Appendix 8 Our approach to keeping people safe

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

We take a risk stratification approach by analysing individuals who are on our pending lists ensuring that those that need immediate support are allocated to a worker promptly.

All safeguarding concerns in the county are triaged by the central safeguarding team. The team provides a set of recommendations tailored to the circumstances of the individual to assist the enquiry lead in working with them. The team has adopted the LGA/ADASS "making decisions" document as a framework for their decision-making. The specialist safeguarding team are available to provide expert advice and guidance as well monitoring and providing quality assurance of all enquiries "caused" to other agencies.

The Gloucestershire Safeguarding Adult Board[1] (GSAB) three-year strategic plan (GSAB, 2022) is well informed by partners and was subject to consultation through Healthwatch. The GSAB holds partners to account through its annual self-assessment process and well-established series of sub groups. There are well-established information sharing protocols in place to ensure that concerns are raised quickly. Gloucestershire has an over-arching information sharing protocol (GISPA, 2016), the Gloucestershire Information Sharing Partnership Agreement (GISPA) and GSAB has its own information sharing policy.

In Gloucestershire, a multiagency group has been established working closely with the Police and social care as part of the National partnership agreement[2] "Right care, right person" police led agenda to reduce police resourcing for people with mental health needs. ASC have a strong commitment to be involved with multi agency partners to support MAPPA meetings.

The Gloucestershire Fire and Rescue Service (GFRS) conduct Safe and Well Checks[3] (Gloucestershire Fire & Rescue Service, 2023) on individual's homes and supported living and residential homes, GFRS provide feedback to ASC on the inspections of residential care settings which informs our quality assurance oversight.

Gloucestershire has a multi-agency Anti-Slavery Partnership Board[4] (Gloucestershire County Council, 2023), which is chaired by the GCC Chief Executive and attended by the Gloucestershire Safeguarding Adults Board (GSAB) Independent Chair and Head of Adults Safeguarding. This should improve the visibility around the issues of modern slavery.

The lead for our Domestic Abuse (Gloucestershire County Council, 2021) Local Partnership Board and implementation of our statutory duties for Domestic Abuse sits within Public Health, as does our lead for complex needs, focusing on drugs and alcohol (Flitton, Davies, & O'Neill, 2022), and housing related support, all of which have good connections to GSAB. These connections ensure that these issues are featured through communications, audit,

and action planning across our partnerships and from an operational perspective issues are addressed and included in any improvement plans. Our ASC Operational teams would be involved MARAC multiagency meetings where an identified risk identified is the responsibility of Social care.

Our Preparing for Adulthood Strategy is a workstream within the Integrated Commissioning function. We recognise that this strategy ends in 2023, and we are recommending that this strategy draws to a conclusion and that a position statement is produced that covers what our offer to young people transitioning in Gloucestershire will look like. The governance of this strategy and future position statement is overseen by the SEND and Inclusion Local Area Partnership Board, which is chaired by the Director of Education. In terms of quality the strategy has improved our Operational practice across Childrens social care and Adults Social care as well as with our health colleagues. It has helped us to recognise where the issues remain and work collectively to address this issues.

This was further evidenced by a SEND Peer Review which was undertaken in May 2023, The peer team found good evidence of support and creative work being offered to prepare young children for mainstream school and other early years settings. There is a need however to embed transition arrangements more firmly from early years provision to ensure that mainstream schools build upon the work done in early years settings across the local area. Phased transfers across all key stages, whilst improving, requires a targeted approach to ensure they are effective. This would benefit from being linked to the sufficiency planning.

Planning of post 16 and post 18 SEND provision in Gloucestershire is limited as is the range of provision available. This is an area where further investment is required. The peer team found that the post 16 Employability Pathway to be good and well evaluated with clear impact measures. The voluntary and community sector, and in particular Young Gloucestershire, is effective in engaging with young people at risk of becoming NEET.

Where young people have a clearly identified significant disability transitions to adult care services appear to be well managed and the Transitions Operational Group (TOG) brings together adult's and children's services and tracks all cases. A dedicated transitions worker has been appointed and is based in the DCYP team to further support transition preparation to adult services.

As part of the SEND area of work there is a group of Youth representatives who share their views and experiences of growing up in the County, these people want to change the way young people access information on their road to becoming an adult. This work is called "Future Me[5]" and continues to use the voice of young people to inform where we need to improve.

The Liquidlogic Adults System (LAS) and Liquidlogic Children's System (LCS) are not currently integrated, but colleagues who work within transitions have access to both LAS and LCS, so integration has not been seen as a high priority, as teams have access to the necessary data. We know the data from Education and Adult Social care does not flow

seamlessly and this causes operational delays and is over reliant on people rather than ICT systems.

