



Leeds City Council

**Safeguarding Adults Board Peer
Challenge
Feedback report.**

Yorkshire and Humber Regional Peer
Challenge Programme
April 2022

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Introduction

Leeds City Council Safeguarding Adults Board (LSAB) 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:

- Outcomes for and the experiences of people using services
- Service delivery and effective practice
- People’s experience of safeguarding

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 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:

- **Bev Compton**, Lead Peer, Director of adult services and DASS, North East Lincolnshire
- **Dr Wendy Barker** - Deputy Director of Nursing, NHS England and NHS Improvement – North East & Yorkshire Region
- **Lisa Willcox** - Service Director, Adult Social Care - Mental Health and Learning Disabilities – Wakefield Council
- **Tony Middleton**, Service Manager – In House Provider Services, Sheffield Council
- **Christine O Dell**, Service Manager, Adult Social Work Teams, Sheffield Council (case file audit)
- **Venita Kanwar**, Peer Challenge Manager, LGA Associate, ADASS Associate

The team was on-site from 6th April 2022 until 8th April 2022. The programme for the virtual peer challenge 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,
- Videos of:
Proud to be an Ambassador - <https://youtu.be/hfiXrxdJLHo>
Touchstone, introducing Talk to me, hear my voice <https://youtu.be/WgNQOHZ53P0>
Touchstone and Sikh Elders <https://youtu.be/YJ-6bsH6uw>
- 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 8th April 2022 and are based on the triangulation of what the team read, heard, and saw. This report seeks to cover the areas Leeds City Council (“the Council”) was 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 2022
- Changes to charging and new inspection arrangements arising out of the social care white paper

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 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 Leeds.

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 Leeds staff. The leadership in Leeds adult social care recognises this.

The SAB may want to consider the changes made to services over the last two years and the value of continuing to do some work “virtually” as the council and its partners recover from the pandemic. Safeguarding partners are encouraged to reflect on innovative practice developed during the pandemic and build this into future ways of working.

Outcomes for, and the experiences of people who use services

“If we can deliver accommodation of quality and in quantity, we can make a real difference to people’s lives”

Areas of strengths

- As a leadership group the board is re-focusing, setting a new and challenging ambition for Leeds which is “owned” and is driving forward a new way of working.
 - Learning from safeguarding adult reviews (SARs) has helped the partners to identify self-neglect as a priority theme, and has informed the work programme on self-neglect and other priorities
 - We could see that by engaging and tracking the most vulnerable people living on the street, teams were delivering effective support, and helping homeless people to gain and maintain housing tenancies
 - Your ambition for citizen led practice is setting the foundations for improved outcomes and experiences
 - The Friends of the Board, Citizens’ Panel and engagement networks demonstrate a commitment to engage meaningfully, and is beginning to change practice for example:
 - The Listening Project
 - Equality and Diversity, task and finish group
 - Touchstone video
 - Proud to be an ambassador – co producing documents
 - “Talk to me, hear my voice”
 - Changed language and terminology is improving engagement
1. The peer challenge team consistently identified that people working in Leeds are passionate about supporting and protecting some of the most vulnerable people living in Leeds, with demonstrable energy and commitment to getting it right for them. The SAB leadership group is re-focusing and has set a new and challenging ambition for Leeds. In 2019, the board started to develop its citizen-led approaches involving citizen groups to co-produce its multi-agency safeguarding adults’ policy and procedures. This was soon followed by the board adopting a strategic ambition to work towards becoming citizen-led which for Leeds means:
- Being focused on the delivery of positive outcomes for citizens
 - Being focused on the experience of citizens
 - Understanding and acting on citizen expectations of Leeds
 - Adopting citizen guidance within our practice
 - Reaching out to citizens to include their views in our work as a board
 - Engaging citizens and communities within our workstreams
 - Learning from citizen experiences

This has resulted in:

- The development of citizen-led practice guidance
- Establishing a citizen reference group
- The creation of a “friends of the board” network
- Commissioning an independent service to hear feedback of people’s safeguarding experiences
- Establishing citizen ambassadors and virtual networks
- Co-producing safeguarding leaflets and materials

The peer challenge team could see that being citizen focused has become a way of working and the 'Talk to Me, Hear My Voice' ethos was regularly heard.

