

Barking and Dagenham Safeguarding Adult Board Annual Report 2019-20

Annual Report

Safeguarding Adults Board

Barking & Dagenham

2019-20



Contents

1.	Independent Chair's Foreword and Overview.....	3
2.	What is Safeguarding Adults.....	7
3.	The SAB's Vision.....	8
4.	The Board and Committees.....	9
5.	Safeguarding Data.....	12
6.	Safeguarding Adult Reviews.....	13
7.	Case Studies.....	15
8.	The SAB's Partners.....	17
9.	Quality of Care.....	28
10.	Partnership Priorities for 2020/21.....	30
11.	Further Information about Safeguarding.....	32

1. Independent Chair's Foreword and Overview



This is my second 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. Written after the close of the year (April 2019 to March 2020) in June 2020 and agreed at a meeting of the Board in July 2020, it is difficult for it not to be influenced by Covid-19 events since March 2020.

This Annual Report for 2019/20 says less than an Annual Report would ordinarily (and should) about the Board's ambitions and priorities for 2020/21 and continuing strategic priorities up to the end of the current three-year Strategic Plan in March 2022. The context for this is clearly Covid-19, such that what might have been anticipated continuing priorities from 2019/20 require further review, and, significantly, new concerns and priorities have emerged during the first four months of the pandemic which are requiring the Board's consideration. There is further discussion of this in Section 10.

Whatever else has emerged with Covid-19 it has been pleasing to observe how safeguarding partner organisations in Barking & Dagenham have responded so effectively and worked together well since March. This is notwithstanding real concerns about:

- deaths in care homes, locally as well as nationally
- more deaths than would have been expected of adults with learning disabilities, locally as well as nationally
- unknown levels of distress from isolation or lack of personal contact with health, social care and police services because of ill health (physical & mental), disability, anxiety, abuse or other reasons.

Clearly these will be issues for our 2020/21 Annual Report but I do want to acknowledge here the outstanding personal and professional commitment of so many staff of all the SAB partner organisations - 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 over the period.

This Annual Report also includes the Board's continuing ambitions (chapter 10) from 2019/20 into 2020/21 and strategic priorities up to March 2022.

Throughout the year I have been appreciative of the excellent willingness from senior and very busy colleagues of all organisations which have enabled the SAB to be an effective 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 (i) to the Barking and Dagenham public, (ii) to those people who speak for their interests, and (iii) to 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 following pages of this Annual Report satisfy those challenges without being too lengthy and detailed.

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 can be seen in this report at chapter 5.

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 become more vulnerable as services, staff and partnerships working in different agencies become more stretched with reduced funding and resources, 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 LBBDD). The former has developed a robust and focussed approach to individual cases and focus on the learning which then needs to be applied when, with hindsight, professional intervention could have been more timely or better quality.
- Widened learning beyond the Board through a successful joint learning event about outcomes from London-wide and local Safeguarding Adult Reviews with Havering and Redbridge SABs and staff from all partners.
- Undertaken an individual organisation self-assessment and safeguarding assurance exercise with Havering SAB up to the stage at which this and the planned LBBDD Safeguarding Peer Review were disrupted by Covid-19 in March 2020.
- Sought to improve timely information sharing about individual concerns between professional and partner organisations through an agreed documented protocol and escalation of notice to more senior colleagues and the Board's Independent Chair.
- Recognised that Board needs to be alert to specific safeguarding service needs and to probing them further. For example:
 - homelessness and rough sleeping
 - interface with domestic abuse/violence
 - developments with 'Prevent'
 - avoidable deaths of people with learning disabilities who have underlying physical health care conditions
 - continuous need for watchfulness about highest risk aspects: hospital discharge, mental capacity assessment, exploitation of others
 - cultural/ethnic/religious/language dimensions
 - self-neglect.

The Board has recognised that it has:

- 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 to develop further in 2020/21 with help from Council, given LBBDD's own wish to develop this aspect of their services.
- Needs to think more strategically with others about the relationship between Boards which all have statutory partnership assurance responsibilities - children, domestic abuse/violence and public protection/community safety, and the ways in which there can be greater focus on preventative approaches. This too must be a priority for

2020/21. I have been pleased with the close working together with the Health and Wellbeing Board, particularly as it also includes senior elected councillors and NHS non-executive and clinical lead colleagues beyond that of the membership of the other partnership boards.

