

Oxfordshire Safeguarding Adults Board Peer Review: Action Plan

Context for Peer Reviews

The Local Government Association set out a new approach in 2011 following the changes to the nationally imposed inspection and assessment regime (under the Care Quality Commission) to a new system referred to as "Sector Led Improvement". This approach has received high levels of support as Councils have endorsed the key principles, in that they see themselves as responsible for, their own performance and improvement, working with partners as part of a whole system to deliver services and ensure there is transparency and accountability locally. In Adult Social Care, Sector Led improvement has been implemented to oversee and improve standards, and are a key aspect of driving forward both strategic and operational improvements. It is therefore critical to take maximum advantage of the opportunity.

The local authority can choose both the area for review and the scope of that review. By the very nature of the review it is expected that an area is selected where there can be significant opportunity for service improvement, where there are proven challenges and where it would be difficult for a single agency to effect the necessary change alone.

Oxfordshire Peer Review

As part of the South East Directors of Adult Social Services (SE ADASS) sector led improvement initiative, Oxfordshire requested a Peer Review of the Oxfordshire Adults Safeguarding Board (OSAB). The review is intended to support Adult Social Care and partners to improve the services and performance, whilst not straying into regulatory territory.

The OSAB was selected for a number of reasons:

- Safeguarding Adult Boards became a statutory requirement in the Care Act 2014 for implementation in April 2015.
- Whilst a Safeguarding Adult Board had been in place in Oxfordshire for a number of years it was widely recognised that it would benefit from a review of its overall leadership and governance and to test whether it was Care Act compliant.
- It was also recognised that there were a number of shortcomings and capacity issues as a consequence of the lack of a Business Manager for a significant period.
- A formal review would assist in whole partnership change, given that the responsibilities are broader than those for Adult Social Care alone.
- The review would give all partners and governing bodies a clear mandate and roadmap for change.

Discussion also took place with other local authorities who had selected their Safeguarding Adult Board for a Peer Review, who confirmed that the review had been a key catalyst for change, in generating a common ownership of the new agenda, and in galvanising all partners to renew their energies and responsibilities in relation to the Board and the delivery of its core functions.

In addition, the Board and Adult Social Care had instituted a number of changes over the spring and summer 2015, during the time of the Peer Review, in order to ensure that there was sufficient capacity for change and so that the Board would be in a position to take a robust strategic leadership role in relation to safeguarding locally, and deliver the anticipated actions from the review and ensure Care Act compliance.

These included:

- The appointment of a new chair, a new Business Manager and a new post of Strategic Safeguarding Partnerships Manager to work across the adult and children's boards.
- The development of a joint Safeguarding Business Unit for adults and children.

The Peer Review team found high levels of motivation for change and transparency in relation to the key areas for development. Political leadership for safeguarding was seen to be high and there was a positive response to the work of safeguarding in Oxfordshire overall. Areas for development included governance arrangements, the Board vision and strategic plan, the evidence base for safeguarding, assuring consistent practice and the capacity of the board. The outcomes of the review were broadly in line with expectations and give a clear mandate to all partners to take a strong leadership role and implement the key actions from the review, as well as repositioning the Board at the heart of the partnership geography for safeguarding adults with care and support needs in Oxfordshire.

The following Action Plan draws out the key findings, action to be taken and progress already made against the key actions. The rating is blue/complete, green/on target, amber/progress being made with some concerns, red/risk area and/or lack of progress.

Peer Review Action Plan

1. Governance: The Care Act requires that a Safeguarding Adults Board is established in each local authority area with three core duties: the publication of an annual strategic plan, an annual report and duty to arrange Safeguarding Adults Reviews. The Board is responsible for protecting and helping adults who need care and support. In order to achieve this aim there needs to be healthy, effective relationships between the organisations who make up the Board within a clearly accountable Board structure, a Board membership of the right people at the right level and sufficient resources and capacity to deliver these functions.