2. The board has made a conscious effort to move from being a process driven body into something much more meaningful. There has been a shift in this ambition now being led by all partners in the board, supporting Leeds City Council as a well-recognised leader on this agenda. The board's work has moved away from a structure involving sub-groups delivering the board's work, to one that is more agile, using task and finish groups to lead and deliver priorities, with SAB partners stepping into leadership roles to lead and drive the agenda.
3. The challenging ambition for the SAB is aligned with the citywide strategy for Leeds, owned by partners and driving forward a new way of working.
4. The SAB has used the learning from two recently published SARs which had a focus on self-neglect to change practice and outcomes for people. This has taken the form of a task and finish group directly reporting to the board. Working alongside partner boards, such as Safeguarding Children Partnership and Safer, Stronger Communities, the chair of the SAB and the support unit meet regularly with their counterparts to collate the learning from SARS and other priority areas.
5. The work being done with homeless people in the city to support them into tenancies, along with some of the most vulnerable people on the streets is being engaged and supported by partners in a compassionate way. This is helping to protect them from significant harm and is producing good outcomes. Partnership teams working with homeless populations provide consistent support "for as long as it takes" until a satisfactory outcome is achieved. Caseloads of no more than ten, enable a person-centred approach to be taken. The tight-knit partnership working was valued by colleagues and we heard good things like:

"The support that wraps around the client has been amazing - it's almost like we're one team! We can do this together, and with the right support we can, and we have".

6. The SAB has set out a bold ambition to be citizen-led. The peer team heard how the board's work is reaching into the many diverse communities in Leeds and found the approach to be interesting. Staff have used a variety of ways to improve engagement which is based on communities themselves having different ways to engage. Leeds has resisted establishing formal engagement structures and has been imaginative and open to different approaches to achieve its aims. One such example is the way in which Leeds's staff, representing different communities, have been supported to reach into their own communities. There are good endeavours to broaden reach into the diversity of communities in Leeds, and a recognition by staff and partners that there is more to be done, including understanding where some communities are under-represented in the safeguarding agenda. The peer team could see that Friends of the Board, Citizens Panel and Engagement Networks are developing in an organic way, demonstrating a respect for communities to engage with Leeds at a pace and in a way that feels right, and it has resulted in good co-production which is beginning to shape how things are being presented. This is notably found in the change in language, presentation, for example use of ambassador videos and a video of the SAB Annual Report, and terminology in the publications, and inviting communities to work with Leeds to ensure they understand the importance of safeguarding. Of note is the Listening Project focused on Black and Minority Ethnic Communities (BAME) which is led and driven by the council's Director of

Social Care and Health who has looked at trends in referrals to adult social care (ASC). Findings include an under representation of Caribbean and Chinese communities and for most BAME communities a lack of awareness of the work of ASC. Sponsored by the Better Lives Board, which involves people with lived experience, the Listening Project gathers insights about where communities attend for advice and support. Reaching out to communities in cafés and undertaking guided conversations helps to gather intelligence about some of the barriers experienced by people. From this way of working, partners have identified that current services do not meet cultural care needs. Further work is planned to focus on developing a training programme focused on how to connect with communities and to recruit community champions. The peer team heard and fully understand that safeguarding is an ethereal concept if you are not a practitioner. However, safeguarding practitioners are thinking about ways of communicating safeguarding concepts in ways that are understandable, so that people in Leeds can feel safer. Leeds is listening to people, and it is making a difference.

