

**Safeguarding Adults Board**

**Barking & Dagenham**

# Barking and Dagenham Safeguarding Adults Board

## Annual Report

### 2014 – 2015



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## **Foreword by Chair of the Barking and Dagenham Safeguarding Adults Board**

As Chair of the Barking and Dagenham Safeguarding Adults Board I am pleased to introduce our Annual Report for 2014/15.

I was appointed as the Independent Chair of the LBBB SAB in the summer of 2014. Having chaired the local Safeguarding Children Board for 3 years I bring an

understanding of the changing demographics in LBBB and the associated vulnerabilities of the local population.

I can also recognise opportunities for joint working between the two boards and facilitate the transition of the SAB to achieve its statutory functions under the Care Act

My professional background in the NHS enables me to understand the context within which our local health commissioner and providers are working. This is critical at a time when both local acute providers are in special measures.

This Annual Report seeks to demonstrate how the Barking and Dagenham Safeguarding Adults Board (SAB) is working to improve the lives of people who need our support most.

The report is published on behalf of the Board and its partners and is an opportunity to celebrate the achievements of 2014/15 and plan for the year ahead. The report contains contributions from a range of organisations who are involved in safeguarding vulnerable adults in Barking and Dagenham.

The SAB has experienced a number of changes during the past 12 months and its achievements reflect the strength of commitment

and quality across the partnership.

Our partnership working continues to strengthen our ability to safeguard vulnerable adults to enable people to live in a place where everyone feels safe and has a good quality of life, this is underpinned by the principles and values outlined in this report.

The Care Act 2014 was introduced in April 2015, and places adult safeguarding on a statutory footing and empowers local authorities to make safeguarding enquiries. The Barking and Dagenham SAB was committed to ensuring its readiness for the Care Act changes. We have strengthened the governance arrangements and reviewed priorities in the context of the new requirements.

There is still work to do to ensure that these changes are embedded within each of the safeguarding adult partner organisations. We will continue to work together in a supportive and collaborative way, whilst ensuring that we challenge ourselves and each other in assessing our effectiveness in safeguarding people in Barking and Dagenham.

I would like to acknowledge the commitment of all the SAB partners who have helped us to achieve all that we have in the last twelve months and will continue to contribute to improving the way we work together to protect those at risk of abuse or neglect.

**Sarah Baker**  
**Independent Chair**

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<http://careandsupport.lbbd.gov.uk/kb5/barkingdagenham/asch/home.page>

The Care Act 2014 came into force on 1<sup>st</sup> 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 the risk of abuse or neglect. Some of these new requirements are directly relevant to the Barking and Dagenham Safeguarding Adults Board (SAB).

As a result of the Care Act 2014, the SAB has been reviewed and established as a statutory body that the local authority must support. The local authority, relevant Clinical Commissioning Groups and the Police are all required by law to be members of the SAB and other partners are encouraged to engage with the SAB work.

The SAB must publish an Annual Report each year as well as a Strategic Plan.

The SAB must also 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.

This Annual Report of the Barking and Dagenham SAB looks back on the work undertaken before the introduction of the Care Act 2014, the first statutory Annual Report will be published in 2016 after the Board has been operating for a year under the requirements of the Care Act. It is anticipated that the reporting at the end of 2015/16 will provide a more comprehensive and detailed account of the work we are currently implementing to continue and strengthen partnership working and co-operation and involvement of the community in adult safeguarding.

Recognising that that to continue working as we had been would comprise our ability to fully embrace our statutory responsibilities of the Care Act, much of the focus of the SAB's work during the second half of the year was on reviewing and revising working structures and practices, developing relationships with existing partner organisations, and developing a work programme that would ensure continued growth in line with the Care Act and ensuring vulnerable adults of LBBDD are safeguarded.

To achieve this, the Board held two facilitated development days, enabling all Board partners to explore the implications of the Care Act and determine a structure and practice that would best achieve our statutory functions.

"I found it useful to speak to the other agencies about how the implications of the Act affect them as I was focussed on the changes to the police, but the Act affects other agencies in a much more significant way. I also like the way the Board has been structured as a result of the sessions. Having attended the first sub group last week, I think they will work very well with more meaningful conversations happening rather than sprawling groups where it can sometimes be difficult to gain a full understanding of what is being discussed." **Tony Kirk, Borough Police (May 2015)**

# The Board and its Supporting Groups 3

The Barking and Dagenham safeguarding partners decided to establish a small Executive Board to meet its statutory requirements. The membership of the SAB Executive comprises:

- The Local Authority [representing senior adult social care management, Housing and Children's Services]
- Borough Police
- Clinical Commissioning Group
- Chairs of standing SAB Groups or Task and Finish group(s)

However, the partners strongly recognise that safeguarding is everyone concern and additional groups that are able to focus in detail on particular themes will also be established to support the work of the SAB Executive.

To ensure that there is good communication between the SAB and its supporting groups, the members of any groups or task and finish group(s) also receive papers for the SAB Executive and are invited to attend and contribute to their meetings.

In addition, the SAB Executive may invite other organisations or individuals to attend and speak at their meetings where they have contributions to make to the items being considered.

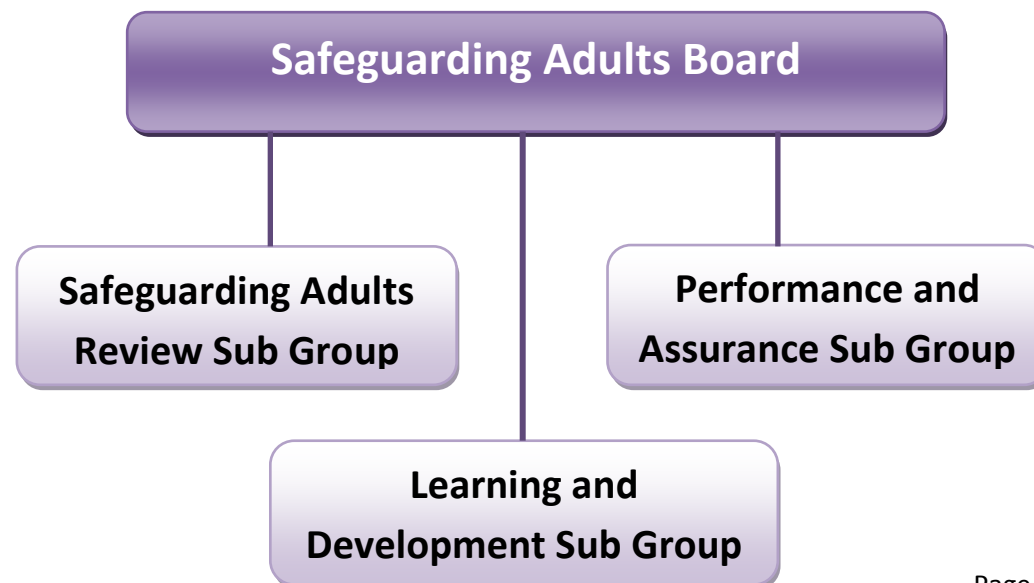
The SAB Executive has three standing groups, which are chaired by different organisations:

- Safeguarding Adults Review (chaired by Adult Social Care)
- Learning and Development (chaired by North East London Foundation Trust)
- Performance and Assurance (chaired by the Clinical Commissioning Group)

. The Chair of each Group is responsible for:

- Developing a work programme which will be incorporated into and monitored through the SAB strategic plan
- Reporting on the progress of the Group's work to the SAB
- Resourcing the meetings of the Group
- Ensuring that the membership of the Group draws in the required experience from relevant organisations/community groups/professionals.

Time limited Task and Finish Groups can also be established by the SAB to undertake a specific piece of work. When this happens, the Chair of that Task and Finish Group is included in the membership of the SAB for the duration of the group's work and will be responsible for reporting to the SAB on progress.



## The Role of the SAB

As well as the statutory duties, the SAB's role is to:

- Identify the role, responsibility, authority and accountability of each organisation and professional group to ensure the protection of adults.
- Establish ways of analysing safeguarding data to increase the SAB's understanding of abuse and neglect locally to build up a picture over time
- Establish how it will hold partners to account and gain assurance of the effectiveness of its arrangements.
- Determine its arrangements for peer review and self-audit.
- Establish ways of developing policies and strategies for protecting adults which should be formulated, not only in collaboration and consultation with all relevant organisations but also take account of the views of adults who have needs for care and support, their families, advocates and carer representatives.
- Develop preventative strategies that aim to reduce instances of abuse and neglect in its area.
- Identify types of circumstances giving grounds for concern and when they should be considered as a referral to the local authority as an enquiry.
- Formulate guidance about the arrangements for managing adult safeguarding, and dealing with complaints, grievances and professional and administrative malpractice in relation to safeguarding adults.
- Develop strategies to deal with the impact of issues of race, ethnicity, religion, gender and gender orientation, sexual orientation, age, disadvantage and disability on abuse and neglect.
- Balance the need for confidentiality with need to share information to make sure an individual is protected from the risk or abuse or neglect.
- Identify ways of monitoring and reviewing the implementation and impact of policy and training.
- Evidence how SAB members have challenged one another and held other boards to account.
- Promote multi-agency training; considering any specialist training that may be required and considering if it might be jointly commissioned with other partnerships, such as the Community Safety Partnership.

A full list of the members of the SAB and its supporting groups are given at Appendix A to this report. The terms of reference for the SAB and for the sub groups are available by contacting Joanne Kitching at [joanne.kitching@lbbd.gov.uk](mailto:joanne.kitching@lbbd.gov.uk).

