Local Government Association

Knowsley Council Safeguarding Adults' **Peer Review Report**

December 2016

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Executive Summary

The peer review team were clear that their consensus view was that the Council had made significant progress since the last review in 2014. A safeguarding response in line with Council and Board procedures was assured.

The development of a well-resourced MASH ensured consistency and focus on all matters referred to them. The MASH clearly leads on safeguarding enquiries which may affect the degree to which it becomes integral to everyone's role.

The Board has made positive progress and with the support of an effective independent chair, provides an inclusive approach with partners. The Board uses case studies to bring safeguarding issues to life in the meetings. There are plans to introduce a Combined Authority Board in April 2017. This development provides opportunity to address issues such as the need for revised Terms of Reference going forward. The Council will need to consider how it ensures that local issues remain a focus of the new Board arrangements.

The review noted good progress with commissioning, with safeguarding now an integral part of every service specification, and an increased awareness of the place-based approach. There does need to be clearer definition and segregation between quality issues, complaints and safeguarding issues.

There has been an improvement in quality assurance processes. Managers ensure safeguarding is part of the performance management framework. Performance needs to be more focused on what difference the work is making.

The Council has clearly treated safeguarding as a priority at a practice and strategic level. There is a question now about how the Council and partnership see the approach developing in the future and how it addresses the distinction between the management of quality of care issues and safeguarding enquiries. The current model has largely achieved the intended outcomes set but needs a design that will be fit for purpose and sustainable going forward.

Background

1. Knowsley Council in conjunction with the North West Association of Directors of Adult Social Services (NWADASS) requested that the Local Government Association undertake a Safeguarding Adults Peer Review at the Council and with partners. The council was seeking an external view on the improvements in the safeguarding adults' arrangements at Knowsley Council following a sector-led peer review in 2014. The Council intends to use the findings of this peer review as a marker on its improvement journey. The specific scope of the work was:

   The peer review team were asked to consider:

   - The work of the Safeguarding Adults Board and Knowsley's Senior Management Team in giving strategic direction to Adult Safeguarding
   - The commissioning of Adult Safeguarding activity
   - The quality of frontline adult safeguarding practice

   By looking at these areas the Council requested:

   - External assurance on developments of the delivery of outcomes of adult safeguarding since the previous peer review two years ago.
   - A view on how robust internal adult safeguarding systems are.
   - Linkages between the three key areas

2. A peer review is designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The peer review 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. This was a bespoke review and the headline themes were:

   - Leadership
   - Safeguarding Adults Board
   - Commissioning
   - Quality of Frontline Practice
   - Performance and Resource Management

4. The members of the peer review team were:

   - Stephanie Butterworth - Executive Director People, Tameside MBC
   - Professor Kate Ardern - Director of Public Health, Wigan MBC
   - Yvonne Nolan - Interim Head of Adult Safeguarding & Quality Assurance, Manchester City Council
   - Simon Garner – Corporate Safeguarding Manager & Caldicott Manager, Wirral MBC

- Adrian Quinn – Transformation & Commissioning Lead, Wirral MBC
- Julie Ryder – Designated Nurse, Safeguarding Adults, Warrington CCG
- Jill Emery – LGA Review Manager

5. The team were on-site for three days from Wednesday 14th December to Friday 16th December 2016. 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 and interviews with managers, practitioners, frontline staff and people using services and their carers
    - reading documents provided by the Council, including a self-assessment of progress, strengths and areas for improvement
    - A review of a select number of case files

6. The peer review team would like to thank staff, people using services, carers, partners, commissioned providers and councillors for their open and constructive responses during the review process. The team was made very welcome and would in particular like to thank Sue Sinnott and Jon Roberts for their invaluable assistance in planning and undertaking this review.

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

8. The Care Act has put safeguarding adults on a statutory footing. The Care and Support Statutory Guidance defines adult safeguarding as “protecting a person’s right to live in safety, free from abuse and neglect”. The Care Act requires that each local authority must:

    - make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to help them.
    - cooperate with each of its relevant partners (as set out in section 6 of the Care Act) in order to protect adults experiencing or at risk of abuse or neglect

9. The aims of adult safeguarding are:

    - To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
    - To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
    - To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible.
    - To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

10. There are six key principles that underpin all adult safeguarding work:

- **Empowerment** – Personalisation and the presumption of person-led decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented. “I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need. “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able.”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life.”

