular reference was made to the new LCSS, FSS and ReOC services that have been introduced by CSC to reduce demand. The CCG indicated that they were recommissioning the CAMHS service based on a new service model.

Question 4: What are the implications for your partners as a result of these pressures?

The responses to question 4 are less straightforward to categorise than the previous questions as some services have responded to specific pressures which they identified in questions 1 and 2 whilst others wrote more generally of the implications of the overall pressures. This suggests that services found this question more difficult to complete and in fact, Public Health replied that the implications were "unknown".

- Collective Impact: As part of the discussion on 9-3-17, all agencies recognised that the pressures on them were having a direct impact on people who were using services. The increase in demand was not just about additional numbers but also reflected increased complexity of cases and higher levels of expectation from both the public and from agencies as they learned lessons from previous practice. For people to be truly safe - there was an acknowledgement that they needed to have a single journey through the agencies or a multi-agency response and not fall in possible gaps between services and their core/statutory business. The financial staffing and activity pressures could lead to organisations retrenching back into their core business and risk staff becoming reactive and not proactive.
- Recruitment: As part of their assessments, CSC and ASC both indicated that their responsiveness (to other partners) would be impeded if there continued to be high demand and staffing issues. NPS noted that the ability to recruit and retain professional staff to Oxfordshire is a concern for all agencies.
- Specific Implications: Respondents used this question to highlight a variety of implications - both tangible e.g. the introduction of a dedicated PC to work with the new EI service and intangible e.g. "increasing pressure on mental health services". All agencies aim for safeguarding to be dealt with in a timely and appropriate fashion but increasing demand and reducing resources limit this, and can lead to suboptimal outcomes e.g. an increased risk for children with mental health issues being held in a universal service. OHFT mention significant delays in authorisation of DOLs (deprivation of liberty safeguards) due to capacity pressures with potential adverse consequences for individuals. In adult services, the implementation of "Making Safeguarding Personal" means services routinely check back with people about their expectations and experiences and this should mitigate against suboptimal outcomes. The VCS feel increasingly apprehensive about accepting referrals and the repercussions on them if something should go wrong.
- Training and Communication: A key message from this section is the need for more training and communication about safeguarding thresholds. This is particularly relevant to Adult Safeguarding Concerns which have risen substantially over the last year. The numbers of these that translate into actual enquiries varies considerably between referrers. There was a real welcome for the new training for adult safeguarding which built on the training provided in Childrens services, however, it was acknowledged that training can be seen as a

pressure on staff time particularly in times of high workload and reduced resources. In addition, the VCS raised concerns about their competence to work with complex families safely and the level of support they required.

Question 5: What do you need from your partners to address these pressures?

The responses to question 5 broadly call for greater partnership engagement in safeguarding issues and the development of multiagency strategies around specific client groups requiring safeguarding. There were also some requests for greater understanding of specific client groups and communities (from District Councils) and more timely responses to requests for information (from NPS and ASC).

- **Multi-agency strategy:** Respondents suggested the need for appropriate involvement in multi-agency strategies around Domestic Abuse, Child & Adult exploitation, Early Help, Placement, Mental Health and Falls, Pressure Ulcers and Discharge (from hospital). Such strategies would be designed to improve partnership knowledge of defined pathways - but would also, in the case of the domestic abuse strategy, reflect TVP's priority to obtain prosecutions and tackle perpetrators.
- **Specific Understanding:** Oxford City and South and Vale District Councils were keen to ensure that partners appreciated the specific needs of their communities and avoided a "one size fits all" approach to safeguarding.
- **Targeting of resources:** Oxford City Council requested targeting of resources to those areas and communities that are most in need and vulnerable. The Boards need to be assured that the allocation of resources is based on data analysis of needs and should include wider community safety issues e.g. trafficking and human slavery.
- **Partnership engagement:** The biggest consensus between respondents to this question was around the need for partnership engagement - working together to ensure that all partners are aware of the mechanisms for dealing with different types of safeguarding issues and of the thresholds for different services. This includes, in the case of TVP, a willingness to provide evidence about domestic abuse perpetrators and increased involvement of housing teams (South & Vale) in service redesign. There needs to be a full sharing of intelligence to pick up key concerns at an early stage and ensure that all agencies are jointly working on key themes OHFT suggested full integration of children's and adults boards with one work programme across safeguarding (with some subgroups) to save time and maximise senior input. If we are not in a position to fully integrate, we need to look at how the boards can work together better. The Group meeting on 9-3-17 welcomed the adoption of the three key priorities across the two boards (Managing Transitions, Training and Domestic Abuse).
- **Reduce reporting requirement:** OHFT suggested both reducing the numbers of performance indicators required by commissioners and partners and also reducing the numbers of reports - as a way of releasing time to support front line staff.

