



Barnsley Metropolitan Borough Council

Safeguarding Adults Board Peer Challenge Feedback report.

Yorkshire and Humber Regional Peer
Challenge Programme
March 2022

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Introduction

Barnsley Metropolitan Borough Council asked for a regional safeguarding adults board (SAB) peer challenge as part of sector led improvement within the Yorkshire and Humber ADASS Region. The peer challenge was based on the LGA “Safeguarding Adults Standards for Safeguarding Adults Boards (2017)”

The specific priorities identified by the council for the team to focus upon within this framework were:

- Leadership, strategy and working together in partnership
- Outcomes for and the experiences of people using services

In addition, the peer challenge team provided reflections on

- Service delivery and effective practice

The Yorkshire and Humber ADASS regional peer challenge programme is not a regime of inspection and seeks to offer a supportive approach undertaken by ‘critical friends’. It is designed to help an authority and its partners assess current achievements and areas for development within the agreed scope of the review. It aims to help an organisation in identifying its current strengths along with what it should consider in order to continuously improve. All information was collected on the basis that no comment or view from any individual or group is attributed to any finding. This approach encourages participants to be open and honest with the team. The peer challenge team would like to thank all stakeholders who made themselves available to meet the team for their open and constructive responses during the challenge process and for making the team feel very welcome.

The members of this regional adult social care peer challenge team were:

- **Richard Parry**, Lead Peer, DASS, Kirklees Council
- **Michelle Cross**, Service Director, Kirklees Council
- **Claire Smith** Head of Adult Commissioning (CCG, Rotherham Council)
- **Janet Kerr**, Head of Service, Sheffield Council
- **Jonny Oglesby**, Project Leader, ADASS Yorkshire and Humber
- **Venita Kanwar**, Peer Challenge Manager, LGA Associate, ADASS Associate

The team were on-site from 16th March 2022 until 18th March 2022. The programme for the hybrid Peer Challenge of onsite and virtual meetings 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, senior officers, frontline staff, partners, voluntary sector and a customer service group that included people using services
- Reading documents provided by the council including a self-assessment of progress, strengths and areas for improvement against key areas of business.

The key messages in this report reflect the presentation delivered to the council on 18th March 2022 and are based on the triangulation of what the team read, heard and saw. This report seeks to cover the areas Barnsley Metropolitan Borough Council were particularly keen for the team to explore. Detailed responses to the headline areas the council asked the team to focus on are outlined in this report. The team wanted to highlight that the peer challenge was delivered

in the broader context of significant change within the local and national health and social care system, for example:

- NHS/ CCG colleagues moving into Integrated Care Boards (ICB) arrangements in July
- Changes to charging and new inspection arrangements arising out of the social care white paper
- The front door planned changes and work with NDTI on strengths-based approaches in Barnsley

This is also against a backdrop of significant concerns on cost pressures and the implications for:

- risk and safeguarding activity
- stability of the provider market – domiciliary care has already felt the impact
- travel and utility costs for people

Finally, there is a need to recognise that social care and health services are currently dealing with the fallout from two years of pandemic during which time staff have maintained services for the residents of Barnsley.

Now is the time to keep a watchful eye on staff across the entirety of the system and plan to build and maintain staff resilience and build further on the wellbeing of Barnsley's staff. The leadership in Barnsley Adult Social Care recognise this.

The Safeguarding Partnership may want to consider the changes made to services over the last two years and the value of continuing to do some areas of work virtually as Barnsley recovers from the pandemic and take the best of what has been done, and build that into future ways of working. For example, whilst virtual meetings can be less effective at building relationships, they do enable some people to attend who otherwise would not be able to do so once travel and other time commitments are taken into account. Likewise, some people may feel more comfortable in a virtual environment where it is easier to control and manage interactions with others. The Board could consider what its annual cycle of activity looks like that is purposeful about when things will happen virtually and when they will be in person to maximise the advantages of both approaches.

