

**Barking and
Dagenham
Safeguarding
Adult Board**



Safeguarding Adults Board

Barking & Dagenham

**Annual
Report**

2020-21

Contents

1.	Independent Chair's Foreword and Overview.....	3
2.	What is Safeguarding Adults.....	8
3.	The SAB's Vision.....	10
4.	The Board and Committees.....	12
5.	Safeguarding Data.....	15
6.	Safeguarding Adult Reviews.....	19
7.	The SAB's Partners.....	20
8.	Quality of Care.....	32
9.	Partnership Priorities for 2020/21.....	35
10.	Further Information about Safeguarding.....	39

Independent Chair's Foreword & Overview

1



This is my third foreword to an Annual Review Report of Barking and Dagenham's Safeguarding Adults Board (SAB) for a full year in my role as Independent Chair. It was written after the close of the year (April 2020 to March 2021) in summer 2021 and agreed at a meeting of the Board in November 2021.

The year was dominated by Covid-19 and responses to it. From distress and losses at a personal level for many, to statutory organisations meeting the challenges of its impacts and responding on behalf of their local communities as effectively as possible.

The Safeguarding Adults Board was clear, Covid or no Covid, that its responsibility was to learn, to probe and to seek assurance from partner organisations individually and as a safeguarding whole for the borough. Each quarterly meeting*, and the work done in between, was geared to this end notwithstanding how it felt for so many staff members of all organisations, whether working in acute and potentially dangerous health care and other settings, or at home combining child care or other caring responsibilities, or isolated and alone, or for some a combination of these.

*Almost all meetings in 2020/21 referred to in this Annual Review Report took place 'virtually', mostly on Microsoft Teams. These were well supported by technology and worked as both 'real' and productive.

My comments cannot express sufficiently what I have observed about how those paid or volunteering to care or support others have responded to the task – with kindness, (over) commitment, amazing innovation and unceasing energy. The response in Barking and Dagenham, with one of London and England's poorest and most socially and health disadvantaged populations, has been simply outstanding. This has been led in the Borough by the Council's political and executive leaders in partnership with senior leaders from the NHS, Police and Fire Service, other statutory and voluntary sector leaders and independent providers of care and support services in care homes and people's own homes. Thank you.

At each stage of the year new questions were asked, things learned and new approaches adopted – so many it would be unfair to single out. The separate organisation reports later in this Annual Report provide abundant illustration.

At a personal level, as Independent Chair, I have appreciated the ways in which people have worked together across organisations or separate service boundaries. Inter-organisational goodwill and collaboration has been a consistent feature of the Barking and Dagenham SAB over my nearly four years, but in 2020/21 it excelled to a new level, but with never a hint of complacency or wanting to stop the probing and rigour. My thanks on behalf of the public to Barking and Dagenham Council (LBBD), Barking, Havering & Redbridge (BHR) NHS Clinical Commissioning Group, the Metropolitan Police, the Fire Service, BHR University Hospitals Trust, North East London NHS Foundation Trust and the Probation Service.

However, regardless of the greater detail in the commentaries from the specific organisations which follow in this Annual Review, it is right that I pick out some of the Covid impacts, the harm and distress, which have also featured.

- As elsewhere in England, far too many deaths of mainly older people in care homes, many which might have avoided by better government preparedness and coordinated response.
- Similarly more deaths than should have been expected of adults with learning disabilities, whether in care settings, independent housing or at home, mainly from treatable health conditions, which deserved a better response.
- Unknown levels of distress from isolation or lack of personal contact with health, social care and police services because of ill health (physical and mental), disability, anxiety, abuse or other reasons.
- Indeed perhaps a significant feature of Covid yet to emerge in its true scale is ‘what we didn’t know’, but suspected from intelligent awareness – new levels of domestic abuse and unhappiness, acute mental health distress but often insufficient to alert statutory responses, neglect, self-neglect, people taking advantage of other’s financial interests and indeed their home, and the longer term recovery effects, potentially chronic, of Covid requiring health and social care service into the future.
- ‘Hidden away’ domestic abuse became a particular concern to Police and the Council, not least in the context of Barking and Dagenham’s special awareness from its Domestic Abuse Commission review being carried out coincidentally during the year.

- The increase in safeguarding concerns notified to all services, almost double in the year for example to BHR hospitals, was striking evidence of the insecurity of people's wellbeing and their risks of harm or abuse to which all services needed to be alert. This was tracked through a national Safeguarding Data Insight study of all local authority areas. For Barking and Dagenham this exposed that half the concerns were not about older people as perhaps is imagined but adults aged 18-64, higher levels of psychological abuse and neglect, high levels of risk in people's own homes, and that Covid impacted more especially on less equal and health disadvantaged minority ethnic communities in the borough.

Notwithstanding these considerations, Barking and Dagenham Safeguarding Adults Board maintained its core responsibilities for overview, assurance and proper governance. The SAB is a check on all multi-agency safeguarding practice, management, communication, information sharing, performance measurement, quality assurance and organisational governance. The SAB has operated in relation to individual cases and individual partners 'without fear or favour', challenging and seeking out assurance on varied matters of question, responsibility and action.

Our role as a Safeguarding Board is to give confidence to (i) the Barking and Dagenham public, (ii) those people who speak for their interests, and (iii) the leadership of organisations, that the borough's Safeguarding Adults Board is properly committed to and capable of discharging its responsibilities in the way in which everyone has a right to expect and are laid out in law in the Care Act 2014.

I hope that the pages of this Annual Report satisfy those challenges without being too lengthy and detailed.

During the year the Board began updating its three year Strategic Plan 2019 – 22 in the light of Covid with clear priorities going into 2021-22 and with a view to 2022-2023 and beyond. This is reproduced in section 9 of this Annual Report.

The scale of the challenges for safeguarding adults continue to be considerable. Our concerns are for people in the borough who are in some way more vulnerable than others (e.g. through frailty, disability, illness, language, culture or being of a minority in some other respect) and may be therefore at a higher risk of harm, abuse or neglect by some other more powerful person or body. The data around safeguarding concerns demonstrated this.

Covid or no Covid, protection arrangements need to be alert, available, appropriate, responsive and personal ('making safeguarding personal'). They also need to be responsive to newer and expanding areas of abuse, such as modern slavery, human trafficking, multiple forms of exploitation and domestic abuse, hate crime, forced marriage, financial and cyber

abuse. All of these impact most harshly on people who are less able to resist threats because of their mental capacity, mental health, homelessness and other less robust lifestyles. Notwithstanding, all of us are potentially vulnerable to becoming a victim of harm by those who might neglect us or by the failure of a service that may cause us harm.

People in Barking and Dagenham may also have become more vulnerable as services, staff and partnerships working in different agencies become more stretched, not just through Covid, but with funding and workforce challenges, the effects of continuing austerity on everybody, delays in service, and practitioner staff who have too much expected of them in the time they have available. Offering people individualised advice, advocacy, support or care takes time and skill. It is vital that the SAB holds a realistic overview of what is needed, what can be done and how well things are done, holding to account and reporting in a public document such as this.