- May wish to review in 2020/21 the way in which it links with the non-statutory, more informal, LBBD-convened 'Complex Case Panel', and in particular the reporting and accountability responsibilities from this Panel on individual cases.

I am pleased that:

- At a personal level, in my 'independent' role I have been able to visit services and talk with people (but less than I would have wished), especially across the Council and NHS organisations serving Barking and Dagenham, and to witness good practice, innovative thinking, high levels of professionalism and huge personal commitment. Personal and inter-organisational relations are generally good in the borough. All partners recognise that there is more for them to do, alone and with others.
- The Board has welcomed the Director from the Council's Community Solutions service to become a 'standing' board member, meaning eight statutory partner organisations or services are directly represented on the Board.
- During the year we have welcomed a new Borough Fire Commander and at the turn of the year into 2020/21 both a new Metropolitan Police Superintendent and Probation Head of Service.
- I am grateful for the consistent personal commitment and support to the SAB from senior colleagues from the Council and all three NHS bodies.

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.

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 - thank you.

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

2. What is Safeguarding?

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 partners are also involved in various different ways.

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



3. The SAB's Vision

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 has developed a Strategic Plan which sets out how we will work together to safeguard adults at risk.

The Safeguarding Adults Board has a responsibility to:

- **protect** adults at risk
- **prevent** abuse occurring, and
- **respond** to concerns.

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

- there 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 **them or others at risk**.

4. The Board and Committees

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 two 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)

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.

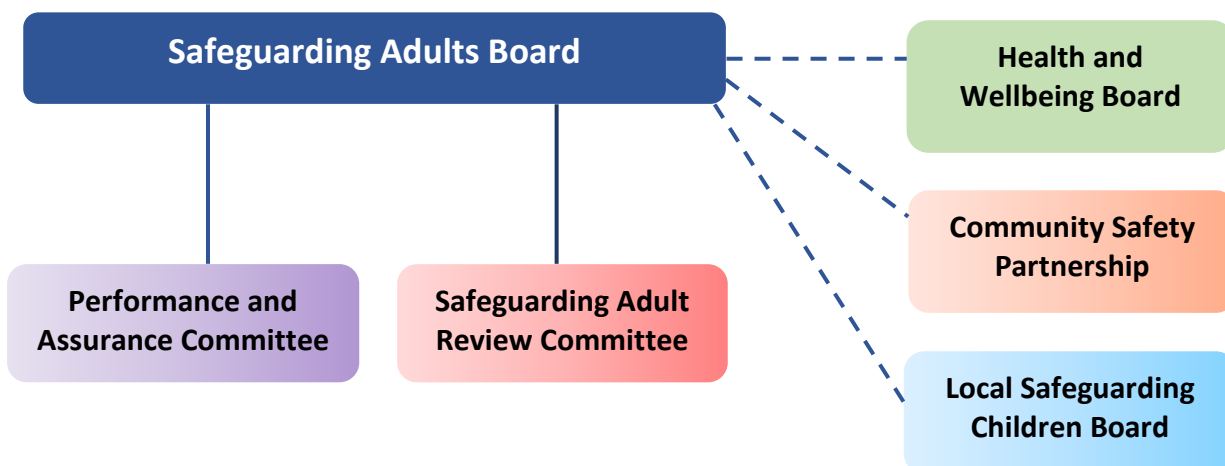
The Chair of each of the two committees is responsible for:

- Developing a work programme which will be 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 the year the Independent Chair met regularly with the Barking and Dagenham Safeguarding Children Board Independent Chair under previous LSCB arrangements. 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 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 2019/20 and provides an account of the work of the partnership including achievements, challenges and priorities for the coming year.