Areas for consideration

- It was not easy to identify outcomes achieved, these are not always articulated or not yet come to fruition
 - However, providers can demonstrate and measure individual outcomes which are not yet incorporated into the quality dashboard or performance reporting
 - Think about using “stories” to bring safeguarding to life, and building on your understanding of communities, use alternative formats, such as videos to make these stories accessible, helping to communicate what safeguarding is about
7. The peer team consistently asked what it was that was being achieved in Leeds and it was not easy to identify. This not because good outcomes don't exist, but more about how people were articulating results and making them visible. For example, providers were able to demonstrate and measure individual outcomes in terms of improvement. The SAB might wish to consider how some of this insight could be incorporated into the SAB quality dashboard and performance reporting.
8. The board could consider how stories could be incorporated into SAB meetings routinely, for example, asking contributors to share successes. This would be a way of discussing practice and bringing a results focus to the meetings as well as bringing safeguarding experiences to life. This would further change the focus of the Board from being process led to a focus on bigger issues such as self-neglect with stories acting as a foundation for the board's journey as well as bringing individuals' experiences to light. This would help to ensure that the board's work is grounded by how practice results in individual outcomes, and help the board, demonstrate value and impact. The SAB has already made a good start on this with videos of safeguarding stories, developed alongside people with learning disabilities. This is a good way to communicate powerful messages. By involving people as much as is possible, and by using their language, the board will increase impact and encourage people to participate with the SAB to safeguard others. This could also be an opportunity to help social workers become familiar with the priorities and work of the board.

Actions for the SAB

Consider how provider insight could be incorporated into the SAB quality dashboard and performance reporting to be able to get better outcomes for people.

Consider bringing people's safeguarding stories to SAB meetings and to better understand people's experiences and the outcomes achieved

People's experiences of safeguarding

"There is a step change in the training around mental capacity enabling us to support vulnerable people immersed in addiction"

Areas of strengths

- Staff, partners and providers are passionate about the work they do, and it shines through
 - Good anecdotal evidence of safeguarding as a result of ambassadors' engagement
 - There is an understanding of the importance of personalisation and outcomes. This is being achieved in areas of activity, for example, with learning disabled people
 - Commitment and determination to properly engage with citizens and shape involvement in safeguarding is evident
 - Street intervention work has reduced the number of untimely deaths – targeted energy and investment is enabling this intensive support
 - Advocacy is available to support people in expressing their needs and wishes
 - Improved clarity about the application of the Mental Capacity Act and improved practice, specifically with users who have significant addiction problems
 - Equalities and diversity are top priorities, and you are beginning to understand the complexities and challenges in meeting the needs of diverse Leeds communities through insightful work and engagement
9. During the peer challenge the commitment of staff, partners and providers consistently shone through. The energy and passion about safeguarding work is reflective of the strong vision led by the board, which understands the significant issues present in Leeds. The board is engaging people throughout the system. It was good to hear how well partners are working with each other, that they know each other, are having a level of conversation that demonstrated mature partnerships and strong working relationships for a shared agenda.
10. We heard anecdotal evidence of how safeguarding practices was achieving outcomes through the ambassador engagements. These anecdotes would be good to share at board level as indicated previously. Good outcomes have been identified. For example, neighbours and friends understand who to contact for advice and support because of the ambassadors' work. Safeguarding ambassadors were proud of their achievements and involvement in developing videos, which will enable them to sustain their work with the board.
11. Personalisation and outcomes are regarded as important and this was seen particularly in the board's work with people with learning disabilities, the work on LEEP1 and ambassador roles. Of note is the learning disability service's work. The service recently participated in a national ADASS event focusing on areas of good practice carried out with a learning disability during the pandemic. The Leeds learning disability service has been identified as an area where person-centred approaches continued throughout the pandemic and they continue to work with ADASS to highlight learning approaches.

12. The determination and commitment to properly engage with citizens is shaping people's experience of safeguarding in Leeds. We heard that direct communication between social workers and service users and involving people in decision making led to more successful outcomes and to service users feeling more empowered.

13. The street intervention work was regarded by the peer team to be exemplary. We heard

"The number of people we were losing on the streets in traumatic and untimely circumstances resulted in the initiative to reduce the number of rough sleepers. We are now targeting a forgotten and neglected area of community, and have reduced the number of people lost on the streets"

This demonstrated both the concern for the untimely deaths of people who live on the streets and the resultant meaningful action and targeted support. The way that this has been approached through strong partnership working, is achieving outcomes through a compassionate approach, the peer team thought it was fantastic!

14. The team heard how Leeds improved its person-centred approach by ensuring improvements to practice around the application of the Mental Capacity Act (MCA). Thinking about individuals' rights, and considerations around consent, individuals' ability to use and weigh information and decision-making ability has helped to improve individuals' safety. The case file audit carried out by peer team members found that the focus on mental capacity is consistent. Worthy of note is the work around the specialist advice that has been sought to enable staff to work with people with significant addiction problems and provide them with the ability to understand the position they take with regard to capacity.