During the year I am pleased to report that we have:

- Strengthened the work of the two Board committees with delegated responsibilities for (i) Safeguarding Adults Reviews (chaired by Mark Gilbey-Cross from BHR CCG) and (ii) Performance and Assurance (chaired by Vikki Rix from LBBB) with a third, (iii) Safeguarding Adults Complex Cases Group (chaired by Liana Kotze from LBBB) enhancing a previously more informal meeting to being within the SAB's broader overview.
- Having deferred fully undertaking the London wide Safeguarding Adults Partnership Assurance review process at the end of 2019/20 I am pleased to report that there now plans are to undertake this in October – December 2021, in part jointly with Havering and Redbridge SABs.
- During the year we have welcomed a new Borough Fire Commander, a new Probation Head of Service and at the turn of the year 2020/21 a new Metropolitan Police Superintendent. The latter has played a valuable, leading and influential role personally on the SAB during the year. Several organisations have also enabled and supported less senior colleagues to play key roles in the work of the Board's Committees.

The Board has recognised though that:

- It has still been slower than we wished to establish meaningful arrangements to learn directly from the lived experiences of people who need or use safeguarding services, and what people's wishes might be. This must be a priority in 2021/22 with help from Council, given LBBB's own wish to develop this aspect of their services.

- It needs to be satisfied that all partner organisations have their own robust safeguarding case audit processes, preferably with an external independent element, in a form not too dissimilar to that which LBB Council previously reported to the SAB or in another way. This too needs to be a priority in 2021/22.

At a personal level I am grateful for the consistent support to the SAB, and to myself in my Independent Chair role, from all organisations. I am particularly grateful for the support to the Board and myself from Joanne Kitching, the SAB Business Manager and to the 'lead people' from all partner organisations.

I hope that it will be apparent from the above paragraphs and what follows that the Barking and Dagenham Safeguarding Adults Board has a clear sense of its short term and longer-term priorities, that partners are committed to these, but that there is much to do. It is so important that what it does is 'real' and grounded in the reality of people's lives and their worries in Barking and Dagenham. Resource and staffing pressures on all partners, practitioners and managers are immense. Nowhere is there any complacency.

To people and organisations more widely, I hope that this Annual Report offers reasonable assurance that the SAB is resolved and determined that people should be protected from harm and abuse in Barking and Dagenham and that the SAB will be as effective as we can be in our duties, responsibilities and priorities.

Brian Parrott

Independent Chair

Barking and Dagenham Safeguarding Adults Board

What Is Safeguarding?

2

The Care Act 2014 statutory guidance defines adult safeguarding as:

‘Protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.’

The Care Act 2014 came into force on 1st April 2015. The Act introduced new requirements for safeguarding adults and the arrangements that each locality must have in place to ensure that vulnerable people are protected from risk, abuse or neglect. The Local Authority, NHS Clinical Commissioning Groups and the Police are all statutory partners of the Safeguarding Adults Board (SAB) and other important local partners are also key players in the work of the partnership.

The Care Act identifies six key principles that should underpin all safeguarding work. These are accountability, empowerment, protection, prevention, proportionality and partnership.



The SAB'S Vision

3

Every adult living in the London Borough of Barking and Dagenham has the right to live in safety, free from fear of abuse or neglect. The Safeguarding Adults Board exists to make sure that organisations, people and local communities work together to prevent and stop the risk of abuse or neglect.

In the London Borough Barking and Dagenham we want to embed a stronger and safer culture that supports adults who are at risk of harm. We know that to achieve this we have to work in partnership with the people who use local services and with the wider local community. All agencies working with adults at risk have an essential role in recognising when these people may be in need of protection. Agencies also have a responsibility to work in partnership with adults at risk, their families, their carer(s) and each other. The introduction of the Care Act 2014 has brought in many changes in Adult Social Care Services. The Safeguarding Adults Board has a statutory duty to ensure it uses its powers to develop responsibility within the community for adults who need care and protection.

The prime focus of the work of the Safeguarding Adults Board is to ensure that safeguarding is consistently understood by anyone engaging with adults who may be at risk of or experiencing abuse or neglect, and that there is a common commitment to improving outcomes for them. This means ensuring the community has an understanding of how to support, protect and empower people at risk of harm. We want to develop and facilitate practice which puts individuals in control and generates a more person-centred approach and outcomes.

The Safeguarding Adults Board developed a Strategic Plan which sets out how we will work together to safeguard adults at risk. The strategic plan was initially for 2019-22 but was updated at the end of 2020/21 going into 2021/22 for the remainder of 2021/22 and beyond. It can be viewed here <https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board#tabs-3> and is referred to again in section 9.

The Safeguarding Adults Board has a responsibility to:

Protect adults at risk

**Prevent abuse
occurring**

Respond to concerns

It may be suspected that someone is at risk of harm because:

- there is a general concern about someone's **well being**
- a person sees or hears something which could put **someone at risk**
- a person tells you or someone else that something has happened or is happening to them which could put **themselves or others at risk**.

The Board & Committees 4

The Barking and Dagenham Safeguarding Adults Board is made up of the following core statutory partners:

- [The Local Authority \(Adult Social Services\)](#)
- [The Borough Police](#)
- [The NHS Clinical Commissioning Group.](#)

Other members of the Board include:

- the [Council Cabinet Member for Social Care and Health Integration](#)
- the two Chairs of the [Committees](#)
- a representative from [North East London Foundation Trust \(NELFT\)](#)
- a representative from [Barking, Havering, Redbridge University Hospitals \(BHRUT\)](#)
- a representative from the [London Fire Service](#)
- a representative from the [London Probation Service](#)
- a representative from the [Council's Community Solutions Service](#)

The SAB has three committees, which are chaired by different partner organisations:

- The Performance and Assurance Committee (chaired by the London Borough of Barking and Dagenham)
- The Safeguarding Adult Review Committee (chaired by the Clinical Commissioning Group)
- The Safeguarding Adults Complex Cases Group (chaired by the London Borough of Barking and Dagenham)

In addition, the SAB is able to invite other organisations or individuals to attend and speak at the meetings where they have contributions to make.

The Chair of each of the three committees is responsible for:

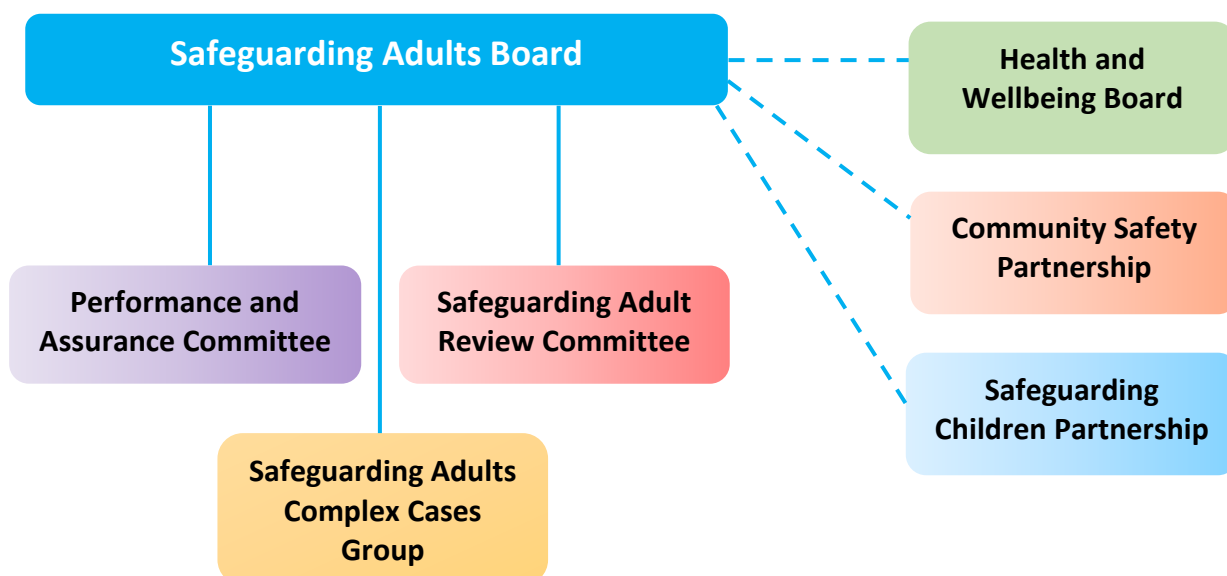
- Developing a work programme which is incorporated into the SAB strategic plan and monitored by the SAB
- Resourcing the meetings of the committee
- Reporting on the progress of the committee's work to the SAB and ensuring that the membership of the committee draws in the required experience.