Our Section 117 policy supports joint funding arrangements and a multi-agency panel is in place. We have a s117 aftercare community of practice for discussion of complex cases, an escalation process for determining/ disputes s117 responsibility, and clear direction to put the individual at the centre of decision making, if necessary to fund without prejudice while dispute is resolved. The functionalities of young people on Section 117 transitioning to adult services is not recorded on LCS and the transition process for these individuals is therefore reliant on professionals sharing information. This results in a personalised approach with the skillsets from Childrens social care teams and Adults Social care teams utilised by working together to support young people and their families.

All of our operational procedures and guidance are published on our internal staff website. Compliance with these along with mandatory and statutory training is reviewed by managers as part of our supervision policy. We have clear guidance for operational staff on roles and responsibilities which promotes discussions regarding allocated work to ensure that the correct support, advice and guidance is provided. We also have strong guidance around Ordinary residency and have provided operational staff a clear protocol to follow to ensure continuity of care. We have a Multi-agency panel which meets monthly to review complex multi-agency needs (e.g. continuing healthcare, section 117 and joint funding on transitions etc), there is a joint funding matrix to support applications to this panel. When there may be disagreement about the best option for meeting assessed needs there is an operational managers decision making tool, which effectively looks at and evaluates all of the options available and a decision is made by a panel of operational managers. The LGA Peer Challenge also noted in relation to our safe systems and process that ***"GCC has implemented extensive emergency plans, out-of-hours support services, major incident response strategies and business continuity arrangements that ensure it can effectively respond to unexpected events such as critical incidents (pandemic, floods, provider failure). GCC's successful responses show it can effectively maintain service delivery despite challenging circumstances."***

There are a range of resources to help people, families and providers when someone goes into hospital to improve outcomes and communications, some examples include our Red Bag Scheme[6] for admissions from care providers, What Matters to Me Folder[7], Health passport and a range of co-produced accessible resources.

The Joint Dynamic Support policy and operating procedures (including the Blue Light Protocol) has been co-produced and an easy read leaflet is also available to support this work. Upon discharge usual Section 117 entitlement applies, placing duty upon health and social care for aftercare services. We undertake annual MTFS planning to ensure we identify potential social care S117 costs for those individuals who are in specialist inpatient services who we anticipate will be discharged within the financial year. There is ongoing dialogue to agree how we jointly approach and manage risk between Childrens and Adults services. Out Integrated High Needs team (Transforming Care) based within the ICB are actively involved in the Transitional Operational group, this ensures that the team are aware of high-

risk people and helps them to proactively plan to meet the needs of these individuals to avoid situations where transitions break down resulting in admission to inpatient settings.

We have commissioned a Kings Fund project looking at how Gloucestershire as a system responds to individuals experiencing severe and multiple disadvantage, this work is being led by Public Health with involvement from Adults Safeguarding. This has found collaborative working and good relationships, good will, and good practice, understanding of trauma informed practice, and a desire to learn and improve. It also found that the agenda is not being approached as a system, with shared responsibility across organisations, and a reluctance from partners to step up and take ownership for finding solutions. It found that considerable work still needs to be done before leaders can agree what a shared narrative could look like.

We minimise placing people out of county by making sure we have opportunities within Gloucestershire. There is work under way to establish relevant information management sharing policies. We review out of county placements on an annual basis. We use KPIs and contracts to support where partners arrange services on our behalf and we also commission peer led reviews.

Our Learning Disability and Autism Programme (previously referred to as Transforming Care Programme) has plans to have zero out of area placements funded by the ICB by July 2024. Plans are to reduce inpatient numbers to 15 (or less) by end of 2023/2024. However, as always, our trajectory comes with the caveat that discharge is centred around the individual to ensure it puts them in control of the timescale and discharge is delivered at a pace guided by their own readiness to make the transition back to the community.

The LGA Peer Challenge Report noted that in relation to system flow ***"GCC has consistently shown its dedication to working creatively with voluntary and community groups in order to offer services designed to enable individuals to stay at home or return home safely".***

We have a Regulated Provider Closure Policy which provides staff with clear protocol to follow when a care provider is unable to meet care and support needs due to temporary interruption or permanent business failure. Our Business Continuity process is outlined in section 6. In relation to effective Provider Failure Protocols, the LGA Peer Challenge also quoted that ***"GCC has established and tested protocols to effectively respond to provider failure, providing an organised and planned response in cases when service providers cannot deliver as contracted, safeguarding those with a lived experience wellbeing in the process".***

Our approach to applying the Mental Capacity Act[8] (Gloucestershire County Council, 2019) to safeguarding is supported by a dedicated MCA Manager who also provides training on the MCA. If a person has no-one to support them and lacks capacity to consent to the enquiry or otherwise has a substantial difficulty participating, then an Independent Mental Capacity Advocate (IMCA) can be appointed and this is through an application to the Gloucestershire

Advocacy POhWER Service[9]. There is a suite of MCA resources and leaflets including easy read resources available.