Aim	Action	Lead & Timeframe	Measure/Evidence	Progress & RAG Rating
<p>1.1 To ensure that the Board has the capacity to function effectively and that members are clear about their roles and responsibilities, have the right skills and can provide effective leadership of safeguarding issues. (Peer Review Recommendation (PRR) 1, 2, 5, 6, 12, 13,15)</p>	To agree a Financial Plan.	OSAB Chair/ Strategic SG Partnerships Manager/ Business Manager.	Minutes of OSAB confirm ratification of Financial Plan and adequate resources in place.	Financial Plan in place and partners to report back on contributions by 6/11/15. RED
	<p>To write an up to date members handbook with up-to-date terms of reference; constitution; confidentiality agreement for members; roles of members; role of Dedicated Adult Safeguarding Manager (DASM), information sharing protocol; links to own agency governance; clear roles and duties for representative of other agencies; escalation processes, complaints including relating to the chair; and performance review of board members and chair.</p> <p>To ensure the constitution includes conduct, conflict resolution and a process for holding partners to account.</p>	<p>Timescale: Dec 2015</p>	Members Handbook published. agreed	Members Handbook to go to the December Board for agreement. GREEN
	To meet with Chief Executives (CEOs) of statutory partners to agree management of core business.		All Board members at a strategic level.	Board Development Day set for 30/11/15 with all partners at a strategic level. GREEN
			DASM appointed in each agency	DASM identified in all key statutory agencies. BLUE
<p>1.2 To ensure all sub-groups are fully functioning with clear reporting to the Board and develop area-based Practitioner Forums. (PRR 1)</p>	Sub-Group structures reviewed and all terms of reference updated.		<p>OSAB Development Day/ Business Manager</p> <p>Timescale: Dec 2015</p>	New sub-group structures in place with published Terms of Reference and clear work plans. Forums in place for service users, carers and providers.
				November Board Development Day to establish Executive Group and final sub-group structures. GREEN

Aim	Action	Lead & Timeframe	Measure/Evidence	Progress & RAG Rating
1.3 To develop strong and effective partnerships with adults who use services in Oxfordshire, carers and other key stakeholders so that their views and issues can inform board policy development, planning.	Facilitate Service User, Carer and Provider Forums.	OSAB Chair/ Strategic Partnerships Manager/ Business Manager Timescale: March 2016	All partners across the workforce including commercial and voluntary sector providers and the public are engaged in policy development and how they operate in practice.	Review mechanisms with joint commissioning. GREEN
	Publish Easy Read version of Peer Review to share with key stakeholders.		Easy read version published and disseminated	Easy Read version of Peer Review being commissioned to share with stakeholder groups who participated in Peer Review and plan to engage them in next steps. AMBER
1.4 To engage with carers and service users using new or existing mechanisms. (PRR 2, 10)	To agree links with Healthwatch. To develop provider forum.	Strategic Partnerships Manager/ Business Manager	Consultation mechanisms in place including service user groups, voluntary sector and Healthwatch.	Review Mechanisms with Joint Commissioning GREEN
1.5 To ensure links and accountabilities to all key strategic and statutory partnerships are clarified including lead for key issues and workstreams. (PRR 7)	Agree a protocol across the Health and Well Being Board, Oxfordshire Safer Communities Partnership and area Community Safety Partnerships and OSCB.	Strategic Partnerships Manager/ Business Manager Timescale: March 2016	Protocol in place and accountabilities clear.	Content of draft protocol agreed and first draft to be completed by mid-November. GREEN
1.6 To establish a clear vision, agree a Strategic Plan and Business Plan with clear priorities and a proactive approach to current and emerging safeguarding priorities. (PRR 3)	To agree Strategic Plan and Business Plan which provides clarity regarding the board role in relation to key safeguarding issues	Chair/ Strategic Partnerships Manager/ Business Manager Timescale: Dec 2015	Strategic Plan and Business Plan in place.	Strategic Plan and Business Plan will be an output from the Board Development Day. GREEN
1.7 To publish an Annual Report in relation to Board activity by working in partnership with key stakeholders. (PRR 4)	To agree annual report for 2014/15 within OSAB.	Business Manager Timescale: Nov 2015	14/15 Annual Report published and taken to Health and Well Being Board.	14/15 Annual Report to be reported to Health and Well Being Board on 5/11/15 and Full Members' Briefing on 8/12/15. GREEN
	To agree 15/16 annual report with wider partnerships.	Timescale: June 2016	Annual Report Published	