During 2020/21 the Independent Chair talked with relevant colleagues about children's safeguarding while the previous Local Safeguarding Children's Board (LSCB) arrangements were transitioning to the current new partnership arrangements in 2021/22. This allowed for opportunities to consider safeguarding adults and children at risk, and the issues affecting both areas.

The Independent Chair attended the Health and Wellbeing Board to allow for further consideration and debate regarding the issues of safeguarding within the agenda. The Independent Chair also attended quarterly the Council Corporate Safeguarding Meeting with the Leader of the Council, the Lead Member for Social Care and Health Integration, the Chief Executive of the London Borough of Barking and Dagenham and the Strategic Director for Service Development and Integration, to review performance data for adult social care, including workforce data and associated risks and mitigation. This allows for open debate, discussion, challenge and demonstrates a climate of openness and transparency.

The Independent Chair also met regularly with LBBDCouncil's Director of People & Resilience and Adult Social Care Operations Director, the NHS CCG Deputy Nurse Director and Metropolitan Police Superintendent in their lead statutory roles, as well as with Committee Chairs and other key SAB partners.

The Board is supported by the Council Cabinet Member for Social Care and Health Integration as a participant observer. This enables Councillor colleagues to be kept up to date with safeguarding adult matters. In addition, the Committee Chairs and officer advisors also attend Board meetings.



The SAB's Statutory Responsibilities

The SAB must publish an Annual Report each year as well as having strategic plan. This Annual Report of the Barking and Dagenham SAB looks back on the work undertaken by the SAB and its committees, throughout 2020/21 and provides an account of the work of the partnership including achievements, challenges and priorities for the coming year.

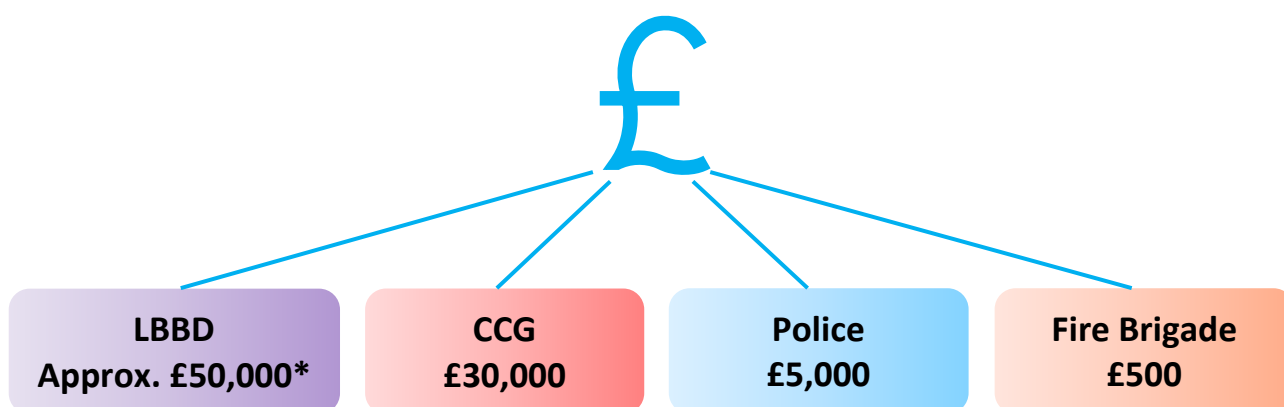
In addition, the SAB has a statutory duty to carry out Safeguarding Adult Reviews (SARs) where an adult in the Local Authority area:

- has died as a result of abuse or risk (either known or suspected) and there are concerns that partner organisations could have worked together more effectively to protect that adult.
- has not died but the SAB knows or suspects that adult has experienced serious abuse or neglect.

The implementation of recommendations and action plans from a SAR must be reported in the Annual Report, including any decision not to implement any recommendation. One SAR was commissioned in 2020/21 and continued into 2021/22. The details of this SAR can be seen at chapter 6.

Financial Contributions and Expenditure

Statutory partners make financial contributions to the Safeguarding Adults Board. For 2020/21 the partner contributions to the SAB were as follows:



*The Council makes up any shortfall in costs covering service support, staffing etc.

Safeguarding Data

5

The following summary has been collated with data from the annual Safeguarding Adults Collection (SAC) which was submitted to NHS Digital in July 2021.

Performance data for Barking in Dagenham is for the period between the 1st April 2020 and 31st March 2021. Any comparator data which is referred to is for the previous reporting period between the 1st April 2019 and 31st March 2020, unless otherwise stated. National and comparator data for 2020-21, at the time of writing, has not yet been published. National and comparator performance data for 2020-21 is expected to be published in September 2021.

Safeguarding Concerns

- The number of safeguarding concerns raised during 2020-21 rose 26% from 1,408 to 1,769 in the past year. This is the highest number since reporting through this data collection began.
- In 2019-20 Barking and Dagenham's safeguarding concerns rate per 100,000 residents was 943 compared to the statistical neighbour comparator average of 707.
- During 2020-21, 15% of concerns went on have a Section 42 enquiry started compared to 18% in the previous year. The conversion rate has been downwardly trending since 2018-19 (23%). This trend has also been noticed between London and statistical neighbour comparators between 2018-19 and 2019-20.

Section 42 enquiries

- There was a total of 539 concluded Section 42 enquiries during 2020-21, a rise of 37% compared to 394 concluded enquiries in 2019-20.
- Neglect and acts of omission remain the highest type of risk associated with concluded Section 42 enquiries accounting for 32% - despite a 7% fall from the last reporting year. This type of risk is highest nationally (32%) within London (35%) and within our statistical neighbour local authorities (34%). Self-neglect rose from 9% to 13% during 2020-21.
- The location of risk reported within the Section 42 enquiries remains highest within home settings; this has remained unchanged in Barking and Dagenham since 2015-16. In 2020-21, 65% of risk was located at home (up from 60%), followed by 17% within care home settings (down from 25%). The same trends are noticed nationally and within London.

- Of all Section 42 enquiries, 56% of the risk is from individuals known to the individual at risk, this is slightly above our comparators. 31% of risk was caused by people who were unknown, a rise from 26%. This increase may be due to the closure of Section 42 enquiries which migrated from AIS to LAS leading perpetrators being recorded as unknown.

Outcomes

- The risk was removed or reduced in 91% of enquiries that concluded; a small reduction compared with 2019-20 data, during which 94% of enquiries resulted in an overall reduction in risk for the adults at risk of abuse. This measure remains above the set target of 90%
- The risk remained in 9% of concluded cases (37) in 2020/21. In all cases where the risk remained the person continued to be offered support and advice.
- There were 85 Section 42 enquiries where the individual at risk lacked mental capacity, this represents 16% of all concluded Section 42 enquiries. Due to a decline in enquiries from care homes and closure of migrated cases from AIS to LAS this has fallen from 29% in 2019-20.
- 59% of adults were asked if they would like to express their desired outcomes, whether they were expressed or not. This has fallen from 83% in 2019-20 as for the referrals that had been closed, it could not be ascertained whether individuals had been asked. Of those that were asked, 91% expressed their desired outcomes were achieved.