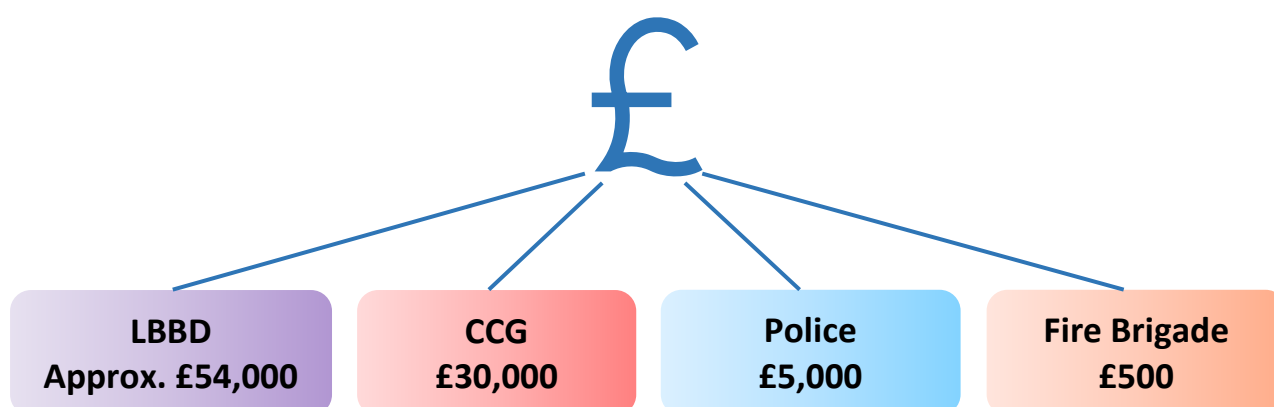
In addition, the SAB has a statutory duty to carry out Safeguarding Adult Reviews (SARs) where an adult in the Local Authority area:

- 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 and reported in 2019/20. Details of this can be seen at chapter 6.

Financial Contributions and Expenditure

Statutory partners make financial contributions to the Safeguarding Adults Board. For 2019/20 the partner contributions to the SAB were as follows:



The following table shows a breakdown of the expenditure for 2019/20. This includes staffing costs for the SAB Independent Chair and the Board Business Manager and administration costs.

Expenditure	Cost
Safeguarding Adult Reviews – one review was commissioned and funded in 2019/20	£6550
Learning and development events	£817
Support services costs, including staffing (SAB Independent Chair and the Board Business Manager) and support budgets	Approx. £82,000
Board Administration Costs	Approx. £1000
Total	£90,367

5. Safeguarding Data

Finalised safeguarding performance data for 2019/20 is not available as the national data collection has been suspended by NHS Digital due to the Covid-19 pandemic. However, provisional data reported during the year is available to provide trends in local safeguarding compared with 2018/19.



Safeguarding Concerns

- The number of concerns raised to the Council declined marginally. During the year 1,408 safeguarding concerns were raised in Barking and Dagenham, 75 fewer concerns than in 2018/19.
- The proportion of concerns which required further inquiry or investigation also decreased. During 2019/20, 21% of concerns progressed to further enquiry; 6% fewer than in 2018/19 (27%).



Section 42 enquiries

- The number of Section 42 enquiries that concluded this year increased by 6% from 389 in 2018/19, to 412 in 2019/20. The 412 enquiries that concluded during 2019/20 involved 361 individuals at risk; 41 individuals were the subject of 2 or more enquiries.



Outcomes

- The risk was removed or reduced in 94% of enquiries (297) that concluded. This is a slight reduction compared with 2018/19, during which 97% of enquiries resulted in an overall reduction in risk for the adults at risk of abuse.
- The risk remained in 6% of concluded cases (20) in 2019/20. In all cases where the risk remained the person continued to be offered support and advice.

6. Safeguarding Adult Reviews

In 2019/20 the Barking and Dagenham Safeguarding Adult Board commissioned a Safeguarding Adult Review to be undertaken by an Independent Reviewer following the unexpected death of Peter Smith (the name has been changed to protect the individual's identity). The Safeguarding Adult Review (SAR) Committee reviewed the case and details of Mr Smith's death and concluded that the case met the criteria for a SAR to be undertaken. The SAR Committee appointed the Independent Reviewer and oversaw the undertaking of the review, production of the report and was involved in drafting the final recommendations. The final report and recommendations were agreed by the SAB in February 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 is available at this link <https://www.lbbd.gov.uk/barking-and-dagenham-safeguarding-adults-board>

Mr Smith, a 75-year-old man, was found deceased on October 3rd 2018 on an unplanned visit by an Integrated Care Assistant (ICA) from the Community Health and Social Care Service Barking and Dagenham East (CHSCS). Mr Smith had been discharged from King George Hospital on 10th September 2018 where he was undergoing rehabilitation with follow up in the community. Mr Smith was also assessed for a community alarm which had yet to be installed. The last time Mr Smith was seen alive was 28th September 2018. Given the circumstances of Mr Smith's death an inquest was held at an East London Coroner office who issued a report under schedule 5 of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013 on 3rd July 2019. The coroner concluded the cause of Mr Smith's death as follows, "Mr Smith died as a result of starvation ketoacidosis following a likely fall in his home address."