## Care Act 2014 Compliance

The Care Act 2014 was the most significant social care legislation to be implemented in over 20 years and Barking and Dagenham SAB wanted to ensure that they were fully prepared for the changes to their statutory roles and duties both collectively as a Board and as individual organisations.

To do this, development sessions were held for all the SAB members to participate in to understand the Care Act's requirements. Several different models for the Board and its supporting structure were considered and the model chosen incorporated the views expressed by all the partner organisations on how to best reflect the needs of the locality. The model chosen will help reinforce the cultural changes that are needed across all organisations and strengthen the new ways of working.

A list of all the "must do" safeguarding requirements of the Act was developed and made available to all partner organisations.

All the individual safeguarding elements of the Care Act were compiled into a single checklist for all partner organisations to use to help them ensure their own compliance with the Act.

The SAB has now established itself as the statutory Board with representation from senior managers from the Council, Police and Clinical Commissioning Group. Through the supporting structure of standing sub-groups other organisations are fully engaged and contribute to the work of the SAB.

Each member organisation has entered into an Information Sharing Agreement.

The Compact sets out clearly the expectations of both the individual and their organisation and enables them to be held accountable for performing their role and carrying out their responsibilities.

During 2015/16 further development work will be undertaken by the Board to strengthen and embed the new safeguarding partnership. As part of this each partner organisation has agreed to make a financial contribution towards the cost of the SAB's operation. The details of the financial contributions will be finalised during 2015/16.

## Learning and Development

### Training for staff

During the year 17 training courses were provided by the SAB to raise the awareness of adult safeguarding issues and how to respond to concerns. The training was targeted at people working with vulnerable people and social care practitioners. In total 106 people from 8 different organisations attended this training. In addition, two training sessions were developed and delivered to 20 local authority staff to understand the new requirements of the Care Act and the impact that those requirements would have on their working practices. Two further sessions are planned to be delivered later in 2015.

The Learning and Development Group will draw up a training programme as part of their on-going work.

We will work to develop a better internet presence over the next year to support staff and the community.



## Joint Development Work with the Local Safeguarding Children's Board

In March 2015 the SAB held a joint development day with the Barking and Dagenham Safeguarding Children's Board on child exploitation and trafficking. The event was well attended. This work is to be further developed in the coming year working in partnership with the Metropolitan Police.

## Public Awareness Raising

- **Independent Identity of the SAB** - The new Board wanted to make sure that they had an identity independent to the local authority and developed its own easily recognisable logo which will be used on all publications and communications with the wider population of Barking and Dagenham.
- **The iCare Campaign** - During the year the SAB led the iCare Campaign with its partner organisations across the statutory and voluntary sectors. The iCare Campaign aimed at encouraging local people and communities to raise their concerns if they thought a vulnerable adult was being mistreated, abused or neglected. Several posters were developed for individuals and community groups to display.
- **Review of local safeguarding policies and procedures** - Following the enactment of the Care Act 2014 the London Social Care Partnership will publish revised Pan London Safeguarding Adults Policies and Procedures. A stock take of the local authority safeguarding policies and procedures will be carried out and revisions made to reflect these changes and the requirements of the Care Act.

The revisions focus on ensuring that where there are concerns that an individual is, or may be at risk of, being abused or neglected, the views of that person central to achieving the best outcome for them and that they are supported in engaging with the safeguarding action. This may mean that they an independent advocate provides support people who may have substantially difficulty in engaging with the process.

## Safeguarding Adult Reviews

The Safeguarding Adult Review Group has responsibility for making sure that a Review is held when someone:

- 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.

These Reviews involve all the relevant organisations. If criminal activity is suspected the Police will lead the Review. During 2014/15 there was one serious case that was reviewed. This is reported in Section 6 of this report.



## Strategic Planning

During the year, the Board's work has been guided by five strategic objectives. The principal focus has, however, been on achieving Care Act compliance and reviewing the operation of the Board and the operational support arrangements. For the year ahead, a more comprehensive Strategic Plan is in development, which will shape the activity of the Board and its partners under the six principles of safeguarding set out in Care Act guidance:



1. **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*



2. **Protection** - Support and representation for those in greatest need.

*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*



3. **Prevention** - It is better to take action before harm occurs.

*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*



4. **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.

*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*



5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

*"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*



6. **Accountability** - Accountability and transparency in delivering safeguarding.

*"I understand the role of everyone involved in my life and so do they."*

## London Borough of Barking and Dagenham

During the year, the Council has continued to oversee quality and safety of adult social care provision. We have worked with our local providers of homecare and residential care on improvements that we have identified as being necessary, as well as working on wider improvements in standards, linked to our aspirations through the Better Care Fund.

### The Care Act

We have operated a Care Act programme throughout the year, which has overseen the response to this important legislation and implemented changes to assessment and care planning, increasing emphasis on prevention, and a rethink of support to carers, amongst other important interventions. Specifically with respect to support for safeguarding activity, in preparation for the introduction of the Care Act, the Council took a decision in October 2015 to restructure the adult safeguarding function. The proposals were to remove the standalone Adult Safeguarding Team and move its functions into the Integrated Care and Integration & Commissioning functions. This has the advantage of more closely aligning operational safeguarding activity with other social care processes, so that alerts are now processed by the 'front door' Intake team, and co-ordination of investigations aligned to other systems for oversight of casework.

### Empowerment

We have retendered supported living services for people with a learning disability, with an emphasis on personalising those services during 2015. We have also tendered for a list of approved homecare providers, for the minority of service users who have a managed personal budget and for those in receipt of crisis intervention. This has again been an opportunity for resetting the expectations on quality of delivery.

It is important to seek the views of vulnerable adults and their families as part of the safeguarding process. We want to develop and facilitate practice which puts individuals in control and generates a more person-centred approach and outcomes. We have a duty to ensure that the community has an understanding of how to support, protect and empower people at risk of harm.

During 2014/15 the Council worked with Healthwatch to devise a short survey on behalf of the SAB to test the level of understanding of safeguarding in the wider community. Healthwatch approached 149 people and asked the following 9 questions:

1. Do you think you would recognise the signs of adult abuse?
2. Would you know who to contact if you thought that you or another adult was being abused?
3. Who might that be?
4. Is there enough information around to help the public to report incidents?
5. Do you feel confident enough to report an incident of possible abuse?
6. What sort of things might stop you asking for help when something is going wrong?
7. What would help to overcome the difficulties in passing on information about possible abuse?
8. If you can, please tell us about a time you passed on information about abuse or a bad situation for yourself or someone else and what happened as a result.

Responses to the survey showed:

- **56%** were confident they would know how to recognise the signs of adult abuse. 29% were not confident.
- **56%** thought they knew who to contact if they themselves or another adult was being abused. 35% did not know who to contact.
- **45%** of people said the police would be their first port of call to report abuse.
- **84%** thought there was not enough information around to help the public to report incidents.
- **59%** felt confident enough to report an incident of possible abuse.
- **31%** said fear of reprisal was the main reason that would stop them from asking for help
- **26%** felt that if they had more information about reporting abuse, they would be more likely to do so.

The full report can be found at:

<http://www.healthwatchbarkinganddagenham.co.uk/our-work-2014-2015>. As a result of this work, the SAB partners will ensure that communication with the public is a priority for the coming year.

## Protection

Of particular note this year has been the vast increase in Deprivation of Liberty Safeguards which have been received for processing and represent a significant resetting of expectations around these interventions.

The Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) are significant considerations when protecting vulnerable adults from the risk of abuse or neglect. It is always presumed that an individual does have the capacity to make decisions about themselves and how they wish to live their life but if this ability is in doubt an assessment must be made. If actions are needed to protect an individual from harm, either from themselves or other people, and they do not have the mental capacity to fully engage with those decisions the local authority will make sure that they are supported by an independent mental health advocate following a Best Interests Assessment to make sure that the decisions made are in their best interests.

If actions need to be taken to protect a vulnerable adult who does not have mental capacity, and those actions may cause them to be deprived of their liberty, the partner organisations will make sure that the legal requirements are met and that the degree of deprivation is limited to only those elements that the individual cannot make decisions about for themselves.

The low number of requests being received from hospital settings suggests that further work is still required to raise awareness among health staff on the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards and the responsibilities of staff and organisations. The SAB has asked the Learning and Development Sub Group to look at the impact of the training.

If actions need to be taken to protect a vulnerable adult who does not have mental capacity, and those actions may cause them to be deprived of their liberty, the partner organisations will make sure that the legal requirements are met and that the degree of deprivation is limited to only those elements that the individual cannot make decisions about for themselves.

Following the Cheshire West judgement in March 2014 the number of DoLS applications received by the London Borough of Barking and Dagenham has increased significantly. Prior to the judgement the council was receiving an average of 19 or 20 applications per year. Since April 2014, this has increased to an average of 30 applications per month. In total 376 applications were received in 2014/15. Of these 209 were urgent applications.



35 authorisation requests were assessed and not granted because no deprivation was deemed to be occurring and 298 requests were granted. 34 requests were withdrawn and 9 requests had not been signed off at the close of the financial year. Out of the 376 requests, 27 were from hospital settings and 349 from care homes.

As part of their safeguarding role the Safeguarding Adults Board members have responsibility for ensuring that residents who live in a residential care setting receive appropriate care and are kept safe. On occasions concerns are raised, either through a resident, a friend or family, staff members from the care setting or through statutory bodies visiting the residential care home, e.g. health, council or police or via inspections from regulatory bodies such as CQC.