15. Equalities and diversity are top priorities for Leeds which has a large ethnic population. The city's diversity has been a focus for the board which is beginning to understand the complexities involved in supporting a wide range of groups. The team met staff involved in some interesting insightful work which aims to inform how to improve engagement with diverse communities, how they understand safeguarding, how to access social care and support. The SAB has engaged with a wide variety of communities but is reliant on community leaders willing to work with them. It is evident that good work has been carried out in Leeds with LGBTQ communities, with events held with regular, well-attended events. Other achievements are the trans pride event and work with the BAME hub – a centre for day facilities, for older BAME adults, where sessions are held on how to be safe.

16. There is a real commitment and understanding across the partnership of the value and importance of this work.

Areas for consideration:

- Citizens panel is at the early stages of involvement
- How advocacy referrals could be improved
- There may be opportunities to broaden the channels for safeguarding referrals
- Referrals to safeguarding may lead to a high volume of cases/referrals for social workers; this could be for different reasons (public access, awareness of thresholds, inappropriate referrals); consider how the impact of caseloads on workers' wellbeing could be improved
- Social workers do not always "hear" the individual's voice due to the high level of provider led enquiries and timescales
- Does the maturity of data sharing protocols work to support the interests of individuals' safeguarding, and wider trends?

17. The peer team thinks that the SAB is taking the right approach. The maturity of the citizens panel is in its early stages, but it will help to achieve the goals around understanding communities more deeply. The collection of safeguarding stories through advocates will provide the board with rich information, insight and learning.
18. Advocacy services are available to people in Leeds but its uptake is low despite efforts to publicise it. The SAB is aware of the unenthusiastic interest in the advocacy services, and it may be something that the SAB could take a closer look at in order to improve its use.
19. There may be ways to broaden how safeguarding referrals can be made particularly by people who are not professionals. There could be areas to consider around the processes leading to high volumes of cases and referrals for safeguarding in social work team. This is an area that may need further exploration. Some of the reasons might be around the understanding of thresholds for safeguarding or could be to do with the way in which you differentiate the calls coming through the call centre. Alongside this, the work of social care teams needs to be set in the context of having worked during the pandemic, and a recognition of the impact of the pandemic on vis-à-vis safeguarding matters. This has placed significant additional pressure on teams, increased awareness around safeguarding and an increased need for services. Social care services will need to think about staff wellbeing too, as they struggle to deal with backlogs of work and that the time and effort that is required to do this. The peer team is assured that the directorate has staff wellbeing prominently placed as a priority, and that leaders are fully aware of the considerable effort made by staff at this difficult time.
20. Many of the safeguarding referrals are coming to ASC via providers, therefore the “voice” of the individual is reflected indirectly. Some thought could be given to the channels through which information on the referrals are received and how you can hear the individual’s voice better. In many situations, where the provider is leading the enquiry, and giving feedback to the Council, it is more often the professional or provider’s voice which is heard meaning that the person’s voice is heard indirectly. The peer team acknowledge that workstreams are in place, and taking this work forward.
21. At a strategic level the SAB could consider assuring itself that the protocols for data sharing with partners are set at appropriate levels and whether this enables the SAB to audit data down to the front line. The council needs to be assured that staff are fully conversant with when they can and cannot share data for the individual’s safety.

Actions for the SAB

- Clarify with partners that data sharing protocols are well understood within partner organisations, and enable staff who work to safeguard individuals to share data for audit purposes and in the interests of the individual

Service delivery, effective practice and performance management

“Home visits really illustrate the level of self-neglect and capacity”

Areas of strengths

- You are a learning partnership. We were able to see how you used SARs and the street deaths’ review in 2018 to prioritise and refocus the work around street outreach services, domestic abuse and self-neglect
- Delivery is supported by strong learning and development, and a range of products have strengthened practice for most professionals e.g., understanding of executive capacity, and specialist advice sought with regard to best practice on the capacity of intoxicated individuals and their vulnerabilities.
- There is mutual understanding and respect between partner agencies.
- There is a commitment, energy and determination across all staff teams.
- Team managers and social workers engage in positive risk taking - a strength-based approach is evident, supported by, in the main by clear processes and systems.
- The safeguarding adults review manager (SARM) role is positively regarded by social workers and providers, and delivers effective practice in managing risks
- The development of the quarterly performance dashboard makes it easier to view the whole system.
- Contract management and commissioning teams have increased their understanding, awareness and focus on safeguarding and seek assurance from providers engaged for the purpose.