Leadership, strategy and commissioning

“It has to be about purpose, the right people around the table and that everyone knows what they are doing- clear mandate to deliver the outcomes- accountability is taken on by all”

Areas of strength

- A strong commitment to safeguarding and good outcomes for the residents of Barnsley from elected members, the Chief Executive, the SAB chair and Board and the wider leadership team in the health and care system
 - A real sense that partnerships work well, relationships are strong and there is commitment to the work of the Board
 - A good blend of people who have been around for some time and some who have more recently stepped into the leadership space
 - Strategy – your four ambitions are clear and there is evidence of impact in practice
 - Passion and enthusiasm is evident
 - Commissioning – good innovative practice with issuing grants and working with micro sites in communities
1. The peer team heard a consistent and strong message of a commitment to safeguarding and for good outcomes to the residents of Barnsley, this came though particularly following our conversations with elected members. There is a sense of passion from elected members wanting to do the right thing for local residents and communities, using the knowledge that they have of their communities and to use their connections to make sure people are protected. The peer team heard about the strong community links that elected members had nurtured with people during their regular ‘councillor walkabouts’ in their wards and good links with housing and neighbourhood wardens. Members spoke about the approach of making every contact count. The Chief Executive for whom this agenda is very important not just for adults, but for people of all ages conveyed to the peer team a commitment and passion of the wider leadership across the whole system. It evident that the Chair of the SAB was very much committed to safeguarding adults in Barnsley and his depth of knowledge of Barnsley and involvement in the work of safeguarding is well recognised.
 2. As a result of the system leadership and commitment to safeguarding, it is apparent that partnerships and relationships are strong and are working well and there is commitment to everything from good outcomes for individuals to making sure that the Board and its arrangements deliver continuous improvement. Board members reported that they feel free to ask questions and that there is mutual respect, reflecting good partnership and relationships at that level.
 3. There is a good blend of people working in Barnsley, some who have worked for quite some while and who know people well, and new colleagues who have joined recently and who spoke of Barnsley being a much different place to work and where there is a genuine commitment to the borough, something that they had not experienced in other places that they had worked in before. The SAB in Barnsley have helped to support a number of people to step into the leadership space, including a volunteer who has taken on the leadership of one of the Board’s subgroup, which has brought an objective dynamic to its work.
 4. There is a clear strategy with four ambitions:

- **Ambition 1:** To ensure that collectively we all work hard to prevent harm and abuse across Barnsley
- **Ambition 2:** To develop citizen led approaches to safeguarding
- **Ambition 3:** To continue to develop safe transition experiences for young people
- **Ambition 4:** Learning together and continually improving

Your strategy is a simple and accessible document, it is easy to read, and to understand what the Board is trying to achieve. There is evidence of impact of the strategy and your four ambitions in practice.

5. People have spoken about the great work being done, particularly in commissioning at the small-scale neighbourhood level. This demonstrates that the council is prepared to let go, and place trust in voluntary sector colleagues who know what good looks like for them and their communities, subsequently delivering good outcomes for people.

Areas for consideration

- Build on the good relationships to ensure there is a wider distribution of leadership of the partnership arrangements, for example a shared approach by partners to the role of chair of the subgroups and leadership of activity so that more agencies carry a leadership role rather than it tending to fall to the Council.
 - Your passion might mean you focus too broadly, be clear about the focus of the safeguarding board and system and use evidence to prioritise your interventions
 - Ensure the volume of business allows the agenda, particularly in Board meetings, to move at a pace that allows different individuals to contribute.
 - Utilise the resources you have across the system (engagement for example. There are some great assets (people and groups) that are potentially not being used as much as they might be.
6. In Barnsley there are strong relationships in place, more so than in many other areas. Consider how you lever these relationships and enter into conversations that talk about how you could distribute leadership of the agenda widely. In other places, councils may step into the spaces because no other partner will, but the converse is true in Barnsley where relationships are strong. A question that Barnsley could consider further, is how it is creating the opportunities for everyone to play their part in leading on aspects of the safeguarding arrangements? What is the distribution of formal leadership activity, for example, in some other SAB arrangements, the SAR subgroup or equivalent is chaired by the Police or by Fire and Rescue Services because they have a skill set that is well suited to these activities. Whilst some partners will cover more than one SAB footprint, there are examples elsewhere of partners with similar constraints who still have a leadership role in each SAB arrangement.
 7. We reflected that because of the passion to get things right for the people in Barnsley, there could be a risk that the focus of the work becomes blurred and too broad in the safeguarding system. By that the peer team mean that there will exist a set of issues that are of high priority for the Board. There will then be a range of other important issues for example modern day slavery, human trafficking, the experience of people with a learning disability and their annual health checks, and fuel poverty. These are all extremely important issues, but for the Board and the system there needs to be clarity of the focus of the work of the Board and what are the issues that the Board ought to be clear upon and where the other important issues are being addressed in the system. The Board could have assurances brought to them, to understand that they are being

addressed and are being taken forward outside of the safeguarding system for example in other domains such as the Health and Wellbeing Board, the Community Safety Arrangements or the work being done on poverty more generally. The Board could reflect upon what they have “in sight”, knowing that other arrangements are leading on them and what is “in scope” of the SAB.