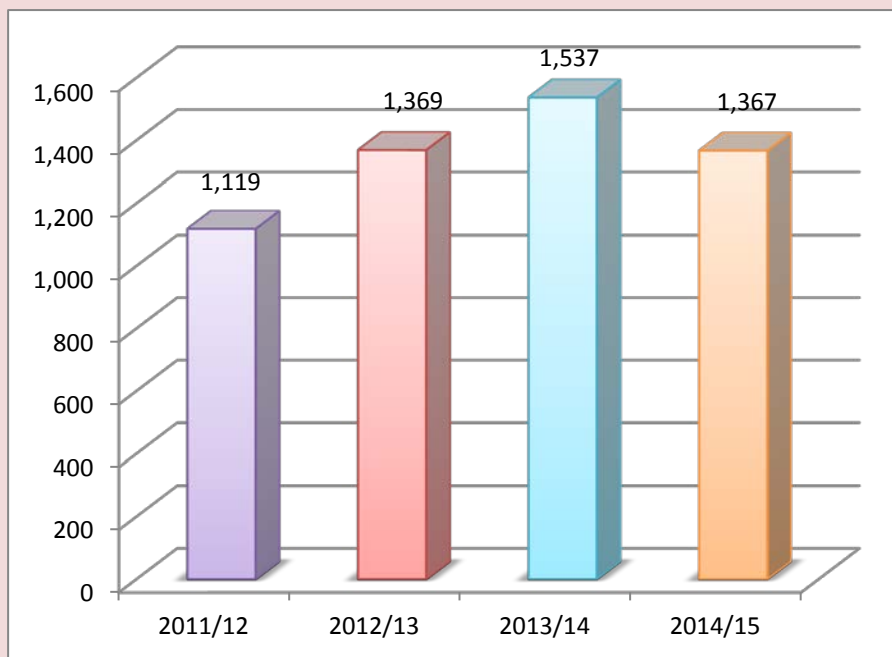
During the past year a number of concerns have been raised relating to care homes, these relate to a number of issues. All are subject to review and strategy discussions. Where there is a significant level of concern about a service or facility, the Council or another partner convenes the relevant agencies to devise a strategy to address the issues and to ensure that the needs of vulnerable adults are being met and that they are kept safe. During the year, the Council invested in strengthening its resources for focusing on residential and nursing settings in particular, with four dedicated social workers sharing lead roles around the safety of the borough's homes.

The low number of requests being received from hospital settings suggests that further work is still required to raise awareness among health staff on the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards and the responsibilities of staff and organisations. The SAB has asked the Learning and Development Sub Group to look at the impact of the training.

Although there is limited research about the abuse of adults it is estimated that 140,000 adults across the UK who are frail, have a disability or a mental health condition are abused or neglected each year. In area the size of Barking and Dagenham it is estimated that around 1,500 reports could be expected in a year.

The Council is continuing to work towards increasing the number of reports that are received by the Borough in an acknowledgement that abuse of adults is believed to be significantly under-reported.

### Number of alerts to the Local Authority



Of the 1,367 alerts raised, 283 cases were referred for investigation (referrals) during the year. Compared with the data in the 2014/15 adult safeguarding returns of Barking and Dagenham's comparator boroughs<sup>1</sup>, Barking and Dagenham is below the average referral rate of 626.

The year saw a drop in levels of promotional activity about safeguarding, identifying abuse and reporting it. This may have contributed to a small drop in alerts raised. However, work continues to understand the reasons why fewer were 'converted' into referrals for further investigation, and specific dip-sampling and review of cases was undertaken in the year to quality assure practice.

More detail on the demographic breakdown of these alerts and referrals is contained in Appendix B.

<sup>1</sup> Comparator Boroughs are: Brent, Croydon, Ealing, Enfield, Greenwich, Hackney, Haringey, Hounslow, Lambeth, Lewisham, Newham, Redbridge, Southwark, Tower Hamlets and Waltham Forest

## Case Study

One recent example saw a number of concerns raised by relatives and also by council officers who were visiting the home for regular reviews/meetings. Following the strategy meeting the Board asking CQC to re-inspect the setting and, as a result, they identified 2 breaches of the Health and Social Care Act relating to:

- People being given the medicines they need when they need them, and in a safe way (outcome 9) – an enforcement notice was issued in relation to this outcome
- People should be safe from harm from unsafe or unsuitable equipment (outcome 11)

In order to expedite a timely resolution and to ensure that all residents were safe the Chair of the SAB spoke to the local CQC inspector and also wrote to the CQC to escalate her concerns. After work with the home and statutory partners, these issues have been resolved and the enforcement notice subsequently lifted.

## Prevention

The Council led a Care Act training programme which Council staff and partners attended. The courses and workshops covered Safeguarding as well as Assessments, Prevention, the Eligibility and Well Being Principal, Person Centred Care and Support Planning, Advocacy, Carers and Implementation.

On behalf of the SAB the London Borough of Barking and Dagenham applied and secured funding from the London Local Development Fund for the Barking, Havering and Redbridge University Hospital Trust for PREVENT training. This training has now been added to the Safeguarding Training Module as part of the Trust's mandatory training programme. This will ensure the number of staff receiving this training will increase.

During the year the iCare Campaign was maintained, although there was less activity than had been the case in previous years, and it is a commitment of the Council and the Board that next year has greater visibility of the campaign. The iCare Campaign aimed at encouraging local people and communities to raise their concerns if they thought a vulnerable adult was being mistreated, abused or neglected. The Council designed, produced and facilitated the distribution of several posters to professionals, partners and within the community to raise awareness of safeguarding.

## Proportionality

The management of the Safeguarding Adults Board support processes and development of strategy are now led through the Council's Commissioning function, where it can be more closely linked to the work on quality assurance of social care providers. During the year new and improved systems have been established for bringing together diverse sources of intelligence on the performance and safety of social care services, including complaints, safeguarding alerts, serious incident reports and the observations of quality assurance and social care teams. This ensures a proportionate and robust approach to intervening to ensure the quality of care provided locally.

To provide leadership across the Directorate, and a renewed focus on practice development for social work, the old management structure will be replaced by a Principal Social Worker, which is to be recruited. Whilst this has disrupted some of the support systems for safeguarding in the short term, the longer term benefit is to better align safeguarding with other relevant responsibilities within the Council, enabling the delivery of the Care Act statutory responsibilities at greater efficiency than before. The work of the Board has continued to be supported during this period of change.

## Partnership

The Council's primary focus for partnership work in support of safeguarding is its leadership of the Board, and many of the activities set out in support of the Board elsewhere in this annual report are led through the Council on the Board's behalf.

More widely, our programme of developing integrated provision has continued with the establishment of the Joint Assessment & Discharge Service in June 2014, operating across Barking & Dagenham and Havering, with an integrated team across the health and local authority agencies. This has brought great improvement in the discharge from

local hospitals, supporting BHRUT in its improvement and driving better outcomes for patients/service users. Alongside this, we have continued to strengthen the integrated working through our Integrated Care Cluster teams.

## Priorities Going Forward

Amongst priorities for the coming year for the London Borough of Barking & Dagenham are:

- Making Safeguarding Personal is a statutory requirement from 2016/17. It focuses on getting the right outcomes for vulnerable adults and their families and ensuring that they are involved in all stages of the safeguarding process.
- Making sure the systems and leadership are in place such that the SAB delivers on its strategic committing.
- Take forward and embed the new London Multi-Agency Safeguarding Adults Policy & Procedures.
- The SAB are developing a new performance framework which will encompass data from all partner agencies and will provide assurance about the performance of the safeguarding systems across the partnership.



# Barking and Dagenham Police

## Empowerment

Barking and Dagenham Police Staff are instructed to seek the views of the adult who comes to the attention of police regarding referral to the local authority. Staff responsible for the administration of reports are also provided with guidance regarding potential referral into the safeguarding process. The investigation of criminal offences seeks to obtain the experience of the individual and the impact of the abuse. The Metropolitan Police Service (MPS) has multi agency forums where the experience of service users are sought and utilised as part of the development of future strategic safeguarding policies and procedures. Evidence from service users gained by partner agencies is also utilised to inform development.

The MPS toolkits currently receiving feedback from a variety of service users, individuals and organisations which will be considered as part of the policy review process

The MPS is currently reviewing its Vulnerability and Adult at risk toolkit to reflect the 'Making Safeguarding Personal' agenda whilst recognising that for our organisation the desired outcome for the individual cannot always be achieved we can, with our partners ensure that we keep the adult at the centre of the safeguarding activity.

MPS operational toolkits and relevant documents and VAF training reference the principles and application of the Mental Capacity Act although it is recognised that as with other agencies there are opportunities to raise awareness and understanding of this legalisation.

The views of the adult are integral to all MPS policing areas including :

- VCOP - Victims Codes of Practice
- Victims Charter
- SCIE Multi Agency Procedures and features as part of operational Toolkits and Merlin ACN instructions

The MPS Hate Crime working groups and Territorial Policy Capability Business Support (TP C&S) are currently collating useful resources to assist adults at risk who may be at risk or/or experiencing abuse. These collated resources will be made available to all MPS staff

Operational policies and practise for Total Victim Care support every individual to pursue options through the criminal justice process where appropriate. The MPS is committed to working in partnership to achieve the desired outcome for the individual where possible and to safeguard those at risk of abuse in all cases.