22. It is evident that Leeds has a learning safeguarding partnership. There is a clear process by which learning from safeguarding intelligence informs the strategic focus and delivery for the board. The street deaths review in 2018 is an example of how safeguarding adult reviews have really informed the SAB strategy and refocused work which is translating into meaningful practice around domestic abuse and self-neglect.

23. With regard to learning and development, a range of products have been created that your professionals and providers find useful, and which is a very useful resource for professionals and practitioners alike. There is specific reference to the understanding of executive capacity, with real evidence of a culture shift from an immediate acceptance of *‘They have capacity and don’t want support’* to: working closer with those people and exploring their needs and stories of success from that approach, and to the advisor that was referred to the advisor in paragraph 14 about how to deal with intoxicated individuals when they might appear to have fluctuating capacity.

24. The team also found that there was good mutual understanding and respect amongst partner agencies and the commitment, energy, and determination across your staff teams filters into effective practice and learning.

25. Team managers and social workers are engaging with practice focused on an understanding of positive risk taking and there is evidence of a strength-based approach, supported in the main by clear processes and systems. The direction of travel is strong and there is a strong focus on timely and proportionate response to all cases.
26. The peer team heard about the safeguarding adults review manager (SARM) role, which is positively regarded by the people spoken to. They are delivering effective practice in the most complex of cases that often require a multi-agency approach to manage and mitigate risks. The SARMS hold a great deal of knowledge and experience and provide a valued point of advice and support to social work teams and people using the services. They are recognised as playing a crucial role in the continued development of safeguarding in Leeds.
27. The quarterly dashboard is facilitating a whole system view for the SAB. It continues the strong citizen focus, with sections headed “Empowerment – talk to me, hear my voice” and “Proportionality – work with me to resolve my concern, and let me move on with my life”.
28. The council’s contract management and commissioning approach demonstrated increased understanding, awareness and focus on the safeguarding agenda and providers are responding to this, being well engaged with the work of the SAB. Over the last four years, a systematic programme of work has been undertaken to embed safeguarding within contract management functions, public health and housing related support commissioning demonstrated this through improved specifications, and quarterly reviews within contract meetings of all safeguarding referrals.

Areas for consideration:

- How could you develop greater consistency in using safeguarding, and understanding of thresholds, across the partnership and providers?
- Consider ways of sharing practice and audit information across partnerships to inform development and learning; Consider how you could facilitate the sharing of performance information between providers to enable service development
- Providers seem to be aware of, and value the exceptional risk panel but understanding of the Multi Agency Solutions Panel (MASP) was mixed, as were views about its effectiveness
- Reliance on phone-based assessment of individuals may obscure the extent of the individuals’ capacity or living circumstances, often resulting in no further action and limited feedback
- Better engagement is needed between the board and front-line staff
- Review SARMS processes for clearer identification of themes and for onward referral of identified issues to the relevant agency, and potential for matrix management
- How can you achieve greater consistency in using safeguarding approaches and understanding thresholds across the partnership and with providers?

29. Avenues to share practice information and audit information have been identified as problematic. This could be used as a learning tool for SAB to maintain a uniform and consistent approach in its work. Data sharing awareness should be understood by all members of the team. Providers are keen to share their performance information

between organisations and the board, to facilitate their own development and learning from one another.