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this concentrating on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, we make sure we share concerns quickly and appropriately. Some examples of how we can demonstrate compliance against this quality statement are;

The introduction of a Safeguarding Single Point of Access (SPA) in 2023 means that all safeguarding contacts from professionals are screened by the Safeguarding SPA team. This streamlines the process for raising safeguarding concerns, enabling feedback to partner agencies, provides a greater degree of assurance around decision making, and speeds up the response times to safeguarding alerts. The Safeguarding Team has increased its established headcount to 9.6fte Safeguarding practitioners. The Safeguarding team is responsible for information gathering and decision making on whether a concern meets the criteria for a Section 42 enquiry, they also co-ordinate all organisational abuse concerns, provide advice and support to professionals, chair complex safeguarding meetings and maintain oversight of enquiries which are caused to be made by other agencies. There are robust links between the safeguarding team, commissioning, and quality teams and the CQC.

Where a Section 42 Enquiry is indicated the safeguarding team pass to the relevant Adult Social Care operational locality teams (including the Hospital Social work Team) who will allocate a social worker to undertake the enquiry. The enquiry is supported, supervised and quality assured and signed off by a Social Work Manager. All teams act in accordance with GSAB Multi Agency Safeguarding Policy and Procedures.

Section 42 enquiries are conducted by GHC with GCC retaining oversight and responsibility for checking and challenging the completed enquiries. This is an area where improvement is needed. We hold regular meetings with GHC Safeguarding team and ensure they are aware of all section 42 enquiries sent to GHC. We also cause enquiries to be made by care providers and CHC.

We have started some initiatives to improve involvement, a leaflet and easy read booklet for individuals, about what keeping safe means, is given to the person when the professional visits them.

Our mental health service has systems in place to ensure learning for example through their safeguarding monthly meeting, attended by representatives across mental health services with a responsibility to feedback key themes and learning. Lessons learnt and practice guidance are disseminated via forums and management to teams.

All safeguarding concerns where a care provider is involved are shared with the aligned operational team, health professional and commissioners or CQC for intelligence gathering

and monitoring purposes. ASC operational teams and Commissioners also assist in responding to provider concerns by providing a rapid response in the form of urgent or unannounced visits where the need for this is indicated. In cases of organisational abuse, the safeguarding team co-ordinates large scale enquiries in accordance with the Organisational Abuse policy.

Colleagues meet with CQC fortnightly and bi-monthly to review immediate operational and strategic issues across the care market from a commissioning and safeguarding perspective. The intelligence from these governance arrangements enables us to respond to concerns and draw on our processes such as action planning and suspensions on new placements. We use CQC ratings data as part of monthly performance oversight of the market and this is also shared as part of market intelligence to Systems Quality Committee.

We have a Disabilities Quality Assurance team which uses a model of actively reviewing quality of care services for people with Disabilities and mental health and engages Inclusion Gloucestershire to undertake a planned programme of peer quality visits carried out by people with lived experience. The work of this team is drawn together in a monthly quality report.

The Gloucestershire Safeguarding Adults Board (GSAB) meets quarterly and manages its work through a range of sub groups with involvement from a range of partners across Gloucestershire including Health, Police, District Councils, Voluntary Sector etc . The GSAB Communications and Engagement sub group has a programme of events and materials. The GSAB website, quarterly newsletter, annual roadshows, NHS Information Bus and attendance at other partnership events ensures we reach over 3,500 professionals as well as the public during the year.

Key safeguarding risks and issues are identified through contributions from partners and through GSAB annual self-assessment audits and go through a peer challenge process with partners. The GSAB meetings offer an opportunity for members to seek assurance and challenge, with meetings being organised on themes (Gloucestershire Safeguarding Board) and learning shared for professionals on the GSAB website.

Safeguarding Adults Reviews[10] are publicised (Safeguarding Adults Board, n.d.) across the partnership and published on our website in full (unless by exception it should not be published). An example of learning from SARs focussed on self-neglect identified the need for “compassionate persistence” arising from SARs has been widely shared with our partners and there is now a self-neglect and hoarding forum which meets regularly. The learning from these SARs has informed best practice guidance on self-neglect (Gloucestershire Safeguarding Adults Board, 2022). As part of the SAR where possible the views of the person, their families and carers are collated and helps to shape the findings and recommendations. Findings from a recent SAR are influencing improvement work across the system in relation to Huntington’s and other neurological conditions.