## Protection

All incidents of Vulnerable adults coming to notice of police are recorded and shared with the partnership through the borough MASH. This mechanism acts as the MPS corporate the Care Act methodology for 'raising concerns' to adult social care. The instructions to staff are published regarding Adults with care and Support needs. Under the Care Act, the MPS will now supply requested data to the boards regarding safeguarding activity. A draft working protocol between the MPS and boards is currently being circulated to boards for discussion

We are currently using a Street Triage system for those coming to notice that are suffering with mental Health issues as it is clear that police stations are not a suitable place for people suffering in this way.

Pan London Proposals for the Protection of Vulnerable Persons are currently being developed by MPS Management board, led by DAC Mark Simmons.

## Prevention

Frontline staff have now received mandatory training on the 'Vulnerability Assessment Framework' and now this training is now being delivered to other MPS staff. As a result of this we are recording far more increases in Adults Coming to Notice (ACN's) on Merlin IT system.

Total MERLIN ACN reports for 01/04/2014 - 31/03/2015 is 1,483, of those 262 were recorded on CRIS (Crime Recording Information System) as involving a Vulnerable Adult.

- 64 of those resulted as crime related incidents with information passed to partner agencies. (Not a crime once following investigation.
- 23 incidents reported did not result in safeguarding investigations (i.e. street robbery by unknown suspects on wheelchair user).
- 46 reports remain as unsolved or with no suspects identified
- 3 incidents were dealt with by way of the use of Restorative Justice with no arrests made.
- 24 incidents were not taken any further after investigation by police decision makers where likely suspects identified. (withdrawal statements provided or not in the public interest (e.g. historic Facebook harassment).

102 incidents resulted in an arrest by police.

- 1 of those is still outstanding as Wanted on the Police National Computer.
- 1 of those was arrested to prevent a breach of the peace and then released.
- 9 suspects are currently still on Police bail awaiting conclusion of the investigation.

- 5 Harassment warnings have been given.
- 14 Police Cautions have been issued.
- 3 Persons have been summonsed to appear at Court and still awaiting trial.
- 6 Persons have been charged with offences by police and awaiting trial.
- 17 Persons have been found Guilty at Court.
- 5 have been found Not Guilty at Court.
- 6 Cases were taken to the Crown Prosecution Service and decision taken not to proceed.
- 35 Cases were taken to Police decision makers and the decision taken not to proceed.

## Proportionality

Existing Procedures and ongoing training to all MPS staff explore and challenge staff regarding adults ability to make lifestyle choices, issues regarding 'vulnerability ' and principles of the Mental Capacity Act. Current IT system are being updated to ensure that adults views regarding participation in the safeguarding process is sought and MUST be recorded by all staff who record safeguarding incidents. Principles of safeguarding are threaded through current organisational training to all frontline staff, including ensuring staff are aware that everyone has the opportunity to access equal to the criminal justice system and are supported through the process if that is what they seek to do.

## Partnership

The MPS is now a statutory partner on the Safeguarding Adults Board and also represented on all 4 of the Committees.

Attendance at Borough level is at Chief Superintendent Level (reflecting guidance under the Care Act). MPS participation at SAB is monitored centrally. TP CBS provide support and a point of contact to the SAB Chairs to escalate any MPS related issues.

Since April 2013, all incidents involving safeguarding adults are recorded on the MPS Merlin IT system (ACN's) and submitted to the borough MASH for assessment and dissemination. Matters requiring police investigation are also recorded on the CRIS system and screened appropriately for investigation. Data now recorded by the MPS is available at a local level to monitor reporting levels and referrals to the local authority for coordination of response. The MPS is committed to partnership working on safeguarding investigations and will lead where criminal offences are identified. Any borough SCR lessons are reviewed at a local level and lessons learnt disseminated for learning to agencies as appropriate.

## Challenges

To ensure that the principles of:

- Empowerment
- Prevention
- Proportionality,
- Protection
- Partnership
- Accountability

And that the strategic SAB objectives are embedded into our dealings with adults at risk of harm. Also adapting our IT systems to cope with future demand and change in borough structure that is likely to occur with existing MPS boroughs amalgamating.



## **Barking and Dagenham Clinical Commissioning Group (CCG)**

CCGs are statutory NHS organisations and are responsible for the quality of healthcare they commission for the local population regardless of the care setting. Therefore it is important that we are assured of the services that our patients, their families and carers receive, and that we are working collaboratively with our partners to keep them safe from harm.

### **Empowerment**

The CCG has supported and challenged its commissioned services to evidence personalisation. Ensuring that the voice of the patient is clearly heard and influences services and outcomes required. This is evidenced in the work that is undertaken via the Continuing Health Care team.

We ensure that any safeguarding training has as its core principle, the person at the centre of all we do. We continue to develop materials that support the persons understanding of any processes or services they require and ensure they are aware of the safeguarding agenda and where they can go for help.

### **Protection**

We have participated in reviewing service users' welfare where safeguarding alerts have been raised.

We ensure that there is a clinical viewpoint available at safeguarding case conferences

We have refined and further developed our quality assurance framework. A key element of the framework is completing unannounced quality assurance visits to various care settings to assure ourselves of the care patients are receiving and to discuss how patients are experiencing their care and treatment. This can and does result in the providers being challenged and supported to improve. We plan to ensure this framework is incorporated in all CCG contracts.

We have visited all 7 care homes that provide nursing care in Barking and Dagenham, completing 28 visits between 1 April 2014 – 31 March 2015.

We have also completed monthly quality assurance visits at various clinical environments at Barking, Havering & Redbridge University Hospital NHS Trust and North East London Foundation NHS Trust.

### **Prevention**

We have identified a prevent lead, who will be working with the prevent coordinator to meet the borough's strategic objectives.

We have developed an early warning system that uses both soft and hard intelligence and feedback that we use as an indication of care being provided, this is closely monitored and drives the conversations that are had with all providers.

We plan to strengthen the monitoring arrangements of providers to ensure we do our part in preventing harm, or where harm does occur that we respond in a way that reduces further harm to individuals. We plan to further strengthen the quality of data that will enable us to monitor and respond to safeguarding issues more robustly.

We plan to raise prevent awareness among CCG staff. We have supported CCG staff to complete the mandatory training.

## Proportionality

We work with our providers and partners to ensure that the least intrusive response possible is delivered appropriate to the risk.

We ensure that any and all learning is cascaded to all our partners through training and supervision

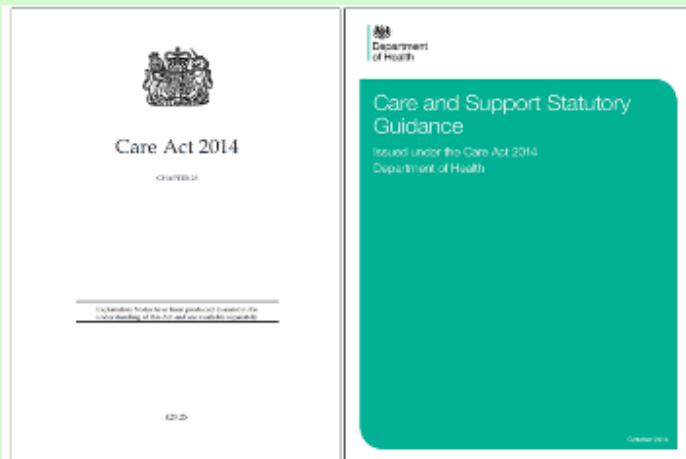
## Partnership

We work with all our partners to ensure that a system wide approach is taken to safeguarding and that learning from one element of the organisation is shared with the rest

Our intention is to develop an adults health safeguarding forum across the health economy in order to share good practice and learning.

## Care Act 2014

We have undertaken a gap analysis to identify areas for development in 2015/16, and identifies progress made to date.



### Work planned April 2015 – March 2016

- To contribute to ensuring the SAB meets its responsibilities with regards to the Care Act 2014.
- To ensure the CCG meets its responsibilities with regards to the Care Act 2014.
- To lead on the development of a performance and assurance framework as chair of the SAB sub group.
- To appoint a designated safeguarding adults manager (DSAM).

## North East London Foundation Trust (NELFT)

NELFT provides an extensive range of mental health and community health services for people living in the London borough of Barking and Dagenham. Our community services include district and school nursing, therapies, care and support for people living with long term conditions, community based mental health services and Inpatient services.

All health professionals working throughout NELFT have a critical role to play in safeguarding and promoting the welfare of adults with care and support needs. The Think Family approach is firmly embedded in practice and the safeguarding adults and team work collaboratively to identify risk and to protect adults with care and support needs.

This extends to delivering the following interventions:

Having effective communication with adults with care and support needs and their families:

- Comprehensive health needs assessment;
- Identification of risk factors;
- Responding to identified needs;
- Contributing to multi-agency assessments and reviews.
- Identification and risk assessment of individuals who meet the criteria for high risk reporting, e.g. self neglect.

The Chief Nurse & Executive Director of Integrated Care Essex is the executive lead and board member for safeguarding. The Chief Nurse has Board level responsibility for safeguarding adults and children, LAC and Prevent, which is the health service component of Contest which is the British Government's counter terrorism strategy.

The Safeguarding Team acts on the Chief Nurses behalf to ensure that the Board is assured that all necessary measures are taken to safeguard adults and children at risk. The Director of Nursing, Patient Safety is the Strategic Lead for Safeguarding and supports the management oversight of safeguarding issues in relation to adults with care and support needs.

### Empowerment

Development of a range of Leaflets in a variety of accessible formats covering a range of topics such as Deprivation of Liberty Safeguards (DoLS) to support service users and their significant others to be empowered to take an active role in their care decisions and to engender a self-care model.