Local Government Association COVID-19 Adult Safeguarding Insight Project

- The Local Government Association developed an insight project to create a national picture regarding safeguarding adults' activity during the Covid 19 pandemic and provide an understanding of how safeguarding adults activity in England was affected by the initial stage of the pandemic and 'stay at home' orders. Local authorities were asked to provide data on safeguarding adults activity from June 2019 up to June 2021. The data was produced from Liquid Logic Adult's Social Care case management system.

Safeguarding Concerns

- The pandemic and accompanying lockdowns had an impact on safeguarding in the borough, with the rates of safeguarding concerns throughout 2020 higher than 2019. During 2019 there was an average of 115 concerns a month; this rose to 145 during 2020. Safeguarding concerns raised remained higher than usual from January to June 2021, at an average of 142 concerns per month.

- Over the course of the pandemic an increased number of concerns were reported from health partners and family, friends, and neighbours, involving adults aged 18-64 years. Many of the concerns were regarding adults who did not have care and support needs and were supported without going down a safeguarding pathway, through signposting and preventative support.

Types of risk

- The distribution of types of risk changed in the borough during the pandemic. Neglect remained the most prevalent type of risk in Section 42 enquiries, although rates fell from 37% in 2019 to 31% in 2020. There were moderate increases in domestic abuse and psychological abuse in 2020 compared with 2019. Domestic abuse increased from 2% in 2019 to 4% in 2020, whilst psychological abuse increased from 13% to 15% over this period.
- Self-neglect also increased during the pandemic, from 9% in 2019 to 13% in 2020. During some months in 2020 rates peaked at 19%. The overall increase may be attributable to the strengthening of local practice and learning and the early identification of people experiencing difficulty in managing their home environments through community interventions.

Location of risk

- Risk located in the individual's home increased noticeably during the national and regional lockdowns. During 2019 approximately of 40% Section 42 enquiries involved risk in the individual's home, however from April 2020 this increased steeply to an average of 56%.
- The proportion of enquiries with risk located in care homes fell from 16% in 2019 to 12% in 2020 and increased again to 16% in 2021. The moderate decrease in 2020 is most likely due to the reduction in social care and health professionals visiting care homes regularly and reporting concerns. Also, many homes were focussed on managing outbreaks which may have reduced reporting.

Reducing risk for adults at risk

- Enquiry outcomes remained relatively unchanged from 2019. In the first half of 2021, from January to June, risk was reduced or removed in 91% of concluded Section 42 enquiries. This is almost the same as for 2020, 90%, and a slight reduction on the rate for 2019, 94%.

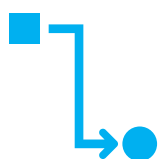
Safeguarding in numbers 2020-21



1,769 safeguarding concerns were raised to LBBB.



Safeguarding concerns have increased by **26%** to 1,769 compared to last year (1,408).



15% (269/1,769) of all concerns raised have led to Section 42 enquiries.



Neglect and acts of omission accounted for 32% of all types of risk. It remains the highest category of all comparators.



65% of risks were investigated in the person's own home; up from 61% last year. 17% of risk was in care homes.



Of all Section 42 enquiries, **56%** of the risk is from individuals known to the individual at risk. Only **13%** of the source of risk is due to service providers.



In **91%** of Section 42 cases risk was removed or reduced.



16% of individuals lacked mental capacity compared to 29% in 2019-20.



59% of adults were asked if they would like to express their desired outcomes, of which **91%** of their outcomes were achieved.



One Safeguarding Adult Review was commissioned in 2020/21.

Safeguarding Adult Reviews 6

In 2020/21 the Barking and Dagenham Safeguarding Adult Board commissioned a Safeguarding Adult Review to be undertaken by an Independent Reviewer following the unexpected death of Mrs X. The Safeguarding Adult Review (SAR) Committee reviewed the case and details and concluded that the case met the criteria for a SAR to be undertaken. The SAR Committee appointed the Independent Reviewer have overseen the undertaking of the review, production of the report and was involved in drafting the final recommendations. Although the SAR was commissioned in 2020 it did not conclude until July 2021. The final report and recommendations were agreed by the SAB in July 2021 and the Safeguarding Adult Review Committee were tasked with developing an action plan which has been agreed by the SAB and which will implement the recommendations. The full report will shortly be available at this link <https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board>

The SAB'S Partners

7

London Borough of Barking and Dagenham Adult Social Care

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

The London Borough of Barking and Dagenham are continuing to see high levels of safeguarding concerns. Professionals are increasingly seeing people face to face which makes it more likely that they are spotting evidence of abuse and neglect. Referrals are being carefully monitored to ensure that trends and new developments are identified. It is not yet clear what impact the long periods of lockdown and isolation have had on safeguarding, but it is fair to assume that it is likely that more abuse has taken place behind closed doors. Heightened stress levels in family settings are likely to have led to aggression and arguments. Families that provide informal care need our support more than ever.

The extended period of lockdown which led to many people being furloughed or without work will have caused families financial difficulties. This may have increased the risk of financial abuse. Access to care homes has been restricted and it will be critical for our workers and colleagues from our Commissioning and Quality Assurance teams to make sure they look out for signs of neglect and abuse as they return to undertaking site visits.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

This year there was a focus on building better relationships with the Metropolitan Police to support community safety initiatives. We knew that adults had fewer opportunities to go out as a result of the pandemic and subsequently fewer opportunities to report domestic abuse or ask for support from health professionals like their GP, community nurses or community and voluntary sector organisations. The Police delivered a workshop at the Council's Adult Social Care Strengths-based Practice Forum to social workers on coercion and control. Social workers were able to consider how police action is helping to keep residents safe and how, by working in partnership, professionals can identify and act on concerns. Professionals discussed how to ask open questions, prompts and professional curiosity aids such as safeguarding enquiries and police processes. Social workers shared practice examples of how they are conducting home visits where necessary and having video calls to manage risks of abuse where these were suspected or known. The Multi Agency Risk Assessment Conference (MARAC) meetings have now moved online and through enhanced relationships between Adult Social Care and the Police there is confidence to raise cases through the Safeguarding Adults Complex Cases Group. Following

SAR recommendations and multi agency working across the SAB partnership the Complex Cases Group has now been reviewed and remodelled to facilitate a more robust process where risks are able to be shared at a strategic leadership level across the organisational representatives of the SAB. Multi agency cases and safeguarding risks are presented and discussed and the risks are managed through the monitoring and review process. The revised process ensures better management oversight and enhances the timeliness of the outcomes for adults and management of multi agency risks across the partnership.

London Borough of Barking and Dagenham Community Solutions

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

In 2020/21 Community Solutions continued to develop the Adult Intake Team which is the front-door into Adult Social Care. In response to the Covid-19 pandemic, Community Solutions have increased capacity within the Adult Intake Team by re-deploying staff from other services. The extended team became the co-ordinating point for the Council's response to vulnerable residents seeking help and support, particularly those who were shielding.

Recent quality assurance activity led by the Principal Social Worker continued to show that thresholds were being applied proportionately, that decision making was safe and that residents are receiving timely support. In instances where adults did not have care and support needs, Community Solutions brokered community support and connected these residents to relevant support services.