Question 6: What are the implications and risks if this multi-agency response is not possible?

The majority of responses to question 6 suggest that the lack of a multi-agency response (to safeguarding) would lead to increased demand and a less effective service. There were also a number of isolated agency specific comments and both CSC and ASC referred to increasing budget pressure.

The responses to this question can thus be categorised as:

- **Impact on Patient/Service users:** If safeguarding is not seen as a "person centred service" crossing all agencies, we risk people receiving an inconsistent response and falling through gaps.
- **Increased Demand.** If responses are not multi-agency, we risk an increase in significant harm to individuals as demand outstrips the resources available to support it. If agencies do not work together, they risk duplication. Most services also recorded that the lack of a multi-agency response in itself, would lead to a rise in demand
- **Comment:** In reference to its new operating model, TVP commented that it was an internal restructure which was not reliant on a multi-agency response. The District Councils both commented that the focus on prevention is lost due to budget concerns. A reduction in investment in prevention could lead to future pressures on all services, including on budgets. The CCG did not identify any implications or risks as a result of the lack of a multi-agency response.
- **Increased budget pressure:** Both CSC and ASC felt that the lack of a multi-agency response would lead to a rise in the Council's overspend
- **Less effective service:** All services (excepting the CCG) saw that the lack of a multi-agency response would lead to less effective services - with worsened life chances for children (through poor placements and less effective education) and greater risks to supporting families.

Glossary of Terms

ASC	Adult Social Care
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CSC	Childrens Social Care
DOLs	Deprivation of Liberty Safeguards
EI	Early Intervention
FSS	Family Support Services
LCSS	Locality and Community Support Service
MASH	Multi Agency Safeguarding Hub.
NPS	National Probation Service
OHFT	Oxford Health Foundation Trust
OSAB	Oxfordshire Safeguarding Adults Board
OSCB	Oxfordshire Safeguarding Children's Board
OUH	Oxford University Hospitals
PPU	NPS Public Protection Unit
ReOC	Residential and Edge of Care
TVP	Thames Valley Police
VCS	Voluntary and Community Services

Question 1: What are the three key financial and organisational pressures that your organisation is facing that relate to safeguarding adults, children and their families?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
activity pressure	Production of same day reports to Courts to ensure safe sentencing			Y								
	Performance Pressure - timeliness of some key activities				Y							
	Timeliness (of key activity) targets not met					Y						
	Increasing numbers of complex cases coupled with pressure to respond within 4 hours in ED impairing the quality of assessment							Y				
lack of resource	Reduction in Public Health Grant		Y									
	Lack of resource (finance and IT) for support to MASH			Y								
	Budget Pressure				Y			Y				
	Limited capacity in the care market					Y						
	Failure to deliver expected efficiency savings of £6.5m currently £3m under plan										Y	
	Cost of out of area treatments in adult mental health										Y	
	Up to £3m at risk for non-delivery of contractual obligations										Y	
	Financial uncertainty and increasing tendency for finding new streams to support innovation rather than core evidence based work											Y
rise in demand	Reduction of Supported Housing and closure of hostels						Y					
	Rise in Domestic Abuse Victims increasing prosecutions & work to reduce repeat victimisation	Y										
	Rise in child exploitation & vulnerable adults exploitation eg by county line drug dealers	Y										
	For adults - the ageing prison population			Y								
	Increase in numbers of adult safeguarding concerns					Y						
	Rising demand for Social Care in particular homelessness						Y			Y		
Increased attendance at ED by people with mental health issues							Y					