Leadership

Strengths

- Transforming Adult Social Care Programme
- Safeguarding a corporate priority
- Evidence of partners at a senior level understand safeguarding
- Political leadership regularly briefed on safeguarding and performance
- Significant investment in frontline safeguarding
- 'Wrapping the council around the problem'

Areas for Consideration

- Future direction of safeguarding
- Roles and responsibilities
- Sickness levels in ASC
- Role of Health & Wellbeing Board
- Future sustainability
- 'Wrapping the council around the problem'

11. The Transforming Adults Social Care programme 2016 – 2019 has safeguarding as one of the key objectives, namely 'protecting people who are at risk of or are experiencing abuse and neglect. There is also a commitment to embed Making Safeguarding Personal (MSP) guidance.

12. Safeguarding is a key priority in the Corporate Plan with the intention of developing a preventative approach to safeguarding adults. The documentation provided by the Council showed that as well as the Corporate Plan and Adult Social Care programme, there were links to safeguarding in the Joint Strategic Needs Assessment (JSNA), the Health and Wellbeing Strategy and the Community Safety Plan.

13. The team met with a range of senior managers and partners during the review and there was a good understanding of safeguarding in their respective roles and organisations. The work with the Clinical Commissioning Group (CCG) is now very positive and this is recognised by staff and partners.

14. The political leadership including the Leader of the Council are regularly briefed on safeguarding issues and performance. The Director of Adult Services and the Interim Head of Service for Safeguarding Adults report to the Cabinet Members Meeting on a fortnightly basis.

15. There has been significant investment in frontline safeguarding not only in terms of the Multi-Agency Safeguarding Hub (MASH) but also £80k of investment in safeguarding training. There has been an acknowledgement of gaps by the political leadership and resources have been committed to strengthen the first response to safeguarding referrals and concerns.

16. The Chief Executive referred to 'wrapping the council around the problem' and this was also mentioned by staff. This approach has the effect of ensuring that resources are directed to safeguarding issues when they occur.

17. Although the MASH is highly regarded, consideration needs to be given to the future of safeguarding in Knowsley in terms of the MASH's sustainability. Safeguarding is something that should be a shared responsibility and this should be reflected across adult social care.

18. As a result of the perception that the MASH deal with safeguarding, roles and responsibilities are confusing with the MASH taking responsibility and accountability for safeguarding when in fact other partners and social care workers should be involved. The team heard on a number of occasions that safeguarding was dealt with by the MASH and did not seem to be integral to everyone's role.

19. The team were particularly concerned about the very high levels of sickness absence in adult social care. A total of 17 days per employee with a very high percentage of the absence being in the locality teams. If safeguarding is to be shared with locality teams then there needs to be the capacity to do this. The management of sickness absence was not explored fully but from the figures relating to both long and short term sickness the review team did not see evidence of impact from absence management strategies.

20. The role of the Health and Wellbeing Board is unclear in adult safeguarding although safeguarding is seen as a priority in the Health and Wellbeing Strategy. The team were unclear around how safeguarding was addressed at the Board. The review team recognised where reports were presented between Boards but could not see the effect this has had on the priorities of the Health and Wellbeing Board.

21. The MASH social workers are working on cases that are open to localities and this is doubling up on resources. There needs to be clarity over roles as it seemed a case by case decision as to 'who did what'. Consideration needs to be given to who is responsible for the safeguarding intervention and ensure that there is an understanding of how it relates to accountability over wider cases issues if it is the MASH worker. This will ensure future sustainability in a time of limited resources.

22. The report already mentions 'wrapping the council around the problem' as a strength but this has implications in terms of both partner involvement and capacity within the council. Ideally there should be shared responsibility with each partner contributing to the solution.

Knowsley Safeguarding Adults Board

Strengths

- Effective independent chair
- Opportunities of consistency, sharing good practice and quality improvement through the combined Board
- Culture of inclusion and participation
- Appropriate use of intelligence and qualitative data
- Accountability of members
- Positive relationship with Children's Safeguarding Board
- Action focused

Areas for Consideration

- Combined regional board & maintaining local focus
- Stronger arrangements with Community Safety Partnership and Health & Wellbeing Board
- Strategic role versus operational role
- Evidence of challenge
- Business support for the ASB
- Terms of reference

23. The review team met with members of the Safeguarding Adult Board and the Chair. It was clear that the Independent Chair, who has been in post since March 2014 was well regarded and effective in his role.

24. Plans to have a combined Adult Safeguarding Board with Sefton, Liverpool and Wirral will provide opportunities for consistency, the sharing of good practice and quality improvement across the local authority areas.

25. Board members told the team that there was a culture of inclusion and participation at the Board with all partners seen as equals. Representatives from the voluntary sector spoke positively about their experience. There is also good attendance.