## Deprivation of Liberty Safeguards (DoLS)

- On 19<sup>th</sup> March 2014 the Supreme Court passed judgement that a person is being deprived of their liberty if they lack capacity, are not free to leave and are subject to continuous supervision and control. Following this ruling NELFT conducted a review of its internal procedures regarding DoLS, to ensure effective and robust procedures were in place.
- A DoLS administrator commenced employment in June to pilot the project for an initial 6 month period. A decision was made in November 2014 to extend the role of the DoLS administrator beyond the initial 6 month period as part of phase two of the project. The administrator sits within the Safeguarding Adults and the Mental Health Law disciplines and works closely with the Safeguarding Adults Team and Mental Health Law Manager.
- Existing close working relationships have been maintained between the Safeguarding Adults team and NELFT inpatient areas and new relationships formed between the administrator and both internal and external staff involved with DoLS processes.
- Additional bespoke training sessions have taken place to ensure that the inpatient area staff are familiar with the legal obligations and processes required. Information packs, leaflets, standardised letters and general information have all been developed and made available for staff use and for giving to service users' representatives and carers to offer an explanation of the processes involved, contact information for external bodies, (such as Voiceability; a non-government organisation) that provide advocacy services including Independent Mental Capacity Advocates (IMCA).

- One of the areas of identified for further work, was around patient/service user involvement in the Safeguarding Adults process. A method for capturing recorded consent in relation to Safeguarding Adults Alerts has been initiated by the Safeguarding Adults Team and an Audit of consent is scheduled to be conducted by the end of March 2015. This audit is also in line with the principles of the 'Making Safeguarding Personal' initiative being implemented nationally.

## Protection

The Safeguarding Adults Duty system has been established for one year as of 1<sup>st</sup> December 2014. All of the Safeguarding Adults team activity continues to be monitored by the Duty system and daily data is collated for all contacts received by the team. Operational staff have direct access to the duty worker through a dedicated telephone number, email address, face to face contact and through completion of Datix. The Duty system has proved a valuable resource to provide advice and support frontline staff and there are in excess of 100 enquiries reported each month.

There has been an increase in the number of enquiries relating to Domestic abuse, which could be attributed to the increased awareness to frontline staff through the Safeguarding Adults and Children's training along with the bespoke training and resources which have been developed by the Lead for Domestic Abuse and Harmful Practices.

Due to an increase in the number of enquiries relating to Self-Neglect and in line with the changes set out in the Care Act 2014 that identifies that Self Neglect now falls within the remit of Safeguarding, the Safeguarding Adults Team held a very successful Self Neglect Conference which was well attended by frontline staff from within NELFT, Local Authorities and commissioners. Fantastic presentations were delivered during the day by all the partner agencies and there was significant opportunity for networking to take place during the day to strengthen partnerships and look at effective strategies to assist staff with supporting service users who self-neglect and minimise the risk of harm.

There has also been a rise in the number of enquiries relating to MCA and DoLS reported through the duty desk at NELFT, which may also be attributed to additional training and increased awareness of the process.

## **Prevention**

The position of Strategic Lead Domestic Abuse and Harmful Practices was created in 2015 and so Jen Sarsby spearheads the work around domestic and sexual violence including the work in relation to Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and other harmful practices.

Monthly meetings of the Named Nurses and Clinical Advisors for Safeguarding Adults chaired by the strategic Lead for Adult Safeguarding, ensures the progression of the safeguarding strategy. Attendance by the Strategic Lead for Domestic Abuse ensures that there is collaborative working across both Adult and Children Safeguarding Teams regarding joint actions and that best practice issues are shared across both services. These meetings provide an opportunity to review the annual team work plan, discuss any locality risks around Adult Safeguarding and the progression of safeguarding adults open cases, where concerns have been shared directly relating to NELFT care.

Considerable activity has taken place within the area of Domestic Abuse and Harmful Practice. The post of Strategic Lead for Domestic Abuse & Harmful Practices and other NELFT staff have been working in close partnership with the local authorities in particular supporting the response to Female Genital Mutilation and Child Sexual Exploitation.

The Domestic Abuse Awareness and Enhanced Domestic Violence and DASH-RIC eLearning training package has been finalised and this is being progressed with the Training & Development department. Improved uptake of this training will lead to an increase in referrals from NELFT to MARAC which continues to be of concern.

Work was undertaken throughout 2014 to provide integrated referral and recognition pathways to enhance safeguarding identification and referral through multi-agency safeguarding response to Female Genital Mutilation (FGM). This work has been initiated within Redbridge through a multi-agency task and finish group and is suitable for sharing with the wider partnership economy. NELFTs contribution to this work has been acknowledged as highly valuable.

The procedure for NELFT staff in response to FGM including targeted questioning, recording and reporting has also been progressed in 2014 and the early part of 2015.

Staff awareness and response to the harmful Honor Based Violence, Forced Marriage & Modern Day Slavery practices are embedded in policies and included within the Safeguarding Standard Operating Guidelines.

The Safeguarding Adults team has continued to progress and review their annual audit plan. An audit on staff compliance of local guidance that a Safeguarding Adults Alert must be raised within 24 hours of a safeguarding incident being identified is conducted quarterly. Since the introduction of the Safeguarding Adults Team duty system compliance has significantly improved due to direct advice and support from the team.



A pilot Audit of staff knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards procedures was conducted in inpatient settings in December 2014. The purpose of the Audits was to assess staff knowledge and application of the MCA assessment and the impact of the Trust's response to the Supreme Court Judgment in relation to DoLS on 19<sup>th</sup> March 2014. Clinical Teams will receive feedback of the findings through the integrated Care Directorate safeguarding meetings once the initial report has been finalised. Once the effectiveness of the tool is evaluated it is anticipated that this will be rolled out across the trust.

#### Think Family:

On the 12<sup>th</sup> of June 2014, the Safeguarding Children and Adults staff attended an away day. The main focus of the day was to develop the final draft of the new Safeguarding Strategy which sets out the key priorities for NELFT in relation to safeguarding in NELFT over the next three years.

'Think Family' is embedded throughout the strategy and highlights the need for an integrated approach from children's and adults services. Transition arrangements were a key theme of the group discussions. It was agreed that children and adults with care and support needs do not exist in isolation and that informal support networks should always be considered in care provision. The final draft of the strategy was launched in August 2014 with the accompanying action plan which has actions assigned to the Safeguarding Adults and Children's team and operational leads. The progress of this action plan is monitored through the safeguarding directorate meetings on a quarterly basis.

#### **Proportionality**

The Safeguarding Adults Team has further increased its visibility across the Trust by directly working alongside front line staff to facilitate the embedding of safeguarding, MCA and DoLS. In addition the Clinical Advisers are regularly engaging with staff through attendance at Multidisciplinary Team meetings, and monthly staff meetings

In August 2014 the Associate Director for Safeguarding Adults was appointed to the post of Interim Director of Nursing (Clinical Effectiveness) linked to the Barts Health Economy. The Director of Nursing, Patient Safety, is the Strategic Lead for Safeguarding. The Named Nurses for Adult Safeguarding have been allocated additional responsibilities to meet the organisational requirements regarding Safeguarding Adults and to ensure on going service continuity.

During 2014 three additional Clinical Advisors joined the team further enriching the skill mix of the team with backgrounds in Occupational therapy and End of Life. One seconded Clinical Advisor returned to a role in Practice Improvement to assist with embedding safeguarding across the Trust, and the substantive vacancy has now been successfully recruited to. The Named Nurse for Adults post has also been successfully appointed to.

NELFT aim to achieve a compliance target of 85% for all levels of safeguarding training. NELFT overall Compliance as of 30th December 2014 is 88.75% for Safeguarding Adults Training which demonstrates a significant improvement from 77.17% compliance reported as of 30th December 2013.

The Safeguarding Adults Team have worked extensively alongside the Training and Development team to ensure the venues and number of sessions delivered facilitated maximum compliance, and there has been a substantial commitment from Operational leads to support front line staff in the priority of attending mandatory Safeguarding adults Training.

- In direct response to feedback from the Senior Leadership and Strategic Adult Safeguarding leads, mandatory training is now delivered through an e-Learning module which was successfully launched in November and saw compliance increase from 81.6% to 89.17% by December 2014.

### Partnership

All Senior Leads and Managers including the executive team have received safeguarding training at the required statutory level. The Integrated Care Director works closely on all safeguarding matters with the Director of Nursing and Associate Director and is a member of the LSAB.

The Trust continues to be an active member of all the Local Safeguarding Adults Boards. Evidence of strong partnership work is demonstrated through participation in working groups, audit programs and policy development.

The total number of NELFT staff trained in prevent awareness overall is 1394. Training delivery continues in line with the Prevent strategy of identifying staff teams who work with client groups who are more susceptible to radical exploitation, although there is recognition that this can happen in any group across children, young people and adults. A piece of work has commenced to ensure training compliance is reviewed in relation to the identified priority groups of staff.

On 16<sup>th</sup> October 2014, WRAP 3 which is a generic modular training package for Prevent, replaced the current Health WRAP and was launched and is now being delivered by NELFT's Home office approved facilitators.

There have been four Channel Panel referrals within NE London since December 2014 and in addition NELFT have also supported Channel with health input regarding referrals from other agencies. Two of the channel referrals were in direct response to front line staff receiving awareness training.