The purpose of the review was to:

- Establish what lessons were to be learned from the work carried out by local professionals and organisations either individually or together to safeguard people in need of care and support
- Set out recommendations for consideration by the Barking and Dagenham Safeguarding Adults Board based on the findings and analysis identified in the report
- Identify preventative strategies that might be utilised to safeguard other vulnerable groups.

A number of recommendations were agreed by the Board and an action plan has been developed and is being monitored by the Safeguarding Adult Review Committee. The recommendation are as follows:

1. Develop strategic plans to strengthen integration across agencies where mental capacity and risk assessments can be built into mental capacity training using evidence and intelligence from SARs, Serious Incidents and near misses.
2. Where an individual has the mental capacity to make decisions, yet there is an identified risk to safety, health and wellbeing implement a multi-agency approach to risk management planning to mitigate or reduce the risk in consultation with the individual and/or advocate ensuring contingency planning and escalation.
3. Review how safeguarding and safety is incorporated into discharge planning across multi-agency partnerships to include:
 - risk
 - mental capacity
 - emotional and mental wellbeing
 - health and functional ability
 - attitudinal constraints (personality, culture)
 - family and community involvement
 - telecare systems
 - equipment
 - referrals and contingency plans.
4. Ensure that all healthcare professionals implement the NICE guidance in relation to falls and older people and that there is quality assurance on compliance.
5. All ward and discharge planning staff to have at minimum a basic awareness of procedures and lead in times for Telecare systems and equipment.
6. The SAR Committee to develop targeted learning and dissemination.

7. Safeguarding Case Studies

Here are some case studies illustrating how partners and agencies have worked together to safeguard people in Barking and Dagenham. Please note that some basic details of the adults in the following stories were changed to protect their identity.

Story 1

Mohammed was a 34 year-old man who was born outside of the UK and originally came from a South Asian Country. He came to England as a small boy, after attending school in his home country where learning became increasingly difficult as he had special needs around his speech and hearing, as a result of a congenital condition of the brain. His family wanted to ensure he was taken care of and had arranged for a woman from the country of his origin, to marry him. Mohammed lives with his family members, who meet all his care and support needs, but equally manage his money and control his interactions with the wider world. The Home Office got in contact with Adult Social Care following a concern about the visa application of Mohammed's spouse. The social worker conducted a mental capacity assessment and found that Mohammed did not have the mental capacity to understand marriage or sexual relations and he had no understanding that he was supposedly wanting to financially sponsor the woman he married to come to the UK. The Forced Marriage Protection Unit (FMPU) was contacted and they issued a Forced Marriage Protection Order which nullified the marriage and the spousal visa. The Local Authority presented the case to the Court of Protection who agreed that Mohammed lacked the mental capacity to get married and to decide about his care and support needs. The Court issued an order to prevent Mohammed's family from taking him abroad.

Analysis: This case illustrates how a Section 42, under Care Act 2014, Safeguarding Adults Enquiry was coordinated. This multi-agency approach to safeguard Mohammed from the coercion, financial and possibly sexual abuse arranged by his family. Mohammed is still living with his family, but they are now aware of how the Local Authority, FMPU and the police work together to safeguard adults from the financial abuse of their family members and his care and support is more regularly reviewed.

Story 2

Thomas is a 35 year-old male and he contacted his mental health worker, a Care Coordinator Nurse from North East London Foundation Trust (NELFT), at 2am saying he was on the track at a local train station. He said he was hearing voices and wanted to go to heaven where he believes he will have peace. The British Transport police found him approximately an hour later and he was taken to a mental health hospital and admitted

there. The details in the British Transport Police report were reviewed and Thomas's circumstances were considered against the Three Stage Test of Section 42 in the Care Act 2014. It was found that he had no apparent care and support needs at present, rather he needed a mental health assessment and detention in a mental health hospital to keep him safe as he was a very serious risk to himself. The Adult Intake Team in Community Solutions therefore sent details of this safeguarding concern to Barking and Dagenham Adults Access and Assessment Team for Mental Health (BDAAT) in NELFT for follow up.

Analysis: This case illustrates how the Local Authority and Health Services work together to support the Mental Health of an adult. This case did not progress to Adult Social Care as a Section 42 Safeguarding Adults Enquiry under the Care Act 2014. However, the Community Solutions Team offered some community safety actions, as they referred the circumstances of the adult to more appropriate Mental Health Services within the provision of the North East London Foundation Trust. This adult required mental health interventions as this was his primary need.