26. Intelligence is shared at the Board and the use of case studies is seen as 'making it real' for Board members. Although there were concerns expressed by the team around the case studies and confidentiality around individuals. The team were advised that cases are anonymised and where possible consent has been sought to share information.

27. Providers feel that they are held to account via the Board and Board members themselves are accountable for their own agency.

28. There appears to be a positive working relationship with the Local Safeguarding Children's Board and its Independent Chair.

29. An action focussed approach by the Board ensures that issues with identified actions were followed up. There was good discipline around this approach which is reflected in the Board minutes.

30. Although the combined Board will bring many advantages to Knowsley it will be important to ensure that there is still a local focus for the communities in Knowsley. Ways to ensure this need to be explored without replicating another governance structure solely for Knowsley.

31. It was difficult for the review team to see the distinct links between the Safeguarding Adults Board, the Community Safety Partnership and the Health and Wellbeing Board all of whom have an integral role in Adult Safeguarding. The team were advised that these arrangements will be strengthened for 2017/18 with the new Combined Safeguarding Board.

32. The team felt that the Board did at times take on an operational role rather than focusing on strategic issues. One example was a sub-committee deciding what action to take about a provider instead of seeking assurance from commissioners about how they are addressing safeguarding issues with providers.

33. Although Board members felt they were held to account there appeared to be a lack of challenge between partners about safeguarding issues in the various agencies. There is no challenge log with the minutes so it was difficult to see where challenge occurred and how it is recorded.

34. Concerns were expressed that there was limited business support for the Board. Agendas are particularly long with meetings lasting three hours. With this comes a greater reliance on business support to service not only the meetings but also the preparation of Board papers. There are plans to review both the agenda and board support.

35. The Terms of Reference state in several parts that the Board (and its members) 'will ensure' that certain actions are carried out. This may not always be within the board members remit therefore the terms of reference should say that they need 'to be assured'.

Commissioning

Strengths

- Quality assurance around providers
- Good engagement with providers and market management
- Commissioned training
- Involvement of people using services in commissioning process
- Investment in Whole Life commissioning team
- CCG co-producers of specifications e.g. intermediate care
- Move towards integrated commissioning
- Understanding of the need in future commissioning around community assets and flexibility
- Aware of the need to reduce budgets

Areas for Consideration

- Continue to increase strategic links with other policies
- Inconsistency and inequality around domiciliary care provision
- Market shaping
- Place-based approach and speed up development of asset based community development
- Clarification of what are quality issues, complaints and safeguarding issues
- Are all partners clear about the escalation routes for areas of concern e.g. National NHS Serious Incident Reporting Framework?
- Consistency of workforce development offer to providers

37. There has been significant progress in commissioning arrangements since the review in 2014. Commissioning was brought back into the council having previously been with Knowsley CCG. Safeguarding is now an integral part of every service specification, with clear requirements for providers to fulfil, and quality assurance processes in place to ensure compliance.

38. Commissioned training around safeguarding themes is offered to staff, partners and providers. Some issues with domiciliary care workers being unable to attend training due to the nature of their work were reported, and this is being addressed by the council to ensure that the training is flexible to meet their needs. The training programme will benefit from ongoing review to

ensure the courses offered continue to meet the needs of the workforce and are appropriate and proportionate to the issues in Knowsley. The programme has been reviewed to ensure that it addressed workforce issues identified through the QAFF and dashboard.

39. As part of the commissioning process there is involvement by people using the services. They are engaged in identifying need, and then involved in the selection process via interviews.

40. Investment in Whole Life commissioning team has unified children's and adults commissioning to achieve better outcomes for people by taking a more holistic approach.

41. The CCG are co-producers of some specifications e.g. intermediate care, but there are no formal integrated commissioning arrangements. However, this is a developing area.

42. There is an understanding of the need in future commissioning to maximise community assets and encourage flexible, outcome based services.

43. There is a good awareness of the need to maximise available resources in a climate of reducing budgets including the pooling of budgets and to develop a more asset based approach.

44. Consideration should be given to ensuring strategic links with other policy areas e.g. housing – housing providers as both specialist providers of housing for families at risk of safeguarding (e.g. rehousing victims of domestic abuse), independent and supported living for vulnerable adults (e.g. people with LD, people with long-term mental health challenges, people with alcohol and other drug misuse) and their role as shapers of place and asset based community development – creating a culture of safeguarding within communities themselves.