### Work planned April 2015 – March 2016

- To further embed integrated working across the adult and children safeguarding teams.
- To strengthen links with the Serious Incident Team, to further streamline the governance around.
- To review the training strategy for delivery of Prevent awareness training in line with the government proposal of a more towards statutory awareness raising. The proposal is that Prevent training will become a mandatory training required three yearly for all staff by face to face and e-learning depending on staff role.
- A Review of the Duty Desk standard Operating procedures is planned for completion in June 2015.
- NELFT will continue to support the implementation of the Safeguarding Strategy Action Plan.
- The Safeguarding Adults Team will increase their visibility across operational services within NELFT with significant input to the community and mental health inpatient areas.
- Strengthening the Link Practitioner role within Operational Services is proposed by integration of the existing mental health and community health link practitioner meetings. A joint forum of all link practitioners is being arranged for June 2015.

## **Barking Havering and Redbridge University Hospitals Trust (BHRUT)**

Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT) has introduced measures at all levels to ensure that it is doing everything it can to prevent the abuse or neglect of the people who use the Trust services and their carers. The organisation has established processes, by way of the Trust's Protecting Adults at Risk - Safeguarding Adults Policy, Safeguarding Adults Training, Incident Reporting and Safeguarding investigations, to ensure there is a timely and proportionate response when allegations of abuse or neglect are raised.

### **Empowerment**

A Mental Capacity Act (2005) Policy was developed at the end of 2014 to provide staff with guidance on how to implement the Mental Capacity Act in practice. The policy strengthens the guidance provided in the Trust's Protecting Adults at Risk - Safeguarding Adults Policy on both Mental Capacity and Deprivation of Liberty Safeguards. The policy is available on the Trust's Intranet under clinical policies and via the Safeguarding Adults webpage.

Following the findings of the CQC Report - Monitoring the use of the Mental Capacity Act Deprivation of Liberty Safeguards, published each year for the last five years, and the result of the Trust's Safeguarding MCA/DoLS Assessment of Knowledge audit a key priority for the Safeguarding Adults team has been to address the educational requirements of the clinical staff.

This has been achieved by the provision of:

- An e-learning package on MCA/DoLS, available since December 2014, designed for all clinical staff who have contact with adults at risk

- MCA/DoLS Practice Seminars were delivered by an external trainer in November 2014 and January 2015. These training sessions were open to all clinical staff to attend. A further two sessions have been arranged for May 2015. The sessions captured a total of 48 members of clinical staff
- Mandatory training sessions for Senior Sisters/Charge Nurses and Matrons, on the process of application of DoLS and the completion of required documentation were delivered throughout February 2015. It provided a good opportunity to raise awareness of both MCA/DoLS.

An easy read Learning Disability webpage for the external BHRUT site has been developed by the Learning Disability Liaison Nurse (LDLN). Its layout and content has been reviewed by Local Advocacy Services for people with Learning Disabilities from Havering and Redbridge and carers from Barking & Dagenham, to ensure it is accessible for people with a Learning Disability to use. Carers have contacted the LDLN having reviewed the Learning Disability website and have subsequently been able to discuss the service users admission to hospital or outpatient appointment. This has enabled the LDLN to get to know more about the Learning Disabled individual's needs prior to admission and visiting them on the ward.

A series of easy read checklists have been developed by the LDLN for use with people with a Learning Disability accessing hospital services. The purpose of the checklists are to ensure Learning Disabled people accessing hospital services are prepared for their appointment or stay in hospital and / or they understand why they have needed hospital services and what treatment they have received.

## Protection

During 1<sup>st</sup> April 2014 - 31<sup>st</sup> March 2015 there were a total of 435 safeguarding adult referrals. This is compared to 393 cases during the same reporting period 2013/14. Of the 435 referrals a total of 381 referrals were raised internally by Trust staff with regard to concerns in the community. The increase of internal referrals demonstrates a healthy reporting culture with regard to safeguarding issues within the organisation.

There were a total of 54 external referrals received by the Trust during 1<sup>st</sup> April 2014 - 31<sup>st</sup> March 2015. In comparison to the number of alerts received in the same reporting period for 2013/14 this demonstrates an increase of 1 alert. An increase of one external referral compared to last year is disappointing; however, of those relating to neglect/acts of omission the number substantiated has decreased with an increase to those unsubstantiated which is extremely positive.

The Trust's Named Nurse, Safeguarding Adults has regular telephone contact with the borough Safeguarding Teams to ensure feedback from the Trust's investigations is provided. Increased contact with the Hospital Social Work team and Joint Assessment and Discharge Teams has also helped to facilitate this process.

## Prevention

BHRUT is committed to ensuring that all staff receive the correct level of training to ensure adults at risk receive the right care and safety whilst in our care. The organisation also promotes an interagency approach to training and development in relation to adults at risk.

The whole day safeguarding module, as part of the Trust's Mandatory training programme, commenced in February 2014. The programme has been amended to incorporate PREVENT whilst Domestic Violence is now e-learning.

The topics include:

- Safeguarding Children - Level 2
- Safeguarding Adults including Learning Disability
- Dementia Training
- PREVENT
- Falls
- End of Life Care
- Pressure Ulcer Management

E-learning packages for Level 1 Safeguarding Adults - Raising Awareness training is available for all non-clinical staff. This training captures all staff new to the Trust. Additional Safeguarding Adults, including Learning Disability, sessions for clinical staff are held once a month to improve the Trust's training compliance.

As of 31<sup>st</sup> March 2015 there were a total of 1235 members of non-clinical staff trained at Level 1 (78.9% compliance) and 3653 members of clinical staff trained at Level 2 (84.7% compliance).

A total of 59 members of staff were trained at Level 3 during 2014/2015. This training is non-mandatory and is available for those staff that lead a team who may at some point contribute to an adult safeguarding investigation and how they support that process.

The Trust prides itself in having 80 Safeguarding Adult/Learning Disability Champions who work across the organisation to ensure that advice and signposting is available to all staff within the Trust. A welcome increase of 14 Champions has been secured throughout the last year through interested staff self nominating following attendance at Safeguarding Adult & Learning Disability training sessions.

The role of the Champions, (reviewed and updated in March 2015), is to provide Safeguarding Adults and Learning Disability advice and support in the clinical setting for team colleagues and patient's alike.

The Trust's Named Nurse Safeguarding Adults and Learning Disability Liaison Nurse facilitate four additional workshops per year to enhance the champions' knowledge base in the areas of safeguarding and learning disability including the latest national and local guidance.

Topics covered to date include:

- Mental Capacity Act and Deprivation of Liberty Safeguards - external speaker from Safeguarding Adults Team, Barking & Dagenham Local Authority.
- Living with Autism - co-presented by the Autism Ambassadors from the Sycamore Trust.
- Learning Disability Resource update.
- Fire Safety & Adults at Risk - presentation on issues to consider to ensure a safe discharge delivered by the Redbridge Borough Commander, London Fire Brigade.
- Champions Roles & Responsibilities - review and update.

### **Proportionality**

The Safeguarding Adults Team has worked hard to raise awareness amongst staff of safeguarding issues with a particular focus on the Mental Capacity Act and Deprivation of Liberty Safeguards. The increased visibility of the Named Nurse, Safeguarding Adults and the Learning Disability Liaison Nurse has been instrumental in embedding safeguarding in practice. A noticeable increase to the number of DoLS applications made throughout the reporting period is testament to this. The funding to recruit a Mental Capacity Act/Deprivation of Liberty Safeguards clinical advisor was approved and the recruitment process commenced in April 2015. This post will help to support and sustain the work already undertaken with regard to MCA and DoLS.

### **Partnership**

BHRUT is a member of three Local Safeguarding Adult Boards, which are the London Boroughs of Havering, Barking & Dagenham and Redbridge. The Deputy Chief Nurse or the Named Nurse Safeguarding Adults represents the Trust at these meetings.

The Trust also attends all partnership committees and sub-committees hosted by all three Boroughs. These meetings include Domestic Violence, Performance and Serious Case Reviews, Training and Development and Policy and Practice. Trust representation at the Learning Disability Partnership Boards, by the Learning Disability Liaison Nurse, continues for all three boroughs.

### **Priorities Identified Going Forward**

- To increase the number of Mental Capacity Assessments and Deprivation of Liberty Safeguards authorisations within the Trust.
- Embed Adult Safeguarding Supervision in practice.
- Embed the principles of Making Safeguarding Personal as per the Care Act 2014 shifting from process driven to person centred practice.

## National Probation Service and The Community Rehabilitation Company

The National Probation Service works with a number of offenders who not only pose a risk to others, but indeed are also at risk from others and in need of care. Consideration is especially given to offenders who have served long term prison sentences (especially those on life sentences), and who are only released from prison once they have reached old age and are then also experiencing a number of health and other care needs as consequence.

The National Probation Service works closely with Adult Safeguarding Units, as well as prisons and Approved Premises, in order to ensure appropriate assessments are completed prior to release and care plans are in place as part of sentence plans. Joint work between these agencies is essential, not only to protect the public from further harm, but also to ensure the offender who is at risk, is protected and receives the care they require in order to facilitate their resettlement in the community.

The Government's Transforming Rehabilitation reforms divided probation work across two organisations: The National Probation Service and the Community Rehabilitation Company (CRC). The CRC is responsible for managing offenders who pose a low or medium risk of harm to the public, with a view to reducing re-offending rates.

Since the formation of the CRC, the organisation has worked to develop new policies and procedures across its priority areas, one of which is Safeguarding Adults. The CRC Safeguarding Adults procedures have now been agreed and launched, providing staff with an understanding of the meaning of safeguarding in this context, and

providing guidance on practice. Senior Practitioners have also been raising the profile of safeguarding adults work by delivering practice workshops to staff across London, to increase the quality of practice, and ensure that crucial multi-agency relationships are understood.