8. Focusing the work of the SAB onto those things that are “in scope” would then reduce the size of the agenda facing the Board and allow its work to be moved at a pace that allows participants to contribute. One of the risks associated with trying to do too much is that to cover all of the ground you need to move quickly and this can be difficult particularly for people who like to reflect on issues, or who don’t feel confident enough to speak up and to engage with the agenda. For people who need to reflect on the discussion in the meeting as it flows before commenting, does the Board know who these people are? Ensure that items are not closed down too early or that there are references to time constraints (as this signals not to offer comment) or purposefully invite them to comment towards the end of the conversation having, perhaps, agreed with them in advance that this will be the approach. Does the Board agenda have time and give permission towards the end of the meeting for people to make last comments on previous items (without re-opening decisions that have been made)?
9. The peer team felt that it is timely for the Board to review the balance of online and in person activity and be purposeful about how it will use time in each medium in the future to get the best of both worlds. Being only online, denies opportunities for colleagues on the Board to network and build an understanding of the different people around the table but it does enable better participation from some people who are more time constrained or who feel less comfortable in a physical meeting. This is an issue that all SABs will be grappling with. There is potentially a need to invest in some “in person” time that is about developing relationships and ways of working as this is as important as the more formal business of the Board. The more formal business could then be undertaken virtually if this enables better attendance from all partners.
10. There is a set of resources that are very strong in Barnsley which you may wish to tap into more. Your group of people with lived experience are strong, vocal, and committed. Could you make more use of them in terms of leadership of engagement activity? HealthWatch, who are also involved in the work of the Board, bring a real breadth of experience and insights and are able to relate to the public. Is it possible to work with HealthWatch and build on some of the great work that Barnsley HealthWatch have done to engage citizens to general practices and dentistry, and work with them to engage people around access to safeguarding arrangements and people’s understanding of those? The SAFE group have felt more and more welcome at the Board over the years and are keen to be represented. Their contributions to the Board could be strengthened further.
11. The Peer Challenge Team is aware that the current term of the SAB chair will be coming to an end and that Barnsley will need to commence a recruitment process for a successor. Given that many organisations and sectors are experiencing recruitment challenges, Barnsley may wish to give consideration to the timing of this process to ensure that an appointment that works for Barnsley can be made and a smooth transition happens. As part of this, Barnsley may need to weigh up the benefits of appointing someone with strong pre-existing local knowledge vs appointing someone who has no or very limited prior knowledge but who can, as part of acquiring that knowledge, ask “naïve” questions of Barnsley.

Outcomes for, and the experiences of people who use services

“We have a good strong directions panel which takes joint risk. If there's a breakdown in a young person's home we have a link person working with them that asks them about their thoughts and wishes and we've had some really good outcomes”

Areas of strengths

- People are passionate about getting it right for Barnsley
- Young and vulnerable people are well supported by the multi-agency Directions Panel
- Examples of good outcomes for residents through support from housing colleagues (in all tenures) and partners is evident
- Practitioners value the support they get through the Vulnerable Adults Panel
- There is a vocal and committed customer service group which has some long-standing participants
- The values of Making Safeguarding Personal (MSP) were evident...

12. People are passionate about getting it right for Barnsley, this was a message that came out loud and clear in almost every interview the peer team participated in. The involvement, engagement and collaboration of partners is evidence of this passion, for instance the shared work with housing officers supporting and keeping adults in Barnsley safe. Keep going team Barnsley!