Practice approaches to Making Safeguarding Personal[11] emphasise a personalised approach that is led by the individual and not the process, our ASC Operational teams seek consent, but also hear about people's views on the outcomes they want to achieve.

There are clear relationships between GSAB partners and other boards, and this is detailed in the Annual Report. The Partnerships work together to ensure action taken by one body does not duplicate that taken by another and that there are no unhelpful strategic or operational gaps in policies, protocols, services, or practice. All workers should feel able to challenge decision making and to see this as their right and responsibility in order to promote the best multi agency safeguarding practice. The GSAB Escalation Policy provides workers with the means to raise concerns they have about decisions made by other professionals or agencies.

The work of the Safeguarding team is internally audited and we have confidence that the decision-making is robust and in line with best practice guidance. We review timeliness of safeguarding cases and routine reports, this is reviewed by a Performance & Data Subgroup. All teams work to LGA guidance around section 42 decision making. Work continues to test our data accuracy on our new Power BI platform of reporting. We have started a thematic audit of section 42 enquiry practice. A tool and framework for this has been development but will be similar to the audit tool used by the GSAB audit group. The scale of the exercise is intended to show safeguarding performance and quality themes between the teams, including highlighting consistency of practice.

The audit sub group of GSAB carries out regular case file audits with multi agency partners. These are themed and provide qualitative data about adult safeguarding practice. Making Safeguarding Personal is regularly considered as part of these audits. Learning from the audits is disseminated to the relevant partners, however we need to improve how we share this information with partners to ensure continuous improvement. The audits reveal a mixed picture, with some evidence of good person-centred practice which achieves the desired outcomes of the person, however this is not always the case. Where there are concerns about how the s42 enquiry has been conducted, this is taken up with the relevant team and manager to resolve the issues. We have implemented (Dec 2023) a Safeguarding Practice Audit framework applicable to ASC Operational teams and our PSW will evaluate the findings of the initial audits and report this through to our Quality Assurance Board.

Statement from Independent Chair of Gloucestershire Safeguarding Adults Board

"Gloucestershire has had a Safeguarding Adults Board in place since 2009, which reflects the strong ongoing commitment to Safeguarding Adults within the county. Much has been done over the years to strengthen and raise awareness of what constitutes abuse and neglect, and how to respond to it. Since its inception the Board has aspired and striven to protect and safeguard some of the most vulnerable members of our community through our Strategic Plans and the various sub groups, that sit under the Board.

We have taken every opportunity to learn through the learning events and Safeguarding Adult Reviews that we have undertaken locally and accessed through the National network. The assurance process is a real opportunity to raise further awareness of Adult Safeguarding and to identify areas where we can make sustainable and continuous improvement. This includes hearing the voices of those individuals who come into contact with professionals and the voluntary and community sector through safeguarding activity and the way we ensure that we can evidence the positive impact we are making through our data and quality assurance processes."

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[1] Gloucestershire Adults Safeguarding Board, 3-year strategic plan, https://www.gloucestershire.gov.uk/gsab/safeguarding-adults-board/

[2] Policy Paper, National Right Care, Right Person https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person/national-partnership-agreement-right-care-right-person-rcrp

[3] Gloucestershire Fire and Rescue Service, Safe and Well Checks, https://www.gloucestershire.gov.uk/glosfire/your-safety/safe-and-well/

[4] Gloucestershire County Council, Anti Slavery Partnership, https://www.gloucestershire.gov.uk/health-and-social-care/gloucestershire-anti-slavery-partnership/

[5] Future Me Gloucestershire, Information to help prepare for adulthood, https://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/family.page?familychannel=2_2_4

[6] One Gloucestershire, Pathway for when Red bag is taken into hospital by a care home resident, https://www.gloucestershire.gov.uk/media/2115672/3-red-bag-pathway-v10.pdf

[7] One Gloucestershire, Personalised Care Training inc initiatives such as What Matters to Me Folder, https://glosprimarycare.co.uk/personalised-care

[8] Gloucestershire County Council, Our Approach to the Mental Capacity Act, https://www.gloucestershire.gov.uk/mca/

[9] POhWER, Gloucestershire Advocacy Provider website, https://www.pohwer.net/Gloucestershire

[10] Gloucestershire Safeguarding Adults Board, Published Safeguarding Adults Reviews, https://www.gloucestershire.gov.uk/gsab/safeguarding-adults-board/safeguarding-adults-reviews/

[11] Gloucestershire Safeguarding Adults Board, Making Safeguarding Personal, https://www.gloucestershire.gov.uk/gsab/i-am-a-professional/safeguarding-an-overview-for-practitioners/making-safeguarding-personal/#:~:text=Practice%20approaches%20to%20adult%20safeguarding%20should%20be%20person-led,focus%20and%20they%20have%20control%20over%20the%20process.