Support provided to residents included:

- The Adult Intake Team led on the co-ordination of support for vulnerable residents including 8000 shielding residents. The support provided included welfare calls, visits and co-ordination of food provisions and medication. Overall, the service contacted over 22000 residents.
- Over 1000 residents were connected to BD-CAN, which is the local Citizens' Alliance Network that supports people in the community, and Independent Living Agency (ILA) support.
- Community Solutions supported 29 assisted funerals for vulnerable residents and arranged for the protection of their properties pending resolution of any estates.
- The Adult Intake Team continued to provide safeguarding and support advice to colleagues within the voluntary sector and wider community.

The Adult Intake Team and the wider Community Solutions services have been involved in direct safeguarding work particularly where there have been significant neglect, self-neglect and deprivation related issues. In some circumstances where the Section 42 threshold has not been met, to initiate a safeguarding enquiry, the team has strengthened joint working opportunities with partners to provide best placed community-based support. As a result of Community Solutions' Covid-19 pandemic coordination and proactive role, the Council did not take up the Care Act easements as most of the Covid-19 related demand was safely managed outside of statutory services. In 2020/21, 7042 contacts were received by Adult Intake Team of which 3104 (44%) resulted in the adults being supported within Community Solutions (outside of statutory services).

In conjunction with the Adult Mental Health Service, a front door mental health duty support system was put in place to strengthen the response to mental health referrals and reduce avoidable referrals into statutory adult services. While it is still early days, anecdotal evidence indicates increasing safe diversions from statutory services and confidence at the front door.

Community Solutions has continued with 'street counts' in the borough to identify any adults rough sleeping or new to the streets. A full street count took place in November 2020 and 10 rough sleepers were identified. We have also been undertaking targeted monthly street counts identifying an average of 6 to 7 rough sleepers per month. Support was offered to these residents with the view of re-integrating them into the community. In 2020/21, 19 rough sleepers were placed in safe accommodation as part of the Council's Severe Weather Emergency Protocol (SWEP). These adults were supported with moving on support plans that includes housing options, drug and alcohol support, food, skills and employment.

In response to an anticipated increase in domestic abuse, the Multi Agency Risk Assessment Conference (MARAC) has been re-configured into weekly well attended virtual meetings. About 480 adult victims of high-risk domestic abuse have been supported through MARAC over the past year.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Adult Intake Team has continued to strengthen relationships with key partners within the wider community. This involves improved working relationships with partners such as Reconnections, Independent Living Agency and the broader voluntary sector offers. The service is closely linked into the borough's Re-Imagining Adult Social Care and Early Help networks, which include a focus on relationship building and community led prevention.

Community Solutions continued to provide essential frontline support and mitigate hardship for residents with specific concerns and support requirements such as finance, debt, rent, benefits, housing and employment.

Community Solutions continues to work with The Source (a local voluntary organisation) to provide support and face to face contact for residents with issues of homelessness, from Barking Learning Centre. This 'day centre' support offer has continued throughout this period and is supporting on average 50 people per week. This support includes food, help with accessing benefits, engagement with GPs, dentists and other services that include drug and alcohol support.

Community Solutions continues to manage a No Recourse To Public Funds (NRPF) offer for adults with children. In 2020/21, 58 vulnerable NRPF households were supported with accommodation and subsistence support. Community Solutions and Adult Social Care are working towards launching a single support offer for single adults subject to NRPF conditions who are at risk of experiencing destitution.

The Metropolitan Police

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

Despite the Covid-19 pandemic the responsibility of the police to prevent crime and protect the public has remained. However, the way in which the police have delivered services to the public has had to adapt in response to the challenges of Covid secure working. Safeguarding and public protection services have become more agile, and the police have developed new approaches to ensure that people in need of help and protection receive the support they need. Technology has played a significant part in our ability to do this and innovative (and more timely approaches) have been introduced to ensure that for example victims of domestic abuse receive support and protection more quickly than before the pandemic. Virtual court processes to allow domestic violence protection order applications to be heard have been developed here and are now being used across London to support the victims of domestic abuse. Similarly, more timely multi-agency meetings have been made possible for issues like domestic abuse allowing earlier and more effective interventions to be considered. While the overall volume of crime dropped during the pandemic, levels of domestic abuse increased significantly, and this placed additional demands on staff. While Covid secure working practices meant that sickness did not increase significantly the welfare and fatigue of staff working under pressured circumstances required additional oversight by leaders and managers. Additional support

mechanisms were put in place to support staff and staff were sign posted to these and encouraged to make full use of them.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Metropolitan Police Service (MPS) has introduced a public protection improvement plan to support an increased focus on more effectively recognising and responding to the needs of vulnerable people. This new framework places greater emphasis on improving the quality and effectiveness of the policing response and is leading to changes in the approach taken to public protection work and leading to improvements across a wide range of adult safeguarding issues. Arrest rates for domestic abuse offences have increased meaning there is an increased likelihood of a positive outcome at court. We have increased the use of body worn video in domestic abuse investigations as we know this leads to higher number of perpetrators pleading guilty at the first opportunity meaning survivors of abuse need not attend court. In 2019 Her Majesty's Inspectorate of Constabulary Fire and Rescue Services published a report on the police response to older victims. The report highlighted much more should be done to protect older people from abuse. The MPS has developed an action plan and has made improvements to training and recording practices. For the first time the MPS is able to record the proportion of adults who report crime who have an additional vulnerability. While it is too early to undertake detailed analysis early data suggests that 39% of adult victims of crime have an additional vulnerability. Over time this will inform work to improve the recognition and response to adult vulnerability and ensure more adults who need help and protection receive the support they need.

Barking and Dagenham NHS Clinical Commissioning Group (CCG)

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

The Clinical Commissioning Groups (CCG) have continued to contribute to both London Safeguarding Adult Forums and tri-borough Safeguarding Adult Boards Covid-19 risk assessments and recovery plans over the past year. There was a particular focus on care home support and compliance with Infection Prevention and Control (IPC) and use of Personal Protective Equipment during the early stages of the pandemic. The CCGs redeployed three Continuing Health Care nurses into NELFT Infection Prevention and Control team to enhance support to care home and domiciliary care providers across three boroughs. The Infection Control Prevention (ICP) train the trainer programme was rolled out to ensure a consistent application of IPC guidance. Throughout the year, the Designated Nurse for Adult Safeguarding has shared the learning from the North East London Learning

Disability Death Mortality Review (LeDeR) process and information on Covid-19 related deaths with the Barking and Dagenham Safeguarding Adult Board. Access to online Safeguarding Adult levels 1, 2 and 3, Prevent and Mental Capacity Assessment (MCA)/Deprivation of Liberty Safeguards (DoLS) training has been made available for staff within commissioned services and GP practices. The CCGs have continued to monitor CCG and provider staff compliance with statutory Safeguarding Adult and Prevent training. Three of the CCGs Quality and Safeguarding Team were redeployed to assist with the Covid-19 vaccination programme between January to March 2021.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The North East London Clinical Commissioning Group and Barking & Dagenham, Havering and Redbridge Integrated Care Partnership commission services from providers (care homes and hospitals) and updated their Domestic Abuse Policy which provides advice and guidance for managers or staff members who are victims of Domestic Abuse. The Local Quality Surveillance Group is chaired by the Designated Nurse Adult Safeguarding and continues to monitor quality, assurance and safeguarding issues in care homes, supported living and domiciliary care services across the tri borough partnership. Representatives from the Local Authority Quality Assurance Teams and the Care Quality Commission (CQC) attend this meeting and regular updates are provided about providers where concerns are raised. The purpose of this meeting is to share information and agree where follow up action is required. The Designated Nurse for Adult Safeguarding attended the tri-borough Liberty Protection Safeguards (LPS) Task and Finish Group which oversees the preparations for implementation of the Liberty Protection Safeguards across the boroughs of Barking and Dagenham, Havering and Redbridge. The Designated Nurse for Adult Safeguarding attends the Community Safety Partnership in Barking and Dagenham and the Domestic Abuse Operational Forum. The CCG's are responsible for seeking assurance that providers are fulfilling their legislative duties in relation to safeguarding adults in accordance with the Health and Social Care Act 2012 and the Care Act 2014. The Deputy Nurse Director represents North East London Clinical Commissioning Group and Barking and Dagenham, Havering and Redbridge Integrated Care Partnership at the Barking and Dagenham Safeguarding Adult Board and chairs the Safeguarding Adult Review (SAR) Committee.