45. The range of domiciliary care providers is limited in Knowsley. This creates difficulties when addressing quality and performance issues. The ability to ensure diversity and sufficiency of provision can be limited.

46. Market management systems and processes are in place with providers; however market shaping is a developing area for Knowsley. The market position statement covers the period 2016 – 2020 so it is still in the early stages of implementation.

47. There is a good awareness of the place-based approach, but the growth of asset based community development needs a quicker pace. The council and partners will benefit from ongoing support from Wigan where this approach is further developed.

48. Clearer definition and segregation between quality issues, complaints and safeguarding issues could improve the management of all three.

49. There seemed to be a disconnect around the understanding of all partners of what the Care Act states in relation to the escalation routes for areas of

concern and what the National NHS Serious Incident Reporting Framework states.

50. The workforce development offer to providers must maintain consistency to ensure their staff have access to appropriate training and development opportunities which will help with the wider workforce development and the duty to shape the market.

Quality of Frontline Practice

Strengths

- Tightly managed MASH who are clear on procedures and management of safeguarding issues
- Good partnership working including with relatives
- MASH has improved response to safeguarding incidents
- Staff in the MASH are confident
- Positive working relationships across partners at an operational level
- Pilot of use of Gold Standard Framework in Kirkby
- Use of reflective notes by providers
- Evidence of Strategy discussions taking place
- People using service are offered support

Areas for consideration

- Is safeguarding everybody's business?
- The distinction between adult protection and safeguarding
- Use of language – extent of MSP being embedded in practice
- How is innovation from the frontline influencing policy and practice?
- Clarification of what are quality issues, complaints and safeguarding issues
- Proportionate response
- Sustainability of current MASH model
- Roles and accountability around safeguarding responses is currently unclear
- Clarity around access
- Understanding of how health and social care work with providers in providing advice

52. The staff in the Multi-Agency Safeguarding Hub (MASH) are very clear and confident on safeguarding issues and have an in-depth knowledge of safeguarding practice and processes. There is strong management which ensures that safeguarding issues are investigated and resolved within the MASH in a timely manner. The team heard positive feedback from partners, staff and providers about the MASH and how supportive it was when safeguarding issues were raised. Overall there had been a recognisable improvement in safeguarding following the introduction of the MASH.

53. Partnership working is generally good at an operational level. There is also a good relationship with relatives by MASH staff during the safeguarding process.

54. The Gold Standards Framework which ensures that end of life care is delivered to an accredited standard across care homes and other establishments has been adopted in two Knowsley care homes. This Framework should ensure that end of life is managed well rather than a death becoming a safeguarding issue and sits within the prevention agenda.

55. As part of the safeguarding process there were examples of providers using reflective notes which are positive. It was not possible due to the length of the review to look at the extent of this practice across all providers.

56. Strategy discussions are taking place. The team heard that initially there was limited discussion with the Police but during 2016 the meetings became more of a meeting with relevant professionals and this is now seen as a strength.

57. Individuals and their carers/advocates who had been involved in safeguarding felt that they were well supported through the process. This was often due to the positive relationship with care managers. Comments from individuals included 'I know who I can talk to' and described the safeguarding intervention as having a positive impact on life in a care home. Healthwatch are key partners across a range of activity and representatives from that organisation commented on how safeguarding processes had improved. They also felt that they had a voice to express when things went wrong.

58. Although the MASH is seen as a strength there was a real concern in the review team that responsibility for safeguarding had been devolved to the MASH rather than being everyone's business. It appeared to the team that the culture within the council was that the MASH dealt with safeguarding.

59. The distinction between adult protection and safeguarding is not always clear with staff interpreting issues around quality of care that pose a risk, with an issue that needs to be dealt with under adult protection procedures and legislation

60. It became apparent when carrying out the case file audit that the 'Making Safeguarding Personal' approach has still not been fully integrated into practice in Knowsley. The language included substantiated/unsubstantiated which provided limited feedback to referrers to enable them to learn about appropriate cases to refer. It is also more about evidence to support allegations than about an approach that seeks to understand the individual experience and what they are seeking from an intervention.

61. It was unclear from discussions with staff and partners how innovative practice from the frontline could be used to influence policy and practice and what the channels of communication are for frontline staff.

62. The cases looked at as part of the audit highlighted an issue of whether they were, in fact safeguarding cases. It appeared to the team that in some cases

the matter should have been dealt with through a complaints or contract management process. The convening of strategy meetings in some of the cases seemed to be disproportionate. Examples from the audit were that cases were having strategy meetings held in relation to missed calls and medication administration issues.