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS	
restructure and organisational issues	Internal Restructuring (to organisation)	Y											
	Changes to the model for Early Intervention		Y				Y			Y			
	Restructuring of childrens and adults teams into localities						Y			Y			
	Pressures on CSC and uncertainties through transitional period especially about thresholds and some inconsistencies of reponse from front line staff.											Y	
	Level of responsibility now carried by small organisations within the sector											Y	
	Changes to workforce through CIPS - need for robust safeguarding sub contracting arrangements											Y	
	Adult mental health service outcome based contract - achieving outcomes with voluntary sector partners											Y	
	Transition of Adult LD services to Oxford Health											Y	
	Commissioning of adult forensic mental health services will increase safeguarding assurance requirements											Y	
	Transformation of childrens service (Oxford Health)											Y	
	Public consultation on the future for community services in Oxfordshire											Y	
	Mortality Review Work - the requirement to review every death known to OUFT											Y	
	Transformation Plan									Y			
staffing pressure	Time to attend conferences and core groups			Y									
	Workforce pressure such as cost of agency staff including nurses and locum doctors										Y		
	Workforce recruitment and retention										Y		
	Staffing Pressure				Y								

Question 2: What is your performance data telling you about the three most worrying pressure points in relation to safeguarding children and their families and adults with care and support needs?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Organisation related	Lack of performance data on new operating model	Y										
	Commissioned services are currently managing pressures well in regard to safeguarding but need to be monitored on an ongoing basis		Y									
Process problems	Variable response of NPS to MASH data requests			Y								
	Limited team resilience			Y							Y	
	Attendance at Core Groups and Conferences - data accuracy - inability to split between CRC and Probation			Y								
	Restructuring in OCC causing delays in court processing			Y								
	Restructuring in TVP - delays in DV checks			Y								
	Pressures close to the front door of the service in MASH teams and in Assessment				Y							
	Rise in numbers of activity targets not being met					Y						
	Applicants not actively supported whilst in Temporary Accommodation									Y		
	safeguarding referrals may not meet the thresholds for ASC and CSC intervention									Y		
	Families may fall between the gap of CSC thresholds and VCS capacity to hold safely											Y
	Some VCS may be left experiencing themselves as the only port of call for some desperate families and carry the anxiety of that responsibility											Y
resource	Limited capacity in care market					Y						
rise in demand	Rise in Demand				Y							
	rise in overall safeguarding work both children and adults										Y	
	Rise in numbers of adult safeguarding concerns					Y						

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUIH	CCG	South & Vale	OHFT	VCS
Specific issue about particular groups	Increase in stalking and harrasment	Y										
	Low numbers of domestic rape prosecutions	Y										
	Repeat Victimization rates highest in Oxford	Y										
	Violent Domestic Abuse charges have reduced in Cherwell&West but increased in South&Vale and in Oxford.	Y										
	30% increase in referrals to Kingfisher team	Y										
	Attainment Gap for vulnerable children is worsening				Y							
	Rise in number of permanent exclusions											
	Rising numbers of children suffering from neglect						Y					
	Need for greater levels of support for young carers						Y					
	Need for youth activities and resources to enable young people to reach their full potential						Y					
	The levels of homelessness and rough sleeping						Y					
	The levels of human exploitation and trafficking						Y					
	Those at risk of racialism and Prevent						Y					
	Increase in complex cases for children presenting with neglect especially "fabricated" induced illness							Y				
	Increase in children presenting with non accidental injuries and parents with ante natal concern							Y				
	Re adult concerns - data shows pressure ulcers, falls and discharge are highest categories of concern							Y				
	Rise in numbers of pregnant women presenting with domestic abuse, drug and alcohol or mental health issues							Y				
	Increased referral to CAMHs								Y			
	Increased complexity in CAMHs								Y			
	increased levels of households accessing housing advice in relation to homeless prevention										Y	
	Mental health waiting times all age all specialities											Y
Growing aging population in the county becoming increasingly frail and placing greater demands on services											Y	
Helping families in need but with no significant safeguarding concerns is no longer possible because of the work with greater levels of need												Y

Question 3: What steps are you taking as an individual organisation to address these pressure points and what are the risks for your agency in managing them?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Process	Greater focus on DA perpetrators	Y										
	Disruption plans for drug dealing	Y										
	Monitor attendance at Conferences and Core Groups and amend minutes as required			Y								
	Negotiations re same day information			Y								
	Daily Reports plus audits, communication at staff meetings and supervision					Y						
	Serious concerns and standards of care framework to closely monitor the provider market					Y						
	Systemmatic approach to monitoring concerns and referrals						Y					
	Ongoing action plan to monitor emerging concerns and agreed actions						Y					
	Maternity level 3 and 4 safeguarding concerns shared daily with practioners							Y				
	Joint adult and childrens safeguarding partnership with TVP to ensure seamless support							Y				
	Complex cases are addressed through Joint Tasking and Co-ordination Meetings									Y		
	make safeguarding referrals as appropriate and work with our partners to encourage them to make referrals where appropriate										Y	
Specific mitigation plan in place around waiting times for mental health services											Y	