Going forward the CRC will move to an operating model based around cohorts of service users presenting particular needs and vulnerabilities. This will enable greater focus on areas such as Safeguarding. For example, one cohort will be specifically based around working with adults with Learning Disabilities and Mental Health diagnoses. The CRC will be keen to report back to Safeguarding Adults Boards across London on work being done within the new cohort model to improve safeguarding practice and protect our vulnerable service users.



Serious case reviews are carried out in response to incidents when serious harm has come to a vulnerable adult, when questions are raised about the circumstances in which this happened and where concerns have been expressed about the adequacy of the response of relevant agencies in working together to safeguard the vulnerable adult.

A serious case review is not intended to attribute blame but to reveal and collate the lessons to be learnt from the review of the circumstances and to make recommendations. The objective is to improve practice in safeguarding and hopefully prevent future deaths or significant harm to vulnerable adults.

A serious case review of an incident in June 2013 was conducted during 2014/15, the findings of which were reported to the SAB in March 2015. Although the review made a number of recommendations, it concluded that there was little that could have been done by any of the agencies to predict or prevent the incident from occurring.

The review centred around the deaths of Mr and Mrs A in June 2013. Although the circumstances of the deaths met the threshold of a domestic homicide review, the Chairs of the SAB, Community Safety Partnership and the Police Borough Commander agreed that a safeguarding adult review would be more likely to identify lessons for the agencies involved. This decision was communicated to the Home Office.

The inquest into the deaths took place in July 2014 recording a verdict of unlawful killing and suicide. The SAB commissioned an independent reviewer from another London Borough to carry out an independent safeguarding adult review and investigation of the care and support provided by the agencies to Mr and Mrs A.

There was full co-operation with the review from the Metropolitan Police, Saint Francis Hospice, North East London Foundation Trust, the GP and the London Borough of Barking and Dagenham. The review made a number of recommendations to the SAB that were all accepted, and the implementation of those recommendations in being overseen by the Safeguarding Adults Review Group.

## Recommendations from the Serious Case Review, reported March 2015

1. Increased uptake of training on suicide awareness and risk to patients and their families and carers to 80% for qualified staff providing care to patient with either chronic or terminal illness by June 2015.
2. Implement alternative methods of training delivery, e.g. e-learning, to improve access and uptake by June 2015.
3. Report back to the SAB on the feasibility of electronic care systems by September 2015.
4. NELFT and St Francis Hospice to review arrangements for responding to carer distress and how information regarding this is shared effectively by June 2015.
5. St Francis Hospice to review the effectiveness of the suicide/assisted dying policy that it has revised following the deaths of Mr and Mrs A, by June 2015
6. NELFT and St Francis Hospice to review their training on adult safeguarding and reporting safeguarding concerns in partnership with LBBD by June 2015.
7. St Francis Hospice to ensure their revised safeguarding policy is in line with current pan-London guidance and ensure that flash points/thresholds are clear by June 2015

## Healthwatch

Healthwatch Barking and Dagenham is a consumer organisation whose role is to be the voice of local service users, championing their causes and ensuring that voice is heard by local decision makers. To this end we are pleased to work in partnership with the Barking and Dagenham Adult Safeguarding Board, as we have done during 2014- 2015.



We are represented on the Board by a Healthwatch Board member, who sits on the Performance and Monitoring sub-group. This fits well with the overall role of Healthwatch. We have been involved with the Board, not only through meetings but also through strategic workshops and planning days.

This year we have worked with the SAB to garner public opinion regarding the borough's arrangements for adult safeguarding. The results of our findings are mentioned earlier in the report and the final report can be found on the Healthwatch website. Public understanding of the arrangements is crucial to the protecting vulnerable adults, as we rely on everyone to play their part: safeguarding is everyone's business.

Throughout the year Healthwatch has conducted surveys with staff in health and social care settings, to better understand how the Duty of Candour is being interpreted by employees in these settings. All our reports are shared with the Safeguarding Adults Board and we are pleased that we have found a way of working together with the SAB to ensure our findings are acted on.

Healthwatch is pleased to have be part of the Safeguarding Adults Board and to have contributed to this annual report.

**Marie Kearns**  
**Service Manager**  
**Healthwatch Barking and Dagenham**



## Barking and Dagenham Carers

Barking and Dagenham's Safeguarding Adults Board has a broad representation which not only includes statutory sector agencies but also the local voluntary sector. As an Executive Director of a well established Carers Centre in the borough of Barking and Dagenham I write with a specific interest in family carers.

The Board meeting has enabled members to share information on good practice, issues and concerns including sharing statistical data to identify trends and issues to address. The Board strives to support organisations to develop services that work towards prevention and empowering communities to identify and protect adults at risk.

The Board's strategy and work plan has engaged all members of the Board through strategic workshops and development days; this enables us to work towards the same aim and for me to highlight the role of family carers.

The Carer Rights day in December included information stands in partnership with the local authority and voluntary sector agencies. National Carers week held in June every year offers a range of activities across the borough including carer awareness stands set up on various days to identify hidden carers, there are also trips and a therapy day to help carers unwind and relax.

Agencies are asked to review their own safeguarding procedures ensuring staff receive training and understand the protocol for raising an alert

Information on Deprivation of Liberty safeguards has enabled us to reflect as an organisation and we have delivered training to key staff working at our Dementia Day Care Centre and restraint training for our Young Carers project.

As a member of the Board I am able to contribute to discussions and decision making and identify the importance and impact that safeguarding has on so many family carers. This helps us to deliver improved preventative services and ensure information is cascaded throughout our organisation, through training and our twice yearly newsletter and a range of other services we aim to increase the resilience of family carers and their cared for.

**Lorraine Goldberg**  
**Executive Director**  
**Carers of Barking and Dagenham**



The SAB has agreed a number of strategic objectives for the coming 18 months. These objectives are:

<b>Safeguarding Principle</b>	<b>Strategic Objectives</b>
<b>Empowerment</b>	Listen to people who may be at risk of abuse or who have been subject to abuse or neglect and seek assurance that those individuals are supported in the way that they want, are involved in decisions and can achieve the best outcomes.
<b>Prevention</b>	To learn lessons and make changes that prevent similar abuse or neglect happening to other people. To be assured that safeguarding is embedded in communities, raising awareness, promoting well-being and preventing abuse and neglect from happening in the first place.
<b>Proportionality</b>	Ensure that all commissioners and service providers have safeguarding processes and practices in place that are proportionate to the circumstances and situation of each individual.
<b>Protection</b>	Ensure that the SAB is meeting the recommendations from Winterbourne View. To seek assurance that effective policies, procedures and practices are in place that ensure the safety and wellbeing of anyone who has been subject to abuse or neglect and that action is taken against those responsible. Ensure that health partners are compliant with the CQC Fundamental Standard.
<b>Partnership</b>	To work in partnership with the Local Children’s Safeguarding Board, the Health and Wellbeing Board and the Community Safety Partnership Board.
<b>Accountability</b>	Provide and seek assurance of effective leadership, partnership working and governance on adult safeguarding matters, holding partners and agencies to account.
<b>Care Act Compliance</b>	Ensure that the Safeguarding Adults Board is independent of the statutory partners. Ensure that the requirements of the Care Act are embedded in the safeguarding policies and practices of all SAB member organisations and other safeguarding partners. Ensure that the work of the SAB is adequately resourced so that it is able to fulfil its statutory functions.

## Appendix A – Membership of the SAB

### Safeguarding Adults Board

Sarah Baker - Independent Chair  
Anne Bristow - Corporate Director, Adult and Community Services, LBBB  
Helen Jenner - Corporate Director, Children's Services, LBBB  
James Goddard - Director of Housing, LBBB  
Jacqui Himbury - Nurse Director, Clinical Commissioning Group  
Sultan Taylor - Chief Superintendent, Barking and Dagenham Metropolitan Police Service

### Safeguarding Adults Review Sub Group

Bruce Morris (Chair) - LBBB  
Tudor Williams - LBBB  
Mark Tyson – LBBB  
Diane Jones – CCG  
Tony Kirk – Metropolitan Police  
Chelle Farnan - NELFT

### Performance and Assurance Sub Group

Diane Jones (Chair) – CCG  
Lucy Satchell-Day - Community Rehabilitation Company  
Kim Roberts-Waldron - National Probation Service  
Glynis Rogers – LBBB  
Mark Tyson – LBBB  
Tony Kirk – Metropolitan Police  
Gillian Mills – NELFT  
Stephan Brusck – NHS England  
Gloria Dowling – CQC  
Marie Kearns – HealthWatch  
Lorraine Goldberg- Carers of Barking and Dagenham

### Learning and Development Sub Group

Susan Smyth (Chair) – NELFT  
Stephen Calder - Community Rehabilitation Company  
Glynis Rogers – LBBB  
Bill Brittain – LBBB  
Tbc - LBBB  
Diane Jones – CCG  
Tbc - CCG  
Rob Mills – Metropolitan Police  
Lorraine Goldberg- Carers of Barking and Dagenham

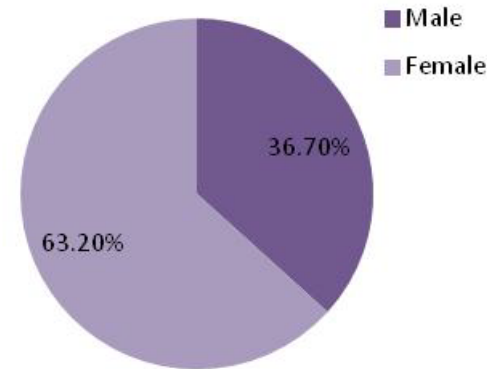
## Appendix B - Data on the 283 adult safeguarding referrals made during 2014/15

As would be expected, given that the population of vulnerable people receiving social care support is largely older people, the number of referrals increases with the age of the individual. Of the 283 referrals made, over 80% relate to people over the age of 55, three quarters of which are over the age 75.