13. The peer team were interested in and impressed by the work of the “Directions Panel” which was put in place to clarify and improve the pathway for transitions into adulthood. Managers in Barnsley noticed a cohort of young and vulnerable people who had experienced degrees of trauma during their childhood and who were coming through the system with little or no support as they approached adulthood. The Directions Panel, made up of a multidisciplinary team (Social care, health, CAMHS, Advocacy, PSW, Housing) was set up to support this group of young people on their journey into adulthood. The panel facilitate access to a link worker who engages with the young person directly, working to support their needs and wishes and thereby resulting in excellent outcomes for individuals which have included access to work and educational opportunities. The process raises aspirations and reducing the potential for the reliance on social care. As a result of putting the Directions Panel in place, there is now a clear pathway at the age of 18, which can see individuals potentially and ultimately moving into apprenticeships. The work of the panel has been presented to Westminster Council who requested information about this creative and person-centred practice.

14. The link between the Safer Neighbourhoods Team, Berneslai Homes and the Private Sector Housing team is exceptional and is resulting in good outcomes for people. Housing colleagues are picking up the work on self-neglect and hoarding and owning it as one of their priority areas of work and something that they feel able to do well. There is a strong commitment to this agenda which has been promoted across the Council and at Place.

15. Front line practitioners particularly valued the support they receive from the Vulnerable Adults Panel, a multi-disciplinary panel that was developed to prevent escalation of cases and where cases could be discussed at length. Also, a place where practitioners can go to for advice when they felt “*stuck on what to do with a case*”. This allowed practitioners to explore the best possible outcomes for the people they work with

16. There is a committed and vocal Customer Service Group with some long-standing members, who the peer team met with face to face. It was evident to the peer team that from the newest recruit to the most long-standing member of the group that their enthusiasm was infectious and they wanted to do their utmost to help and indeed to do more, if they could. They are proud of their work engaging with the public for instance at the market for safeguarding awareness week. Barnsley should consider whether there are other opportunities for their enthusiasm to be invested.
17. The values of Making Safeguarding Personal (MSP) were evident however it was a term that was not heard consistently across groups the peer team met and was not well evidenced and documented in cases. We heard that processes are a barrier to changing practice culture and constrictive to professional curiosity and decision making.

Areas for consideration

- Explore how well the narrative and practice of MSP is embedded across all safeguarding arrangements. Consider the possibility of having a clear participation strategy that is understood and implemented by practitioners, so people feel included in safeguarding processes with a strong emphasis on advocacy support.
 - People's stories at the beginning of every SAB meeting could bring an outcomes focus to meetings.
 - Is there a role for HealthWatch and the SAFE group in raising awareness of safeguarding as a concept for communities in Barnsley and increasing referral rates from the public?
 - Is there an equal level of data, intelligence and insight about activity in all sectors e.g. domiciliary care and health?
- 18 It is worth exploring how well the narrative and practice of MSP is embedded across all safeguarding arrangements, so that it becomes a term that is used to describe the values that are clearly evident. It is not that there was not a strong emphasis on putting people at the centre of practice and in the work of the Board, but the team listened out for the term "Making Safeguarding Personal" and it rarely came up. It was not clear whether there has been a conscious decision in Barnsley to move away from using this term.
- 19 From the April 21 MSP audit, the peer team found that in several cases it was not clear (partly as a result of file redactions) that the conversation had taken place with a family member or representative in relation to the safeguarding concern, or that it was not evidenced that the person had been asked about their wishes, (it should be acknowledged however, that capacity is a key factor in these findings). The peer team felt the practice of recording conversations with individuals about their wishes could be strengthened. For example, in one case it was not clear if the person was asked about what outcome they would like to see nor about any involvement in decisions.
- 20 A good way to start every SAB meeting would be to hear a story about safeguarding in practice which would bring outcomes focus to the meetings. The peer team understand that this is something that used to happen at SAB meetings and because the stories were so engaging, they would take up a significant amount of time, leaving much less time for other agenda items. However, if the SAB take on board the suggestions mentioned in paragraph 7 above and make decisions of what is "in sight" and "in scope" for the work of the Board that could then free up the space on the agenda to hear the stories of people who have experienced safeguarding in Barnsley. By doing this the work of the Board would be grounded by how actual practice results in individual outcomes. This could also

be an opportunity to help all practitioners become familiar with the priorities and work of the Board. Having these as a feature of the main Board meeting rather than in a sub group would give them a greater profile.