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Detailed Study	Impower study to reduce demand				y							
	Review of placement decision making, high cost placements and commissioning				y							
	Research into human trafficking and exploitation						Y					
Learning and training	Specific training with CPS to enhance rape investigation capabilities	Y										
	Training to improve staff awareness of issues and tools available						Y			Y		
	Continued safeguarding support, supervision and training for frontline staff and safeguarding teams to maintain resilience and ensure ongoing risk management of casework										Y	
	Learning from investigations into pressure ulcers, falls and discharge issues							y				
	Analysis of presentations to ED to ensure that complex cases are shared with appropriate agencies							y				
	Mutual support and mentoring for greater resilience and to clarify capacity											Y
Participation & Strategy	Education strategy to address vulnerable learners attainment gap				y							
	Participation in OSCB neglect strategy							y				
	Participation in multi agency domestic abuse and safer communities partnership							y				
	Participation in multi agency adults at risk etc meetings to ensure seamless support							y				
	S75 meetings with OCC regarding mental health social care integration											
	Multiagency forums to discuss interface issues with police										Y	

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Recruitment & investment	Investment in Youth Ambition team						Y					
	Increased investment in housing support and advisory services						Y			Y		
	Trying to recruit people to ensure that green requests are completed in a timely way			Y								
	Workforce Development strategy to recruit and retain staff				y							
	Recruitment and retention strategy led by principal social worker				y							
	Additional resources in assessment teams				y							
	Programmes led by Chief Operating Officer										Y	
	Processes in place through PDR, staff recognition, well-being group, staff surveys leads to active project plans										Y	
	workforce redesign developing new roles										Y	
	Development of inhouse temporary staffing function to reduce reliance on agency staff										Y	
Structural	Work with Commissioners to develop market					Y						
	Each LPA commander has ownership of the local plan.	Y										
	Working with Council to agree the model for services in new Children & Family Centres		Y									
	Work with CSC staff to clarify support and thresholds											Y
	New LCSS service to reduce demand				y							
	ReOC service				y							
	Restructure of front door service				y							
	New Safeguarding Structure					Y						
	Recommissioning CAMHs service based on a new service model								Y			
	Learning Disability Programme Board and Programme Plan										Y	
	Improving capacity and flow in inpatient wards										Y	
	Workforce, finance and LD priorities are considered at every monthly Board meeting and weekly through the Executive										Y	
Ongoing discussions with adults and childrens services around transition arrangements and how this can be managed in future										Y		

Question 4: What are the implications for your partners as a result of these pressures?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OJH	CCG	South & Vale	OHFT	VCS
Recruitment	Recruitment problems = concern for all agencies			Y								
	Responsiveness will be impeded if continued high demand and staffing issues				Y	Y						
Specific implication	Long term outcomes for elderly with pressure sores, falls and discharge issues and implications on packages of care							y				
	Dedicated pc to work with new EI service	Y										
	Assistance to signpost those suffering from domestic abuse	Y										
	Potential links & consultations with partners as part of specific investigations	Y										
	Lack of timely information poses risks			Y								
	Some EI services traditionally undertaken by the County Council will need to be taken up by partners				Y							
	People may end up in inappropriate services					Y						
	Reduced multi agency work										Y	
	People with high risks being cared for in voluntary organisations or at home										Y	
	Improved engagement with people with LD & Families										Y	
	DOLS - significant delays in authorisation due to capacity pressures with potential adverse consequences for individuals										Y	
	Increase in maternity safeguarding concerns increases pressures to primary care								y			
	Increased pressure on mental health services - adults and children								y			
	Increased risk being held in universal service									Y		
	Risk some VCS services increasingly apprehensive about accepting referrals and the repercussions to them as a service if something should go wrong											

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Training and communication	More training for partners around safeguarding thresholds					Y						
	Active participation in various boards and working groups to ensure partners are aware of issues emerging in the city						Y					
	Managing expectations and working together to resolve the complex issues. If the risk increases ensuring an additional safeguarding referral is submitted.									Y		
Unknown	Unknown		Y									