Story 3

Mrs Smith a 72 year-old woman, was referred to the Complex Case Panel (a multi-agency risk mechanism with SAB organisations represented, to support adults with care and support needs in Barking and Dagenham) with regards to the concerns that her house was in disrepair and a number of organisations in Barking and Dagenham such as the Housing Department and her adult social worker were concerned for her welfare. She was living in squalor and her toilet was not in working order. She was not addressing the concerns that her GP, social worker and housing officer had regarding her living conditions. The multi-agency team was concerned that she lacked the mental capacity to make the decision around her housing needs. It was found that she had mental capacity to make her own decision around her housing and accommodation. Mrs Smith, with lots of encouragement and her social worker building a relationship with her, eventually agreed to a move to sheltered accommodation whilst her property was cleared and assessed. She negotiated that her dog, Jack could come along. A charge was put on her property by the Housing Department and after being assessed it was confirmed derelict. She sold her property and is now a permanent resident in a flat, where she has the appropriate care and support and some assistance to keep a cleaner living environment.

Analysis: Mrs Smith was always more concerned about her dog than herself. Looking after her pet aided her wellbeing and gave her life greater purpose. When she knew that her social worker was supporting her values, as a person, she was able to move somewhere else where her care and support needs could be met and she was subsequently safer. This case demonstrates the strength-based approach the social worker took, which enabled person-centred care that was arranged with Mrs Smith and this enabled the outcomes she wanted.

8. The SAB's Partners

London Borough of Barking and Dagenham

Developments and Improvements in Safeguarding Adults Practice

2019/20 was a year of developing best practice through the Adults Best Practice Forum within the Local Authority. The Adults Principal Social Worker who is also the Strategic Lead for Safeguarding Adults worked closely with the Enquiry Officers and the Safeguarding Adults Managers, who manage the safeguarding processes, to connect and ensure interaction between the priorities of the Safeguarding Adults Board and enable best outcomes for people who receive safeguarding services. We audited some of our activities to consider low conversion rates of safeguarding concerns to enquiries. We concluded that many community safety actions take place within wider Council and other specialist services in the local area, albeit that adults may be vulnerable, they are often not in need of care or support services from Adult Social Care. This confirmed our practice as we reviewed it in line with: 'Making decisions on the duty to carry out safeguarding adults enquiries suggested framework to support practice, reporting and recording' as outlined by the Local Government Association and ADASS, 2019.

In previous years the SAB's Annual Report has reported only about adult social care and safeguarding in the Council. This year, for the first time, the Council's Community Solutions function has been represented on the Board and a lengthier report follows. Community Solutions has continued to develop the Adult Intake Teams which is the front-door into adult social care. A recent safeguarding audit showed that overall thresholds were applied appropriately, that decision making is safe, proportionate and that residents were receiving timely support. Where adults did not have care and support needs, Community Solutions Triage and support offered community safety actions and signposting to relevant support service.

The Adult Intake Team and the wider Community Solutions Service have been involved in direct safeguarding work particularly where there have been significant self-neglect concerns. In some circumstances where the Section 42 threshold has not been met to initiate a safeguarding enquiry, particularly with individuals experiencing mental health problems but no care needs, we have strengthened joint working opportunities with the Community Mental Health Services who are best placed to provide community based support.

The Adult Intake Team has continued to strengthen relationships with key partners within the community. This has involved improved working relationships with partners such as

Reconnections, Independent Living Agency and the broader voluntary sector offers. Over 100 residents have been signposted to Reconnections over the last few months ensuring localised preventative support.

With partners, Community Solutions has implemented a number of strategic preventions to improve service delivery, enable efficiencies and to improve outcomes for residents. These include the following:

- In December we launched a new social prescribing model, providing a gateway for GPs to connect residents to a wide offer of support within Community Solutions and the wider community where needs are not medical. To date over 900 referrals have been made by GPs resulting in wrap-around support packages led by Community Solutions.
- Working alongside social care, Community Solutions has supported 15 residents living with mental health difficulties to secure alternative long-term accommodation options. Enabling this work, we have established new operational panels and procedures to strengthen the process round allocations, lettings and placements for vulnerable residents.