63. The MASH is well resourced and the fact that it undertakes investigations and manages the case until completion means that the locality teams have limited involvement. In the longer term, this operating model may not be sustainable. There are cost implications around the number of social workers in the MASH and whether some of the work would be better dealt with in locality teams. The MASH team need to ensure they have a clear brief about their role and responsibility and that of commissioners and practitioners in localities so that the right people are dealing with the right case issues.

64. It was difficult to see who managed the risk in cases where there was both a safeguarding issue and an allocated care manager. The team heard that the MASH dealt with all safeguarding matters but there was also a view that cases were jointly managed between the MASH and the locality teams. As it stands the MASH has a wide brief and is providing certainty over responses in a context of significant sickness absence and diminishing Council resources.

65. There was reference by partners and staff to thresholds and it was often unclear on where cases should be referred to. The use of thresholds seems very broad and appears to move away from MSP. This may be one of the reasons why quality of care issues are being referred to the MASH.

66. There were several references to Medicine Management and which partner agency was the most appropriate to work with providers in giving advice. The whole area of Medicine Management has been raised in the past and there has been training provided as a result of this so it is expected that this will eventually through and be resolved.

67. Although Healthwatch is seen by the council as a key partner the team were concerned that there was a risk of over-reliance on its input. During the course of the review the team heard that Healthwatch were involved in a range of consultations and initiatives. This may be at the detriment of other ‘voices’ and limit engagement with the wider community.

68. Concern was expressed by the team about access to electronic referrals made after 7.30pm. This was highlighted to social care while the team were on-site. Arrangements were put in place to provide an automated response to the referrer to inform them of the fact that it was not accessed and what they needed to do if it was an urgent referral.

Performance and Resource Management

Strengths

- Use of North West Scorecard
- Performance meetings
- Case studies in ASB to inform discussion

Areas for consideration

- Strategic workforce planning across all partners and providers
- What difference does the performance data make?
- Collecting appropriate data
- Sustainability of present resource investment

70. The council is using the North West scorecard which includes data about re-referrals, category of abuse and timeliness. The performance information also provides regional and national comparative data. There has been an improvement in quality assurance processes and there is a Quality Assurance and Standards Sub-Group as part of the Safeguarding Adults Board. Further work is being carried out to improve the recording of data.

71. Regular performance surgeries are held between senior management and operational managers which is beginning to embed performance management and ensure safeguarding is part of the performance management framework. There are emerging action plans from these surgeries.

72. Case studies are used in the Adult Safeguarding Board to not only inform discussion but also to ensure that lessons are learned and practice improves across agencies.

73. There is a need for strategic workforce planning across all partners and providers to ensure that both the current and future workforce have the necessary skills and competencies.

74. Although performance is being monitored it was difficult to see what difference this is making in terms of improving practice and processes. As with most authorities the data is about how many and it is difficult to determine whether high numbers are good or not good. The data about timeliness shows the focus and consistency of the MASH response. Performance needs to be more focused on what difference the work is making and show a clearer pathway and performance around MSP.

75. Data quality is still underdeveloped and the council has acknowledged this in the self-assessment report produced for the peer review. The council will need to consider what information can be gleaned from the data, how will it inform

what needs to change and how an audit programme will evidence what the headline data reveals.

76. There has been significant investment in the MASH, particularly around Adult Safeguarding. This has had a positive impact on how safeguarding is addressed by the council but in a climate of budgetary pressures the long term sustainability of a well-resourced MASH needs to be considered.

Case File Audit

The Case File Audit process completed in this safeguarding adults peer review followed the methodology outlined in the LGA Guidance Manual for Adult Safeguarding Peer Reviews. The cases considered represented a mix of ages and include adults with mental health problems, people with learning and physical disabilities. A total of twenty-eight case record numbers were made available to the peer review team and thirteen were randomly selected to ensure all categories were represented.

The general findings are integrated into the main body of the report. The findings on the individual records will be discussed with Knowsley social care managers and staff by the peer review team members who carried out the audit.

Recommendations

- Seek assurance that safeguarding is everyone's business
- Agree terms of reference for the MASH review to understand whole system impact
- Understand and address opportunities and challenges of combined ASB
- Ensure the embedding of MSP across policies, procedures and practice
- Define what is care quality and what is safeguarding and better utilise existing quality assurance and NHS clinical governance systems

Safeguarding Adults 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 Review**

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

Contact details

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

Appendix 1 – Safeguarding Adults Improvement Tool

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

Download the Safeguarding Adults Improvement Tool from this page:

http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3510407/ARTICLE