Question 5: What do you need from your partners to address these pressures?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Multiagency strategy	A domestic abuse strategy for the county that also reflect TVPs priorities to obtain prosecutions and tackle perpetrators	Y										
	A partnership strategy to tackle child and adult exploitation, with defined pathways to be worked through at on operational level	Y										
	Review of services available for adult with mental health needs to avoid ED attendance when there is not a clinical need.							Y				
	Assistance with Early Help Strategy				Y							
	Support with placement strategy to keep riskiest children safe and to reunify families safely				Y							
	A multiagency strategy for falls, pressure ulcers and discharge from hospital to improve knowledge and skills using a partnership approach							Y				
Specific Understanding	Understanding that the needs of Oxford City are specific and that a one size fits all service is not appropriate						Y					
	Understanding that both Vale of White Horse and South Oxfordshire Districts have both urban and rural areas with a wide spectrum of social and economic households who are in housing need which can led to children's safeguarding issues									Y		
	Early Intervention is key to reducing risk to households with safeguarding concerns									Y		
	Feedback from referrals submitted (especially if homeless case)									Y		
Targeting of Resources	Targeting of resources to areas and communities most in need						Y			Y		
Timeliness	Swift response to enquiries re DAU checks			Y								
	Prompt response to Section 42 enquiries					Y						

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Partnership engagement	Partnership engagement to get a plan in place to safeguard the children and adults at risk of exploitation or DA	Y										
	A willingness to provide evidence in order for us to hold the perpetrators, whatever the offence, to account.	Y										
	Working with other teams in the council to agree the model for services in Children and Family Centres		y									
	Greater knowledge of safeguarding threshold to reduce the numbers of inappropriate concerns raised					y						
	Partners to share where there are provider concerns and jointly work under the serious concerns framework					y						
	Open and effective communication						y			Y		
	Engagement in service redesign to ensure that it meets the needs of (vulnerably housed households in) districts						y			Y		
	Attendance at partnership meetings where pressures are discussed						y					
	Appropriate and proportionate referrals								Y			
	Support and joined up approach in order to manage the complex problems. Ensuring that partners are aware of the mechanisms for escalating complex operation issues to strategic boards										Y	
	Improved communication to develop greater understanding of operational issues at a strategic level										Y	
	Housing team involvement with changes in Social Services										Y	
	Understanding of changes and likely outcomes for residents to ensure appropriate referrals										Y	
	Full integration of childrens and adults boards with one programme across safeguarding with some specific subgroups would save time and maximise senior input											Y
	Agreement on mutual working possibly using case studies to track pathways and thresholds together											
Consideration of emerging gaps in service for families together												Y

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Reduced reporting requirement	Reduction in performance indicators required by commissioners and partners which releases time to support front line staff										Y	
	Reduced burden of reports when organisations have a good rating and no issues raised re safeguarding										Y	

Question 6: What are the implications and risks if this multi-agency response is not possible?

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OUH	CCG	South & Vale	OHFT	VCS
Comment	The operating model is an internal restructure and not reliant on mutli-agency response.	Y										
	Focus on prevention is lost due to concerns re budget						Y			Y		
	None identified to date								Y			
Increased budget pressure	Councils overspend will rise				Y	Y						
Increased demand	Demand will rise				Y	Y						
	Increasing levels of antisocial behaviour and neighbour disputes						Y			Y		
	Increasing levels of exploitation and trafficking						Y					
	Increased attendance at ED without primary support services							Y				
	Increased pressure on social care for complex cases							Y				
	Increased levels of homelessness and children in temporary accommodation									Y		

category	Issue	TVP	Public Health	NPS	CSC	ASC	City Council	OJH	CCG	South & Vale	OHFT	VCS
Less effective Service	Tackling DA and exploitation is intrinsically reliant on partnership work in order for there to be an effective response.	Y										
	There is a risk to supporting families.		Y									
	Limited information about individuals who pose risks or who are at risk			Y								
	Quality of placements will deteriorate				Y							
	Permanent exclusions will lead to more family breakdowns				Y							
	If attainment gaps for vulnerable children are not addressed - it will affect their life chances				Y							
	More vulnerable people will be at risk of harm (or death)					Y	Y			Y		
	Reduced community cohesion and increased community tension						Y			Y		
	A disjointed response based on investigation rather than a proactive approach to improving multiagency knowledge, skills and partnership working.							Y				
	Quality of care provided to children and adults with care and support needs and ability to keep them safe										Y	
	Risk that VCS left as only port of call for some desperate families											Y
	Risk that some families in need with no significant safeguarding concerns will no longer be supported due to greater levels of need											Y
Risk that families may fall between the gap of CSC thresholds and VCS capacity to hold safely											Y	