In response to Covid-19, Community Solutions significantly increased capacity within the team by re-deploying staff from across the service. The team continues to provide the central point of management and co-ordination of the Council response to Covid-19. This includes leading on support for residents who are shielding or vulnerable and undertaking proactive outgoing contact, triage and coordinating an offer of help and support in collaboration with community partners where needed. To date, over 9000 calls have been made to vulnerable adults to offer support, over a thousand residents have referred to BD-CAN and the Independent Living Agency (ILA) for ongoing support and over two thousand welfare enquiries have been undertaken.

The Homes and Money Hub has continued to offer support to residents facing financial challenges throughout the Covid-19 period. They continue to offer a safe face to face service for those residents without access to a phone or IT, as well as increasing remote access to services. The service has experienced significant demand, dealing at the peak of lockdown with over 160 residents a week requesting help, providing access to foodbank vouchers, Hardship Fund assistance and helping those digitally excluded with assistance to claim financial help like Universal Credit and other benefit claims.

Following the government announcement to get all rough sleepers off the streets by the 27th March 2020, significant work has taken place not to just ensure that all rough sleepers were accommodated but also that this was done in a sustainable way. There has also been

targeted work with residents to prevent future issues and alleviate immediate hardship. Some of the activity which has taken place has included:

- The re-housing of around 26 people from hostels (shared accommodation) who were medically vulnerable to Covid-19 into self-contained accommodation.
- The offer of accommodation to 31 people presenting as rough sleeping in the local area.
- The placement of these individuals within our own accommodation in order to provide them with on-going support and a permanent offer of support to resolve their homelessness. This approach is very different from most London Boroughs who have used hotel accommodation leading to issues around the ending of these placements.
- From this cohort we have already moved a number of people into permanent accommodation and have move-on options into permanent accommodation identified for others.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The Local Authority supported the Tri-Borough SAB Learning Event to consolidate learning from Safeguarding Adult Reviews (SARs) across East London. We contributed to a SAR following a hospital discharge without technology which may have prevented a death. The Safeguarding Adults Risk Assessment Tool (SARAT) was completed to review partnership working within the SAB, which further shaped local priorities. Significant preparation was undertaken for a Safeguarding Adults Peer Review led by ADASS (The Association of Directors for Adult Social Services) which was due to take place in April 2020. However, the Covid-19 pandemic and the impact of this on our community meant that this has been provisionally rescheduled for November 2020.

Community Solutions are continuing to work with The Source (a local voluntary organisation) to provide support and face to face contact for people with issues around homelessness, from Barking Learning Centre. This 'day centre' support offer has continued throughout the period and supports around 50 people per week. This support includes food, help with accessing benefits, engagement with GPs, dentists and other services like drug and alcohol support. We have continued with 'street counts' in the borough to identify anyone still rough sleeping or new to the streets. A full street count took place on the 11th June 2020. 24 locations were visited overnight which had previously had rough sleepers or had reports of people sleeping in them and no rough sleepers were identified in any location. Thames Reach have undertaken nightly outreach work and provide a rapid response to calls from the public, rough sleepers or the Council where someone is seen or

believed to be rough sleeping. They have identified one rough sleeper since the beginning of June in the borough who was engaged with and offered accommodation.

The Welfare Fund was set up at the beginning of April has allocated £71,921 to assist residents cover their essential needs including food, utilities and essential home items. There have also been increases in the spend of the Discretionary Housing Payment Fund which has been used to mitigate hardship where appropriate.

With partners we have been working to re-shape hospital discharge processes to enhance community-led support. The longer-term planning of which will be shaped by our learning from Covid-19. Community Solutions via the Adult Intake Team will play a coordinating role in delivering the Test and Trace response to Covid-19. Due to the coordination and proactive role that Community Solutions continues to play in coordinating the Covid-19 response, the Council has not taken up the Care Act easements because most of the Covid-19 related demand has been managed within Community Solutions.

The Metropolitan Police

Developments and Improvements in Safeguarding Adults Practice

In the last year the Metropolitan Police has continued to embed the tri-borough model of local policing. East Area Basic Command Unit (BCU) was one of two pilot sites for this approach and the implementation of this model created a number of challenges and significant learning both for the local area and the Metropolitan Police Service (MPS) as a whole. We have used this learning to evolve and sophisticate our safeguarding leadership and governance arrangements to ensure those in need of help and protection receive the support they require in a timely manner. An example of this is the creation of dedicated specialist investigative teams that focus on domestic abuse, child abuse and sexual offences to ensure that victims are supported by those with the appropriate skills and experience.