Barking Havering and Redbridge University Hospital Trust (BHRUT)

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

During April 2020 to March 2021, BHRUT has seen a total of 1056 Safeguarding Adult concerns raised by Trust staff which is a substantial increase on 558 in 2019/20. 251 of

these were raised for Barking and Dagenham. The increase in the number of concerns raised is part likely to be as a result of the national lockdown restrictions imposed in response to the Covid-19 pandemic in March 2020. These restrictions continued during quarter 1 and into quarter 2. During this period there was limited access to community services. There was also a significant increase in non-safeguarding referrals made in quarter 1 and 2. Following review, it was identified that many of these referrals did not meet criteria for safeguarding review. Support was offered to the Trust's divisions during this period, which saw a reduction in non-safeguarding referrals in the following quarters.

Mental health presentations to the Trust's Emergency Departments were high during quarter 1 with 63% of the referrals made showing that mental health played a part in the service user's attendance. During quarter 2 this reduced significantly to 11% and is most likely attributed to lockdown measures being eased and community services becoming more accessible. A further increase was seen during quarter 3 (48%) and quarter 4 (38%) and may be attributed to lockdown measures being reinstated in response to the pandemic.

Throughout 2020/21 the BHRUT Named Professionals for Safeguarding Adults have maintained a regular presence on the local area Safeguarding Adults Board for Barking and Dagenham. Members of the Trust's Safeguarding Team also attend the Safeguarding Adult Review (SAR) Committee, the Complex Cases Group and the Performance and Assurance Committee. The Adult Safeguarding Team are regularly requested to attend Multi-Disciplinary Team (MDT) meetings to provide advice and support for complex cases, often involving complicated family dynamics.

Safeguarding learning bulletins are produced by the Safeguarding Team and cascaded Trust-wide. The bulletins may relate to cases that the Safeguarding Team have been involved in, or Safeguarding Adult Reviews that have been published, some of which will have been discussed at the Safeguarding Operational Group Case Study meeting. All bulletins include details of a cases along with identified issues and concerns and lessons learnt. Some of the bulletins produced and circulated during 2020/21 relate to SARs, domestic abuse (including a male victim), patients living with dementia, mental capacity for an adult patient with a learning disability, self-neglect and forced marriage. Cases are also discussed at the Trust Patient Safety Summits and Safeguarding Case Discussion meetings which are advertised Trust-wide and attended by all disciplines.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

In 2020 the Trust began work on developing a new Safeguarding Strategy for 2021-2025. It is aligned to the key safeguarding priorities identified at national and local level and includes the following:

- Think Family - including the whole family when planning care and ensure the child's voice is heard.
- Service User Engagement - sharing safeguarding concerns with service users where appropriate, while ensuring those concerns are reported swiftly.
- Responsive and Healthy Workforce - our staff will be supported to respond appropriately to safeguarding concerns; their health and wellbeing will be at the forefront of what we do.
- Harmful Practices - promoting the protection of adults and children who may be at risk of harm from all types of abuse.
- Bridging the Gap - supporting the care needs of vulnerable young people as they move into adulthood.
- Empowerment and Advocacy - empowering patients and their families/carers to engage in decision making about their care and treatment.
- Learning from Practice - empowering staff to identify learning needs and source opportunities for them to learn.
- Learning Disability and Autism - working with external partners to ensure service users receive excellent care and support.

The Safeguarding Strategy 2021-2025 will be displayed throughout the Trust in poster format and is underpinned by a 12 page booklet which expands on the Trust's vision for safeguarding and how the Safeguarding Team plans to achieve that vision. In addition, the Safeguarding Annual Workplan will contain key actions to be progressed throughout each year relating to each of the priorities. The progress of the workplan is monitored quarterly by the Trust's Safeguarding Operational Group and is overseen by the Trust's Safeguarding Strategic and Assurance Group.

In 2020/21 the Trust placed a bid with The Mayor's Office for Policing and Crime (MOPAC) for funding for a Hospital Based Independent Domestic Violence Advisor (IDVA). The post will be a year-long contract. The successful candidate will support the Safeguarding Team in cases relating to domestic violence and abuse, and advocate for women, men and young people.

North East London Foundation Trust (NELFT)

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

The NELFT model of safeguarding highlights that 'safeguarding is everyone's business'. This has continued during NELFT's response to the pandemic. The Named Safeguarding Professionals have continued work closely with operational and management colleagues

within NELFT and continued to respond to safeguarding concerns and risks. Safeguarding has been considered by the Trust in all Covid-19 responses and implementation of new ways of working via the membership in the Incident Management Team (IMT) and in the Future Focus Recovery groups, staff and patient Covid-19 Testing, Nightingale 2 and Covid vaccination work streams.

The Community Health and Mental Health Service have continued to offer face-to-face contact to services users with the highest care needs. The NELFT Safeguarding Advice Service has remained business as usual offering support and guidance to all NELFT Staff.

NELFT have embraced the use of modern technology to ensure timely service delivery and accessible pathway of communication between staff and for service users was maintained during the pandemic. They have also used IT to deliver safeguarding training, webinars, weekly Covid-19 briefings and virtual attendance at multi-agency meetings with the safeguarding partnerships.

Members of the Corporate Safeguarding Team were redeployed during the first lockdown in spring 2020 however this was planned in such a way that the safeguarding advice service remained operational. No safeguarding team members were redeployed in during the second wave of the Covid-19 lockdown.

NELFT have also deployed a Named Professional at Sunflowers Court, Goodmayes Hospital who is based within the hospital to ensure direct support and contact is available to all in-patient staff.

Enquiries to the Safeguarding (Adult) Advice service remained consistent between April 2020 and March 2021 compared to the previous 12 months. The most common enquiries to the service continue to be domestic abuse, patient on patient abuse (Goodmayes Hospital), pressure ulcers and staff education and advice.

There has been an increasing evidence nationally that the effects of lockdown restrictions have led to a further increase in incidences of domestic abuse. In response to this, the safeguarding team have participated in the all staff webinars where they have presented information about the increase in risks, provided guidance in relation to responding to disclosures via telephone and video consultation and raised awareness with regards to the specialist services available to support those affected by domestic abuse. In addition, the NELFT domestic abuse guidance and staff domestic abuse HR policy have been reviewed. Specific training has also restarted and has been made available to all staff.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

During 2020/21 NELFT were involved and contributed to one Safeguarding Adult Review and have continued to prioritise safeguarding partnership working, attendance and participation at meetings at both a strategic and operational level. NELFT representatives attend the Multi Agency Risk Assessment Conferences (MARAC), the Adult Safeguarding Complex Cases Group, the SAR Committee, the Performance and Assurance Committee and the Violence Against Women and Girls (VAWG) sub-group.