- 21 The role for HealthWatch and the SAFE group and for the Customer Service Group could be built upon to help the SAB raise awareness of safeguarding and its process within communities, and subsequently improve the rates of referral from the public. Your colleagues around the table have ideas about what messages need to be conveyed and they could contribute richly to the opportunities the Board takes forwards to build public awareness. Building on the neighbourhood model and linking the work of safer communities board to promote keeping people safe rather than using the term safeguarding is one way to increase referrals, a good communication/media campaign that reaches into communities using plain and simple language.
- 22 The peer team wanted to pose a question around whether the SAB membership thought that there was equal visibility of data, intelligence and insight about activity across all of the sectors represented on the SABs and particularly for domiciliary care and healthcare. There was certainly good data around care homes but potentially less in domiciliary care and healthcare. This may be influenced by the level of organisational thresholds for safeguarding in some instances which leads some organisations to “consume their own smoke” rather than reporting an incident as a safeguarding issue. It would be good to encourage the same level of transparency and visibility for partners which would avoid some sectors feeling that they were singled out for attention. It would also ensure that there were not opportunities missed to identify thematic issues and near misses because there was a greater breadth of reporting.

Service delivery, effective practice and performance management

“The chair brings real value to the PMQA sub group, he is a scientist by background and really understands the data”

Areas of strengths

- The Safeguarding Board Manager brings real enthusiasm and organisation to the role
- The appointment of a dedicated Principal Social Worker (PSW) role has increased senior professional leadership capacity to good effect
- The multiagency trainer and training arrangements are well regarded across the system
- The apprentice is adding real value to the team
- Housing roles have embraced their contribution as part of the wider capacity to safeguard Barnsley residents, and are an example for other roles to follow

23. It is worth reflecting back to Barnsley on the impact of the investment made on capacity recently and how this has enabled you to move things forward, is real asset for Barnsley. For example:

24. The Safeguarding Adult Board Manager (SABM) brings real enthusiasm and organisation to the role which is infectious across the arrangements. Partners were very complimentary of the openness, availability, and engagement of the SABM, an asset to the Board.

25. The dedicated Principal Social Worker (PSW) role feels like it has brought increased leadership capacity around professional leadership and is being used to good effect to lever change not just across the safeguarding agenda but more widely.

26. People spoke very highly of the investment in your dedicated multi agency trainer and more broadly the multiagency training arrangements and the way in which people work together to have a systematic approach to training, ensuring that even very small organisations in which people's roles may not be specifically around safeguarding, but who may come across safeguarding issues, have as much access to the information and training that they may need, as do the people with very specialist roles or the statutory sector.

27. The apprentice within your organisation we have been told has worked above and beyond and built really good relationships with members of the public and specifically the Customer Service Group (SAFE). The nature of apprenticeships is that they are time limited, and the peer team would like to highlight the apprenticeship as a real asset to the service. The Board may wish to consider how this good work is sustained at the end of the formal apprenticeship period.

28. People in housing roles whether based in the Safer Neighbourhoods Service or Berneslai Homes understood and had embraced their contribution and wanted to be seen as part of the wider capacity to safeguard Barnsley residents. Housing colleagues really felt like they belonged to “Team Barnsley” around safeguarding and you could consider bringing them closer into the fold.

Areas for consideration:

- Is there clarity of approach and architecture to quality improvement in all its forms across the health and care system, particularly in light of the upcoming changes in relation to CCGs and ICBs?
 - In light of the work on the social care front door, take the opportunity to review the end-to-end process to ensure that the right people are dealing with the right issues in a proportionate way, and referrers get the right feedback...does the redesign of the social care front door offer opportunities to develop “triage” arrangements that enable greater clarity about where an issue is best dealt with?
 - Ensure forms collate the data the Board requires, are user friendly and are proportionate. There was feedback that suggests the current forms don't work well for a number of partners.
 - Broadening the role of neighbourhood arrangements both as part of “health” integration and within the council. There was feedback that suggests the current forms don't work well for a number of partners.
 - Consider how community level insight and intelligence informs the work of the stronger communities' partnership and wider safeguarding activity
29. The investment in training is to be commended, however the peer team heard the following messages about training
- a. that there was a significant focus on hoarding and self-neglect, and perhaps there could be more of a balance to take into account other areas of concern.
 - b. There were some issues expressed about the current mechanism for monitoring the embedding of practice following training, with very few forms returned following discussion between manager and attendee which reduces the opportunity to understand the impact of training on subsequent practice
 - c. There may be more work to do to align training to practice levels
30. The changes in the NHS arrangements over the next few months present an opportunity to review/be clear about how the new architecture will support all aspects of safeguarding from “upstream” preventative work on quality improvement in care homes to more formal “after the event” safeguarding activity. There is an opportunity to ensure that the new arrangements deliver an integrated approach to quantitative and qualitative insights across the system and which reflects people's journey around a system rather than just within each organisation that they deal with. As part of this, consideration can be given to what activity occurs at a Neighbourhood/PCN level, at a Place (Barnsley) level and at an ICB (South Yorkshire) level. All 3 levels have a role to play and it will be helpful for the SAB to be clear about how Safeguarding activity is being managed at each of these levels in order that it is assured that the transition to the new arrangements maximises opportunity and minimises risk. For example, within the Neighbourhood level arrangements, what are the opportunities for raising public awareness, through local leadership and community influence, of safeguarding issues and, at the other end of the architecture, what is the relationship between the South Yorkshire and Bassetlaw ICB and the SAB in each of the places that make up the ICB. Does there need to be some form of MoU that sets out the relationship between the SAB and the ICB to avoid gaps or duplication.
31. The peer team reflected on learning from cases which are not SARs. In the case review for example one professional reflected that they could have considered other input which would have been timelier and therefore affected the outcome. Questioning practice in

this way could mean that there is greater confidence that multi-agency learning opportunities are taken, captured and disseminated.

32. There is some work being taken forward already in Barnsley, on strengths-based approaches, with TLAP and more generally around adult social care. The peer team felt that there may be an opportunity alongside this work (and the front door work) to look at the end-to-end process around safeguarding. This would help make sure that the right people are dealing with the right issues in a proportionate way, bringing clarity about whether issues are related to quality and/or safeguarding. The intelligence gathered will support commissioning colleagues in their partnership work with providers using a quality improvement lens rather than a contract compliance and safeguarding lens. By doing this you could also ensure that there is provision to provide feedback to the people that are raising issues. Police colleagues for example have a very broad role and they often come across people for whom they may raise a concern, however they sometimes weren't always clear about what had happened following the concern being raised. These concerns are often a broader welfare concern rather than necessarily a formal safeguarding issue. In some Councils, there is a multi agency (Police and LA) team that handles these "calls following a concern" activities to ensure that they are acted on and then closed down which assists with the feedback process.

There is always a dilemma around making sure that you capture all the information you need during a safeguarding assessment while making sure the process is proportionate and accessible. This ties into the work that could be done to analyse your end-to-end process mentioned in paragraph 28. It would be helpful to your staff teams if a review of the forms used could be done to make sure they work for a person-centred approach as well as for partners. There were some concerns by almost all of the organisations the team met that the structure of the forms were not as user friendly as they could be. They were felt to be cumbersome and repetitive. The case review identified that some forms were not completed. The peer team felt that the forms used identified and collated themes for the SAB, however when they are not completed they will not be capturing a true picture.

The understanding of professionals in completing 'paper'/word document forms, as demonstrated by the audit showed they were not completed, and it was not clear if there were agreed outcomes or if follow-up was needed.

Other comments received include the online safeguarding system forms not being user friendly - when needing to exit in particular and then also being process driven rather than by the person and their needs.

It may be worth undertaking a "lean systems" type review of a number of forms and processes which have been developed with the best of intentions but which may not be operating as intended as people develop work arounds.

33. Build on the great arrangements that exist at a local, neighbourhood level and consider these in the context of the integration level and what it might mean for incorporating primary care and general practice in the broader sense, as part of the development of the arrangements of the ICB mechanisms,
34. There are also within the council a set of services that are always based at neighbourhood level and that are out and about on the streets all of the time and have a great deal of knowledge about what goes on at local level and will see that an individual might not have

put out their bins for a number of weeks or someone's garden is unkempt or are concerned about the condition of someone's house. Are those people empowered, not to resolve the issue, but to understand who to go and speak with at a local level or within their organisation?

35. The peer team also felt that the programmes and grants that you have in Barnsley at the micro level produces some very rich insight that could be built upon in terms of neighbourhood work. Wider sharing of this data and outcomes analysis would benefit Place in particular, prevention and health inequalities in relation to both future commissioning activities and influencing partnerships across all parts of the system.