In 2019, Her Majesty's Inspectorate of Constabulary Fire and Rescue Services published a national thematic report into the effectiveness of the police response when crimes are committed against older people. The report highlighted that much more can and should be done to protect older people from abuse and exploitation. While the report showed that the police are generally good at supporting older victims in the early stages of an investigation the provision of longer term effective safeguarding support was lacking. The MPS and the East Area BCU have done considerable work to ensure that older victims are provided with the help and protection they need. A senior officer has been identified to lead the development of an improved response across the organisation to ensure that the particular vulnerabilities of older victims are recognised. This has resulted in additional training and

awareness being provided to staff to ensure risk is recognised and responded to more effectively.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Despite high volume the East Area BCU continues to place strong emphasis on ensuring that victims of domestic abuse are provided with the appropriate support and protection. The community safety unit (that investigates domestic abuse) continually seeks opportunities to ask the courts to issue Domestic Violence Protection Notices to ensure abuse survivors are safeguarded from perpetrators. In this period 312 notices have been issued. This represents 44% of the total issued across London. In the vast majority of cases the court has agreed to convert these notices into full orders, meaning that the victims and perpetrators have a clear understanding of the legal safeguards in place to protect the survivors of abuse.

Ensuring those who are suffering from mental ill health are effectively supported when encountered by the police is an area of increasing focus and has been the subject of significant additional training and investment. As a consequence, during this period approximately 200 adult safeguarding referrals per month have been submitted relating to those who are suffering from mental illness. A dedicated police mental health team has ensured that information sharing is supported and the development of protective plans is a jointly agreed process.

Barking and Dagenham NHS Clinical Commissioning Group (CCG)

Developments and Improvements in Safeguarding Adults Practice

The Barking, Havering and Redbridge Clinical Commissioning Group (BHR CCG) have co-operated and collaborated with requests for contributions to learning events, progression of Safeguarding Adult Reviews and the general requirements of the Care Act 2014. We have also contributed to SAR reviews through provision of information from GP Practices records. BHR CCGs also participated in learning reviews and contributed towards action plans arising from the recommendations from SARs and Domestic Homicide Reviews (DHRs).

The Local Quality Surveillance Committee is chaired by the Designated Nurse Adult Safeguarding which continued to monitor quality and assurance and safeguarding issues in care homes with nursing across the tri-borough partnership.

Regular updates were provided to the SAB on progress and recommendations from Learning Disability Mortality Reviews (LeDeR). The Designated Nurse for Adult Safeguarding fulfilled the role of Local Area Coordinator for the Learning Disability Mortality Review Programme

in North East London. Briefings on LeDeR findings and recommendations have been submitted to the Barking and Dagenham SAB highlighting learning and omissions in care. Anonymised reports are also sent to agencies who were involved in the persons care prior to their death so that good practice in care can be shared with relevant staff.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Over the previous year, BHR CCGs have been represented at all the SAB meetings and have also chaired the Safeguarding Adult Review Committee.

BHR CCGs Designated Nurse Adult Safeguarding attended the tri-borough Liberty Protection Safeguards (LPS) Task and Finish Group which undertook an assessment of the potential impact that the Liberty Protection Safeguards will have across Barking & Dagenham, Havering and Redbridge. A significant amount of work has been progressed to prepare staff and agencies for the implications of the Liberty Protection Safeguards when they come into force.

Barking Havering and Redbridge University Hospital Trust (BHRUT)

Developments and Improvements in Safeguarding Adults Practice

Barking, Havering & Redbridge University Hospitals NHS Trust is a large provider of acute services, serving a population of over 750,000 in outer North East London. The Trust operates from two sites, Queen's Hospital and King George Hospital. There are approximately 900 beds across both sites. Queen's Hospital is the Trust's main acute hospital and opened as a private finance initiative (PFI) in 2006. It is the main hospital for people living in Havering, Dagenham and Brentwood. The hospital includes a hyper acute stroke unit (HASU). The Emergency Department (ED) treats over 150,000 walk-in and ambulance emergencies each year. King George Hospital opened at its current site in Ilford in 1995 and provides acute and rehabilitation services for residents across Redbridge, Barking and Dagenham, and Havering, as well as providing some services to patients from South West Essex. The Trust serves a demographically diverse population of around 767,500 of people from a wide range of social and ethnic groups living in the London Boroughs of Barking and Dagenham (209,000), Havering (254,300) and Redbridge (304,200) (NHS Redbridge Clinical Commissioning Group Annual Report and Accounts 2017/18).