NELFT supports the SAB's work as a partnership and the development of partnership strategies. Despite the pandemic partners have embraced and utilised technology that has enabled them to continue to oversee and lead adult safeguarding in Barking and Dagenham. NELFT continue to contribute, critique and appraise data and information and engage in the existing developments of inter-agency arrangements to ensure and support the SAB in fulfilling its duties. The NELFT safeguarding team support key pieces of work, including learning from serious incidents, which are shared via the SAR Committee to explore learning opportunities.

NELFT continue to prepare for the Liberty Protection Safeguards (LPS) and although implementation of LPS has been delayed until at least April 2022, a number of key deliverables are currently being progressed and reported to Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).

The Fire Service

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

During 2020/21 the Fire Brigade have undertaken a number of training sessions run for all senior officers around dealing with safeguarding referrals as part of the implementation of the recommendations from the Mayor's Office for Policing and Crime (MOPAC). An online package of training is in place that all fire fighters can access around safeguarding awareness and referral. Senior officers receive training from our external course provider, that covers policies and procedures and the importance of safeguarding. In addition, more efficient processes have been implemented for London Fire Brigade to assist frontline staff to report any safeguarding issues within the Borough. During Covid-19 safeguarding policies and procedures remained in place. Visits were undertaken via a risk assessment and those who were 'at risk' or 'vulnerable' individuals received home fire safety visits.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The London Fire Brigade contributes to the SAB's development of information sharing and referral pathways to ensure a multi-agency approach to the safety and wellbeing of local people. The vast majority of Borough Commanders are non-statutory members of their local Safeguarding Adults Boards. In addition, Borough Commanders and Station Managers across London chair and participate in a range of sub-groups concerning single issue safeguarding concerns or specific at-risk individuals such as the Barking and Dagenham Complex Cases Group and Safeguarding Adult Reviews.

The National Probation Service

Developments and Improvements in Safeguarding Adults Practice, including in the context of Covid-19

2020/21 has been a challenging year for the Probation Service which has seen the implementation of the exceptional delivery model to continue service delivery throughout the Covid-19 pandemic. Both the National Probation Service and the Community Rehabilitation Company (CRC) adopted a blended approach to supervision which utilised remote telephone reporting, door step visits and face to face appointments based on assessed risk of harm. At the start of the pandemic the entire probation caseload underwent a validation process to ensure the personal circumstances including their vulnerabilities to Covid were recorded and could be considered when assessing the mode of reporting required.

During this period the Probation Service has also undergone a unification process which has seen the ending of the CRC contracts and creation of a new unified service. Leading up to this a programme of mandatory training has taken place to ensure all staff are equipped to work within the new service. This included all transferring staff completing the appropriate level of safeguarding training.

As part of unification the service has awarded Catch 22 a contract to deliver wellbeing services to those subject to probation supervision and this includes a suite of interventions focused on mental health and wellbeing including mentoring and low level mental health intervention.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Throughout the year the Probation Service has continued to work collaboratively with partners both statutory and non statutory to maximise support for service users. An

increased use of MAPPA 3 for Service users where safeguarding is an issue is being driven especially in the area of serious group offending.

The pandemic has meant that all agencies have had to adapt to the use of technologies and the Probation Service has rolled out the use of MS Teams across the organisation which has allowed, in some aspects, greater involvement and engagement with partnership meetings. As the organisation enters a recovery position and return to 'business as usual' some of the learning around the use of technology will remain and form part of a flexible approach to partnership engagement in the future. The Probation Service will continue to work with the SAB and local partners to ensure local governance and effective partnership working, as well as developing ways of co-commissioning services for vulnerable adults under probation supervision.

Quality of Care

8

Overview from the Council - Adult Social Care Provider Market

The pandemic tested the resilience of our social care workforce, both within the local authority and in the provider market. However, partners from across the health and social care system have worked closely and collaboratively, taking learning from the first wave to minimise Covid-19 transmission and better support vulnerable residents.

In-house and external providers provided an excellent level of care to residents, whether in an individual's own home or in a care home, despite facing significant challenges around infection control, staffing and morale as a result of Covid-19. A Healthwatch report into the work of care homes during the first wave said that families and residents felt that our borough care homes had 'provided excellent care for both the health and well-being of residents'.

Nearly all providers across residential care, and many of our supported living and extra care schemes, experienced a Covid-19 outbreak and we worked closely with these providers to manage the outbreaks swiftly and safely. We did this using coordinated outbreak management teams (with input from a range of health and care professionals), infection and prevention control specialist advice and visits and distributed thousands of items of emergency personal protective equipment (PPE) before effective government supply chains were in place. Our Public Health, Commissioning and Provider Quality and Improvement teams provided a seven-day support service to providers throughout the first and second wave. This comprised of advice, information and guidance and particularly moral support. Providers have uniformly given positive feedback to the support that they've received by these Council teams.

During the pandemic, the Council continued our robust risk rating process with providers using all of the intelligence at the disposal of operational and Commissioning teams, health colleagues and of course the Provider Quality team. The Provider Quality team visited providers where significant risks were identified with full PPE and infection control measures in place. For other providers, virtual quality visits were undertaken. Since 1st April, the team have been visiting providers in person with a full risk assessment and required PPE. Although there were concerns that there may be unsighted risks that we were unaware of within our provider market, we have been pleased that our reviews of services have been mainly positive, and our care homes in particular have all had favourable reviews. We have also introduced a tool called the PAMMS Quality Assurance Tool which

has enabled the Provider Quality team to complete quality reviews and standardise practice using a portal for providers to upload documents and to monitor that they are following the latest guidance. The team can also track trends and make comparisons with similar services across several London boroughs. This has made quality reports more efficient and has enabled the team to spend even more time in the community than they were previously.

Since the beginning of 2021, local authority support to providers has also included vaccine uptake. We have worked closely with BHRUT and GPs to undertake vaccination sessions for homes and other providers and have organised a series of webinars to try and dispel myths and allay fears around the vaccine for provider staff. We now have individual plans in place with the few remaining care homes that are below the 80% staff and 90% resident target for having their first Covid vaccination.

Financially, we have also provided support to our providers, giving a 10% uplift in rates during the first wave to older people providers to help mitigate provider failure and distributing over £2.8 million of Infection Control Grant, Workforce Capacity Grant and Rapid Testing Fund monies to providers to support with infection control, testing and workforce challenges.

Lockdown and restrictions have been difficult for our vulnerable, older residents, particularly as the social infrastructure they rely on has reduced. Community-based networks such as BD CAN, along with organisations like the Independent Living Agency, Carers and Barking and Dagenham and Reconnections, put in place initiatives to reduce loneliness and isolation and embed practical support such as food and medication pick-ups and training around the use of technology to connect with others. In addition to this, the Intake team have made upwards of 20,000 calls to support the most vulnerable residents during the pandemic, particularly those who were shielding. The Social Prescribing service linked people into befriending and support services as well as providing a range of virtual programmes to address social isolation and other needs.

The Council have worked closely with the hospital, NELFT, the CCG and our neighbouring boroughs to put in place initiatives to support and improve hospital discharge and protect against transmission of Covid-19 throughout the pandemic. This included the implementation of a new 'discharge to assess' model, a multi-disciplinary team to undertake Continuing Healthcare Assessments, and separate provisions for Covid-19 positive residents to reduce infection rates. Flows of communication have been critical to getting solutions in place and we have worked through challenges with partners at regular meetings to improve pathways and support. Challenges have included staffing the Infection Control team led by NELFT and ensuring that the hospital are communicating test outcomes before discharge. Despite challenges, the system has worked collaboratively throughout and partnership working has been a real success story of the pandemic.