Case file audit

Areas of strengths

- The recording is clear, accessible, largely non-jargon based
- The recording is factual and informative
- There was strong oversight and support from management in most cases
- Capacity assessments appear to be undertaken appropriately
- There is a clear focus on partnership working which was very strong in most cases
- Information sharing is usually very good, effective and timely
- Timeliness was very good across the board and the persistence of staff was exceptional
- Coordinating between partners with clear and timely communication meant that the people and professionals involved knew what was expected and had information they needed.
- Used knowledge of legal frameworks to enable independence, choice and control
- Involvement of family members was compassionate and supportive

Areas for consideration

- Auditors thought that it was not always clear that the views of the person were sought, documented and revisited throughout the process
- We know that action has been taken to improve the quality of sign offs, you may wish to review the impact that this has had...it was not always clear what scrutiny had taken place on actions or that there was the same process across all teams/variation in process was founded on a conscious design decision.

The case file audit process completed in this adult social care peer challenge follows the methodology outlined in the LGA Guidance Manual for Adult Safeguarding Peer Challenges. The records 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 records were made available to the peer challenge team, of which fourteen were randomly selected, most of the categories in the LGA case file audit document were covered. The categories are:

- People who were not known to services (or not known for a number of years) prior to initial contact and where safeguarding was the reason for initial contact
- People living at home
- People living in registered residential establishments
- People in hospital
- People using personal assistants
- Adults with children in the household
- People who have been referred through domestic abuse services, hate crime, anti-social behaviour or other community safety routes

In terms of context, this selection equates to a sample of circa 0.8% of the referrals received by the team each year. The feedback given here is based on the files that the peer challenge team have read and seen, which contributed to the overall conclusion that the service demonstrated high standards and was protecting vulnerable people and keeping them safe. The case files audited covered the period of the last 6 months.

The case file audit of fourteen randomly selected files was carried out prior to the onsite visit by the peer team. The analysis was carried out by two of the members of the peer team and included a good mix of different client groups and scenarios (i.e., people living at home, with children, in care homes etc.).

The case file audit presented some difficulties for the team as a number of redactions on files, reduced the certainty of our findings. Therefore, the strengths and considerations presented in this report are based on the caveat that we did not have all the facts to hand. This was discussed with Barnsley colleagues at the time of the audit.

The reviewers found that there was evidence in all cases, of management oversight and good evidence of managers taking a strong lead on decision making, demonstrating good practice and leadership.

It was evident that there was good partnership working across cases and produced some good outcomes for individuals.

Capacity assessments were generally considered consistently although a variance to this was where a provider was asked to clarify capacity which wasn't provided or followed up. The team did not see sufficient case examples to identify this as a recurring theme, further evidence would be needed to establish this.

There were examples of social workers being determined and persistent in supporting adults in Barnsley in appropriate and well-coordinated approaches. This strongly demonstrates a professional approach that respects individuals and empowers them.

Auditors thought that the views of the person could be sought, documented, and revisited throughout the process in a stronger way. This is with the caveat that redactions did not always make it clear whether this had happened or not. A good practice example of this can be found at <https://leedssafeguardingadults.org.uk/safeguarding-adults/multi-agency-safeguarding-adults-forms>

It was not always clear what scrutiny had taken place on actions, for instance when another organisation had undertaken an investigation it was not clear if any findings were shared or where an action as a result of a safeguarding was to increase staffing levels to mitigate future risk, are you assured these actions happen? The fact that one enquiry had been closed when another investigation was being undertaken, raised some concern that this was not always effectively monitored. This may be a product of the redactions in the files but the review team could not be sure that this was the case.

In one case professionals felt on reflection they could have considered other inputs which would have meant a timelier outcome. It was felt that the opportunity for immediate and/or shared learning from cases could be lost. The peer team would ask, are points of learning from cases consistently highlighted and captured?

Several cases showed that the forms are not utilised to incorporate important information e.g., raised by, action taken, agreed outcomes and decision section. For instance, medicines management is a theme the Board is seeking to gather information about and this was not recorded correctly. Auditors also saw some errors between 'raising concerns / requesting an assessment' and 'organisational / individual safeguarding' which were mixed up or not recorded as intended.

Conclusion:

We hope that this Peer Challenge has captured a flavour of the numerous examples of good practice that Barnsley should be proud of as well as opportunities for further development.

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