2. Quality Assurance: The Board needs to ensure that services are delivered to the highest standards and that quality of work is audited and monitored as part of supporting and protecting adults in need of care and support. Robust data should be used to support strategic decision making and arrangements should be in place for Peer Review, audit and self-assessment of safeguarding by all key partners. This will be led and monitored by the PIQA Subgroup of the Board linking closely with other sub-groups and in particular the Training Sub-Group and the SAR Subgroup.

Aim	Action	Lead & Timeframe	Measure/Evidence	Progress & RAG Rating
2.1 To regularly analyse and consider data and qualitative information to support strategic decision making. (PRR 2)	To agree a simple core multi-agency dataset which includes national comparison and benchmarking measures.	Performance Information and Quality Assurance Sub Group (PIQA)	Dataset in place and informing strategic direction and priorities.	PIQA sub group set up and draft dataset being revised. GREEN
	To analyse qualitative information from multi-agency and single-agency case file audits; service user, practitioner and stakeholder feedback, compliments and complaints.	Timescale: June 2016	Multi-agency and single agency audits in place and informing practice improvement and learning and link to training. Mechanisms for practitioner and stakeholder feedback in place. PIQA Annual Report in place for June 2015.	Programme for multi-agency and single agency audits in place for agreement at December meeting. GREEN
2.2 To ensure all key agencies assess their safeguarding compliance on an annual basis across children's and adults' services through a single process, supported and challenged by a peer review. (PRR 9)	Consider a single annual self-assessment of safeguarding compliance across adults' and children's services.	PIQA and OSCB Timescale: March 2016	Single self-assessment tool in place for reporting in December 2016.	Agreement to single self-assessment tool in place through both OSAB and OSCB and Task and Finish Group set up. GREEN
	To set up an annual joint peer review process,	Feb 2017	Effective peer review process in place.	First draft to be produced 12/11/15 and Task and Finish Group from both sub-groups being set up. GREEN

3. Driving Good Practice: A comprehensive range of policies, procedures and strategies need to be in place to ensure operational practice is fully supported so that the highest standards of practice are achieved. This includes clarity across the partnership in relation to safeguarding thresholds, making enquiries, wider communication strategies and training plans. This work will be supported by all Board sub-groups but led in particular by the Procedures Sub Group and the Training Sub Group.

Aim	Action	Lead	Measure/Evidence	Progress & RAG Rating
3.1 To ensure that equalities strategies are developed, included in all strategies and linked to human trafficking, modern slavery and discrimination. (PRR 14)	To develop equalities strategies and to update all existing strategies to ensure they address existing and emerging equalities themes.	Procedures Sub Group Timescale: March 2016	Equalities strategies in place and addressing key emerging and existing themes.	To be built into Procedures Sub-Group work programme. GREEN