30. Many agencies are aware of the work being done by the exceptional risk panel and feel that it is a step in the right direction. However, there were mixed views about the effectiveness of the MASP process and its role in supporting earlier intervention.
31. The context and consequence of the pandemic included services stepping back from face-to-face delivery, with greater limitations on resource due to some of the restrictions imposed (and limitations on available resources, as a consequence). Some people we spoke to were concerned that it was harder to assess individuals' living situations accurately without seeing them. Considering self-neglect issues, a reliance on phone-based assessments of individuals may obscure the extent of an individual's capacity, or of their living circumstances. When it becomes imperative to visit the individual in person, perhaps a response could be to undertake photographic content to convey a sense of the individual circumstances, subject to their consent to do so. Providers will often raise issues around self-neglect and it was noted that there was a perception that there was little or no follow through action and that it is easy for individuals who are self-neglecting to dismiss workers on the phone, the peer team wanted to raise this as a cautionary note.
32. The board has done a fantastic job of engaging with its partners and reaching out to Leeds communities. Generally, the board's role is understood by many, but there is perhaps something further to do around ensuring that front-line staff see the board too and know what its work is about, because there are lots of good messages to convey in terms of value and impact. This may help to support people in understanding the board's role and links between its work and practice changes. The multi-agency file audits are an example of reflective learning and engagement.
33. Whilst the role of the SARMS was well regarded, there was a sense that sometimes they operate slightly differently to each other, providing different levels of resource/ input to their areas. Adults Care and Health could consider ways of managing the SARMS to ensure strong collaboration and that learning around key themes or issues are shared, to develop a more consistent approach.

Action for the SAB and partners

- Share practice information across the sector at all levels to be able to effectively achieve consistent safeguarding practice.
- Share the work of the board widely with partners and staff at all levels.

Actions for ASC

- Make use of other means of information gathering when face to face delivery cannot be achieved. For example, with regard to self-neglect, making use of the "clutter index" might help to illustrate the extent to which an individual is coping.

- Take a closer look at the way SARMs are working to ensure a more consistent approach for them and their work.
- Facilitate the sharing of performance information between providers to support their learning and development.

Case file audit –

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 nine case records were selected by the service and made available to the peer challenge team. In terms of context, this selection equates to a small sample 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, some of which were unfortunately not ideal examples for the focus of the audit; for example, two had been closed down at the initial referral stage as the people involved were assessed as having capacity.

The categories covered were:

- 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

The feedback given here is based on the files that the peer challenge team have read, 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 12 months.

The case file audit was carried out prior to the on-site visit by the peer team. The analysis was carried out by two of the members of the peer team who were provided with supported remote access to nine case files. These included a good mix of different client groups and scenarios (i.e., people living at home, supported living and residential). A combination of circumstances meant there were some logistical and time constraints and that should be considered when viewing the analysis.

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 Leeds colleagues at the time of the audit.

Areas of strengths

- Some good practice where the person and their thoughts were evident, supported by quotes from the individual
- The views and contributions of family members and other agencies were sought and recorded
- The recording of information is factual, clear and informative
- There is clear evidence of and focus on partnership working

- Focus on mental capacity appeared to be consistent with workers recording their consideration of capacity

Areas for consideration

- The client voice was not always evident. Columns with 'I' headings were completed with statements such as 'X will...' and 'X will support Y to...' is there a mismatch between documentation and style of recording?
- There was little evidence of reviews against actions
- Consideration of the need for independent advocacy was not apparent. Even if independent advocacy is not required, it should be noted as having been considered.

The reviewers found that paperwork and forms used by staff were very comprehensive, factual and clear. Decision making and thinking was clearly outlined and captured, though some did seem to be 'professional' rather than being personalised to clients. There was clear evidence of management oversight, decision making and direction throughout.

It was evident that there was good partnership working across cases which had produced some good outcomes for individuals. There was clear evidence that appropriate referrals and responses were made as required, i.e., Multi Agency Risk Assessment Conference (MARAC).

Capacity assessments were considered consistently with workers recording capacity, demonstrating that it had been considered. In most cases the decision-making process was recorded.

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

The auditors thought that the views of the person could be sought, documented, and revisited throughout the process in a stronger way, as the views of the family professionals involved, were often more dominant.

It was not always clear whether or when advocacy was offered or considered as it was not referenced in some files.

It was difficult to "hear" the voice of the person receiving services as this was recorded in the third party. However, this could be a discrepancy between style and reporting requirements.

Conclusion:

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

Contact details

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