Against this backdrop, the Council developed our Improvement Programme for Adults' Care and Support and Mental Health for the next two years in the Summer of 2020. This includes a number of workstreams, taking learning from the pandemic and building on our new strengths and asset-based approach to social work which we have formalised through a new Delivery Model, Quality Assurance Framework and Practice Standards. One of our key priorities for the next period will be our 'From Hospital to Community' workstream. This will see us remodel our hospital discharge arrangements with Havering, Redbridge, the hospital trust and NELFT, bringing social workers back into the community and establishing a new unit to coordinate discharges. Additionally, LBBB will be reviewing hospital discharge pathways to ensure they are clear, improve the patient experience and are outcome focused. The overall aim of the review is for residents to stay as independent as possible and away from long-term care options. Additionally, we are tendering for a new, ambitious Innovation Partner for an all-age care technology service to support our objective of being a national leader in this area and placing technology at the heart of our care and support offer. Through the Mental Health Improvement Programme, the dementia workstream will focus on building the respite offer, improve the use of day services and increasing the Dementia Advisor provision.

Barking and Dagenham Primary Care Providers

Out of thirty-three GP practices in the borough twenty-nine have been rated as good. This means the quality of GP services across Barking and Dagenham have improved and maintained greatly with support from NHS England, Barking and Dagenham CCG and the CQC.

Four practices have been rated as requires improvement. Practices rated as requires improvement are supported to improve by the CCG primary care support staff. Common areas of development include safeguarding, education and training, practice policy updates and communication.

Partnership Priorities

9

The Board regularly considers the work of the SAB in light of the changing contexts of:

- (i) health, social care and public protection nationally and locally
- (ii) objectives, views, emerging risks and financial pressures of partner organisations.

The Foreword and Overview (section 1) of this Annual Report for 2020/21 said that, in the context of Covid-19, we have reviewed our Strategic Priorities for 2021/22 and beyond.







The Board recognises that it needs to have oversight of safeguarding practice and performance in the borough to ensure that quality of care is not compromised or that there is avoidable harm and abuse. The SAB has a role to play in supporting the workforce across the partnership, ensuring that they have the skills and competencies to fulfill their roles.







The Board agreed a Three-Year Strategic Plan 2019/22 at its meeting in July 2019 which was still valid and very relevant in 2020/21. Specific priority areas for attention in 2020/21 were identified as:



- Safeguarding in relation to people who present challenging behaviour to their carers.
- Reviewing commissioning approaches to restrictive practices and restraint.
- Avoidable deaths and harm in hospitals.
- 'Transitional care', particularly of children and young adults with disabilities.
- Homelessness and people with no recourse to public funds, including identification in hospitals.
- Exploitation of vulnerable adults, improving practice in relation to financial and sexual abuse and modern slavery.
- Domestic abuse.
- Mental capacity and advocacy in relation to new approaches to Deprivation of Liberty Safeguards (DoLS) and the forthcoming implementation of new law around Liberty Protection Safeguards (LPS).
- Mental well-being in the community.
- Poverty, neglect and self-neglect in relations to safeguarding concerns.

These subjects embrace the SABs ambitions for 'efficient systems', 'effective practice' and 'meaningful engagement'.

With regard to the SAB’s priorities for 2021/22 (and with a view also to 2022/23 and beyond) we have now updated our thinking and published a revised plan which was agreed by the SAB in February 2021. Below sets out our revised priorities in tabulated form.

Priorities	How will we work to implement these?	Assurance	Learning and Development	Delivery
1. Improving multi-agency partnership working to safeguard adults and their families	Learning: <ul style="list-style-type: none"> • Learning from SARs undertaken in Barking and Dagenham and across London and LeDeR reports. • Learning from the Safeguarding Peer Review. • Ensure alignment with children’s safeguarding and CSP - exploitation, forced marriage, domestic abuse and modern slavery. • Develop a multi-agency audit programme, building on the separate agencies processes and applying the learning. 			
	Practice development: <ul style="list-style-type: none"> • Develop practice around self-neglect, mental capacity, people’s exercise of their ‘rights to choose’, hoarding, restraint and restrictive practices. • Prepare as needed for changes in Liberty Protection Safeguards and Mental Health legislation. 			
	Delivery: <ul style="list-style-type: none"> • Board assurance around Making Safeguarding Personal (MSP), audits. • Prepare for the impact on safeguarding of NHS changes in local Integrated Care System and Clinical Commissioning arrangements. 			

<p>2. Safeguarding residents at risk during the pandemic</p>	<ul style="list-style-type: none"> • Quality of provision. • Assurance from care homes. • Increased demand on adult mental health. • Information sharing - regular updates on SAB agendas (Covid, LeDeR, SARs, Complex Cases Group). • Being alert to the workforce impacts of the pandemic and challenges across all partner organisations and assisting each other wherever appropriate and possible. • Being assured that safeguarding ‘business as usual’ processes are working effectively during the period. • Being alert to abuse and harm which is not visible, be quick to identify indications and communicate with others, ensure good practice response. 			
<p>3. Reducing inequality across the diversity of Barking and Dagenham’s communities and developing safeguarding practice that meets the needs of the many different communities</p>	<ul style="list-style-type: none"> • Series of SAB workshops to inform developmental priorities to address the different needs of all Barking and Dagenham communities, including recognising issues raised by ‘Black Lives Matters’. • Cultural safeguarding priorities (training, audit). • Mapping and audit of racial themes/demographics from SARs and complex cases. • Develop an effective process to engage with the personal experiences, and hearing the voices, of people with lived experience of safeguarding. 			

<p>4. Strengthening priorities across Adults, Children, Community Safety and Health and Wellbeing partnership working arrangements and the respective responsibilities and opportunities of the four partnership boards</p>	<ul style="list-style-type: none"> • Think Family approach. • Transitional safeguarding. • Pause Board – supporting vulnerable women. • Assurance from Community Solutions and the ‘front door’ around referrals and the role of NHS partners. • Preventing homelessness presentations in hospitals through earlier intervention, and supporting the needs of people with no recourse to public funds. • Develop plans for a stronger community-based and community-led offer for prevention of the escalation of social care needs in three key groups: disability, mental health and older people. To include stronger community-focused support around safeguarding intervention and reporting. • Strengthen and reinforce awareness of exploitation in all its possible forms and clarity of appropriate responses to cases which become known or suspected. • Strengthen training and awareness of generalist staff, including for example enforcement, caretakers and protectors of the public realm. • Build better community awareness of mental wellbeing through campaigns and other mental health preventive initiatives. 			
---	---	--	---	---

Safeguarding Information 10

For further information about safeguarding and information about the Safeguarding Adults Board please use the following link

<https://www.lbbd.gov.uk/tell-us-if-youre-worried-about-an-adult-at-risk-of-abuse-or-neglect>

To report a safeguarding concern:

Adult Triage, Community Solutions

020 8227 2915

intaketeam@lbbd.gov.uk

safeguardingAdults@lbbd.gov.uk



**In an emergency:
Call 999 and ask for the Police**

Call 101 if you are worried but it is not an emergency.

Out of Hours Emergency Social Work Duty Team

020 8594 8356

adult.edt@nhs.net