Aim	Action	Lead	Measure/Evidence	Progress & RAG Rating
<p>3.2 To ensure that a comprehensive set of multi-agency policies and procedures including a Safeguarding Strategy aiming to reduce instances of abuse and neglect. (PRR 1, 10, 11, 12)</p>	<p>To update and publish multi-agency policies and procedures.</p>	<p>Procedures Sub Group</p>	<p>Multi-Agency Procedures approved and published.</p>	<p>Core procedures in draft for agreement in November. GREEN</p>
	<p>To ensure practitioners are aware of new multi-agency procedures.</p>	<p>Timescale: Dec 2015</p>	<p>Multi-Agency Safeguarding Strategy in place which will include prevention and informed by performance data.</p>	<p>Core procedures to be signed off by OSAB in December. GREEN</p>
	<p>Ensure procedures and policies for contracted, commissioned and directly provided services include safeguarding and sharing information</p>		<p>Staff across all agencies are aware of and using policies and procedures and they are well publicised and include safeguarding and sharing information. Evidence of this to be obtained through audit and data analysis by the PIQA Sub-Group</p> <p>Fewer complaints and an increase in compliments.</p>	<p>Thematic procedures e.g. self-neglect are part of next phase of procedure development for completion by March 2016. GREEN</p>
<p>3.3 Ensure s42 enquiries and the Making Safeguarding Personal approach are incorporated in the revised Safeguarding procedures including clarity on thresholds and an enhanced menu of responses. This should include engaging the individual from the outset and in risk management processes. (PRR 13, 16, 18)</p>	<p>To update procedure including thresholds guidance in line with the Care Act and include issues for self-funders.</p>	<p>Procedures Sub Group Timescale: Dec 2015</p>	<p>Procedures updated and decisions about enquiries are followed up appropriately.</p>	<p>Update on thresholds and Care Act compliance complete and awaiting sign off. GREEN</p>
	<p>Agree and publish threshold guidance with all partners including commercial/private care sector providers.</p>	<p>Business Manager Timescale: Jan 2016</p>	<p>All providers clear regarding what is an enquiry, what are the types of circumstances giving rise to a concern, when a concern should be treated as an enquiry and who can undertake this. This will be tested through the provider forum and audit.</p>	<p>Communication plan to be developed. AMBER</p>
	<p>Develop mechanisms for monitoring and reviewing the implementation of policy and training.</p>	<p>Procedures Sub-Group and Training Sub- Group Timescale: March 2016</p>	<p>Training programme, learning outcomes and training materials reflects updated procedures.</p>	<p>Training offered will depend on capacity of Board. RED</p>
	<p>Embed outcome based approach in multi-agency training.</p> <p>Develop web-based enquiry form.</p>	<p>Training Sub-Group Timescale: Dec 2015</p> <p>Business Manager Timescale: Nov 2015</p>	<p>Web-based enquiry form well used and evidenced by data analysis .</p>	<p>Web based enquiry form in development. GREEN</p>

Aim	Action	Lead	Measure/Evidence	Progress & RAG Rating
	Issue a practice note to all Adult Social Care staff to clarify responsibilities in relation to Self-Funders and Safeguarding.	Deputy Director of Adult Social Care Timescale: Oct 2015	Practice note implemented.	Practice Note issued 30/9/15 BLUE
3.4 Ensure information is available to the wider public about what safeguarding is and where people can get help and work with Healthwatch and other public and patient participation groups to ensure information is culturally sensitive and accessible to all parts of every community. (PRR 17)	Develop Communication strategy.	Chair/Strategic SG Partnerships Manager/Business Manager Timescale: March 2016	Profile of OSAB is high demonstrated by its influence on policy and practice and key strategic priorities and messages are widely disseminated through use of a range of social and other media. Public and partners can access necessary information easily as evidenced by website hits and feedback.	Communications Plan to be developed. AMBER
	Improve OSAB website Consult with operational colleagues regarding relevant information and include in website links to national organisations that focus on safeguarding			Website to be launched by end October. AMBER
3.5 Following the agreement of the multi-agency Safeguarding Strategy a programme of training for all partner organisations needs to be resourced and agreed and training should be responsive to future changes in policy and procedures. (PRR 19)	To develop a comprehensive multi-agency training programme.	Training Sub Group Timescale: Dec 2015	Training programme in place and sessions delivered. Compliance data collected showing attendance at multi-agency training events.	Training Strategy in place but multi-agency programme will depend on capacity and resourcing to board. RED
	To develop joint OSAB/OSCB training strategy.	Timescale: Sept 2016	Joint training strategy in place.	Joint Training Sub-Group in place. GREEN

Key to acronyms/initialism

Acronym/Initialism	Full Wording
ADASS	Association of Directors of Adult Social Services
CEO	Chief Executive Officer
DASM	Designated Adult Safeguarding Manager
HWBB	Health & Wellbeing Board
OSAB	Oxfordshire Safeguarding Adults Board
OSCB	Oxfordshire Safeguarding Childrens Board
PAQA	Performance, Audit and Quality Assurance
PIQA	Performance Information and Quality Assurance
PRR	Peer Review Recommendation
SG	Safeguarding