### People affected: Gender

Gender	Number of referrals	%
Male	104	36.7 %
Female	179	63.2 %

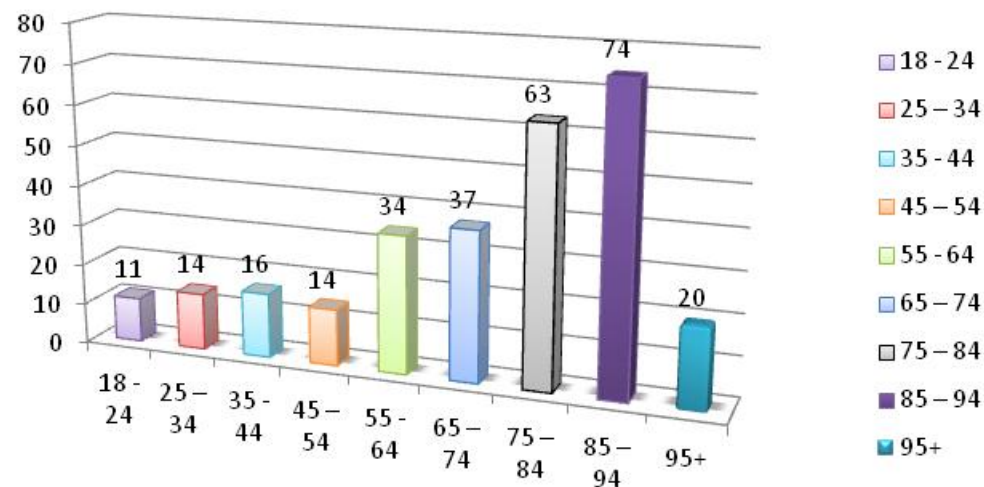
Number of Referrals by Gender



### People referred: Age Group

Age Group	Number of referrals	%
18 - 24	11	4%
25 - 34	14	5%
35 - 44	16	6%
45 - 54	14	5%
55 - 64	34	12%
65 - 74	37	13%
75 - 84	63	22%
85 - 94	74	26%
95+	20	7%

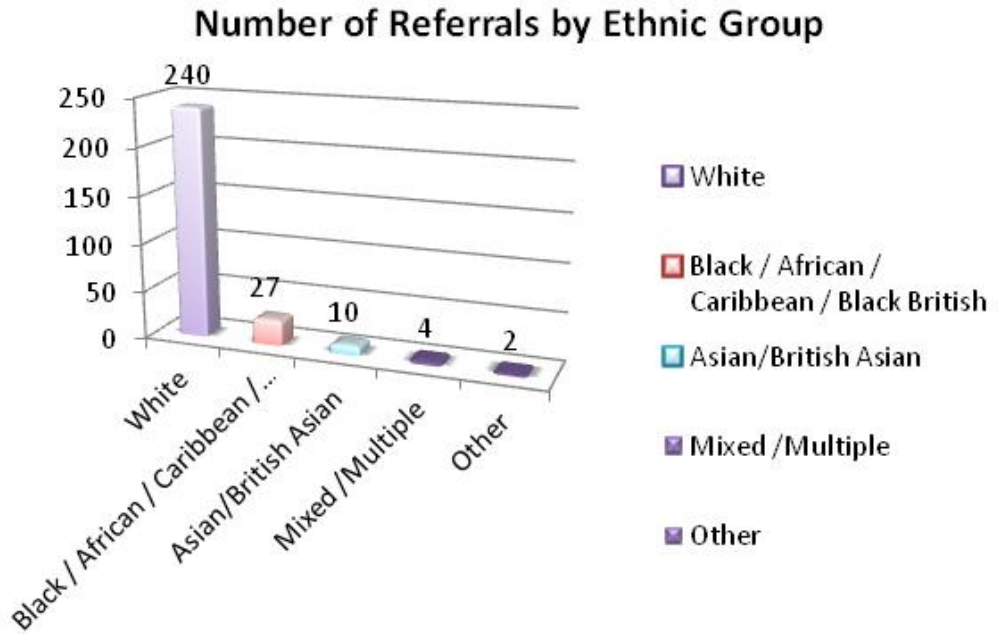
Number of Referrals by Age



Whilst 64%<sup>2</sup> of the adult population of Barking and Dagenham classify themselves as “white”, this increases to 86% of the residents who are over the age of 55 years. This provides an explanation for what appears to be a significant over representation of the white community in the referrals (85% of the 283).

**People referred: Ethnicity**

Ethnic Group	Number of referrals	%
White	240	85%
Black / African / Caribbean / Black British	27	9.5%
Asian/British Asian	10	3.5%
Mixed /Multiple	4	1.5%
Other	2	0.5%



**Barking and Dagenham – Ethnic Group by age (National Census 2011)**

Age Group	White &	Mixed %	Asian %	Black %	Other %
18 - 24	7.75%	0.68%	2.54%	2.37%	0.15%
25 - 34	11.33%	0.71%	5.84%	4.50%	0.45%
35 - 44	11.12%	0.52%	3.80%	5.45%	0.44%
45 - 54	11.16%	0.29%	1.71%	3.41%	0.23%
55 - 64	8.94%	0.10%	0.97%	0.88%	0.09%
65 - 74	5.98%	0.06%	0.51%	0.41%	0.04%
75 - 84	4.89%	0.03%	0.21%	0.14%	0.01%
85 and over	2.25%	0.01%	0.04%	0.02%	0.00%

<sup>2</sup>2011 Census data

Across Barking and Dagenham the number of referrals that involve abuse or neglect by someone who is not known to the vulnerable adult is relatively low, accounting for 33 cases (11.6%). However, 64 (22.6%) cases related to individuals or agencies that are commissioned/ contracted to provide social care support.

Most referrals relate to incidents where the person is known in some way to the vulnerable adult, for example a friend, family member, carer, GP, or health worker: These cases make up 65.7% of all the referrals. The provisional comparator borough data has a lower number (48%) of referrals involving people who are known to the adult but a higher number (34%) of referrals involving a contracted/commissioned social care support service.

### People referred: Type of Abuse by Perpetrator

Type of risk	Social Care Support (commissioned/ contracted to provide social care)	Known to Individual (e.g. friend, family member, carer, GP, health worker)	Unknown to Individual (eg health/ social care professional, theft or abuse by unknown person)	Total
Physical	13	49	6	68
Sexual	0	5	3	8
Psychological and Emotional	3	29	2	34
Financial and Material	5	56	18	79
Neglect and Omission	38	47	8	93
Discriminatory	0	2	1	3
Institutional	10	11	0	21
<b>TOTAL</b>	<b>69</b>	<b>199</b>	<b>38</b>	<b>306*</b>

\* Each case may involve more than one type of abuse

## People referred: Location of abuse/neglect

Location of risk	Source of risk			Total	%
	Social Care Support (commissioned/ contracted to provide social care)	Known to Individual (i.e. friend, family member, carer, GP, health worker)	Unknown to Individual (i.e. health or social care professional, theft or abuse by unknown person)		
Care Home	29	33	1	63	22.5%
Hospital	4	2	1	7	2.5%
Own Home	30	143	27	200	70.5%
Community Service	1	1	1	3	1%
Oher	0	7	3	10	3.5%
<b>TOTAL</b>	<b>64</b>	<b>186</b>	<b>33</b>	<b>283</b>	

The data shows that vast majority safeguarding referrals are raised about people who are living in their own home (83%). After investigation most referrals (71.5%) are either fully or partially substantiated. Action is taken in nearly 80% of referrals to remove or reduce the risk of harm. It is unclear why no action in the remaining cases.

## Safeguarding Outcomes

Conclusion	Social Care Support (commissioned/ contracted to provide social care)	Known to Individual (i.e. friend, family member, carer, GP, health worker)	Unknown to Individual (i.e. health or social care professional, theft or abuse by unknown person)	Total	%
Substantiated	40	101	14	155	55%
Partially Substantiated	8	36	3	47	16.5%
Inconclusive	5	18	5	28	10%
Not Substantiated	11	27	9	47	16.5%
Investigation Ceased	0	4	2	6	2%
<b>TOTAL</b>	<b>64</b>	<b>186</b>	<b>33</b>	<b>283</b>	

**People referred: Action Taken**

<b>Action and Result</b>	<b>Social Care Support (commissioned/ contracted to provide social care)</b>	<b>Known to Individual (i.e. friend, family member, carer, GP, health worker)</b>	<b>Unknown to Individual (i.e. health or social care professional, theft or abuse by unknown person)</b>	<b>Total</b>	<b>%</b>
<b>No Action Taken</b>	14	32	12	58	20.5 %
<b>Action taken and risk remains</b>	9	65	0	79	28%
<b>Action taken and risk reduced</b>	26	69	13	108	38%
<b>Action taken and risk removed</b>	15	20	3	38	13.5 %
<b>TOTAL</b>	<b>64</b>	<b>186</b>	<b>33</b>	<b>283</b>	