The focus for the Safeguarding Adults Team during 2019/20 has been to progress the Trust's Safeguarding Strategy 2018-2020 and work towards our vision to uphold the rights of

individuals to live free from harm, exploitation and neglect through a 'Think Family Approach'.

The Corporate Safeguarding Team have consistently promoted the Think Family Approach in training and supervision of staff. This is demonstrated in the increased number of referrals to the Local Authority. The Emergency Department Safeguarding Advisors promote the Think Family Approach in meetings to ensure risks to children/adults are identified and acted upon.

Two audits on Making Safeguarding Personal were undertaken in 2019. One of the key findings identified that staff are gaining consent to raise a safeguarding referral and if not, are citing a valid reason to override consent.

Service Users are part of an ongoing maternity domestic abuse project. In consideration to two recent maternity related domestic homicides (of which one of the victims was a member of hospital staff) in February 2020 maternity initiated a Domestic Abuse Task and Finish Group project to explore initiatives that would allow the Trust to inform, educate and provide pro-active support to staff.

Surveys have been undertaken to ascertain staff understanding of learning disability processes and procedures/reasonable adjustments. The first Dementia Café afternoon took place at Queen's Hospital at the end of May 2019, during Dementia Action Week. This was followed by one at King George Hospital in June 2019. These will continue on the last Wednesday of each month across both sites. In the reporting year the Trust's Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS) Safeguarding Advisor actively supported staff to engage with the Independent Mental Capacity Advocate (IMCA) services, providing independent support to those patients who required a best interest decision to be made for serious decisions. The Trust has a Safeguarding Audit Schedule for 2019/20 and audit results are considered at the Trust's Safeguarding Groups.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Throughout 2019/20, BHRUT have continued to contribute to multi-agency safeguarding practice and partnership working arrangements to ensure Barking and Dagenham service users are protected from harm. This has included attendance at all Barking and Dagenham Safeguarding Adult Board (SAB) meetings, participation in the work of the SAB Committees including Safeguarding Adult Reviews (SARs). In December 2019 the Trust participated in the Barking and Dagenham Safeguarding Adults Partnership Audit (SAPAT).

The Trust has continued to develop Safeguarding Adult Practice by responding to learning from safeguarding adult concerns and Safeguarding Adult Reviews (SARs) and ensures training has been aligned to the updated NHS England Intercollegiate Document.

BHRUT has contributed towards the LBBD Strategic Plan 2019-22 key priorities. The focus was maintained on key themes:

Mental Health:

In this period 2019/20 members of the Safeguarding Adult Team worked closely with NELFT (North East London Foundation Trust) to support the development of the new Mental Health Service.

Mental Capacity:

There has been proactive engagement with the IMCA service and facilitated training sessions to empower staff and support patients in their decision making.

Self-Neglect and Neglect:

Awareness raising, training and cascaded learning has taken place via Lessons Learnt Bulletins.

Domestic Abuse:

In light of Domestic Abuse/ Domestic Homicides/ Knife Crime electronic systems are being explored to see if we can better capture information to improve service provision. The Safeguarding Team is also in the process of reviewing the Emergency Department Safeguarding Trigger Assessment Tool.

North East London Foundation Trust (NELFT)

Developments and Improvements in Safeguarding Adults Practice

The NELFT Safeguarding Strategy 2018-2021 builds on the NELFT Best Care Clinical Strategy. It reflects national policies and guidance to ensure NELFT continues to meet the statutory requirements. The strategy will be reviewed to align with the Patient Safety Strategy.

NELFT continue to review The Safeguarding Standard Operating Procedures (SOP) regularly to reflect changes in legislation across adults and children's procedures and to incorporate learning from all learning reviews and incidents into practice.

The NELFT Safeguarding intranet page provides a more clear and user friendly page enabling staff to source local information more efficiently. This has received positive feedback from staff who has reported that it is user friendly.

The Safeguarding Training Strategy has been reviewed in partnership with CCG partners and the training team. This is to ensure a robust safeguarding training offer that remains compliant with the Safeguarding Adults Intercollegiate Guidelines (2018).

The NELFT safeguarding team have continued to maintain the safeguarding advice service during the Covid-19 pandemic using the telephone system remotely or utilising systems such as Web-ex for all NELFT employees to access when needed.

The Safeguarding Team is supporting inpatient units by providing MCA & DoLS bitesize learning sessions and facilitating an audit on a frailty ward, in respect of whether the introduction of a DoLS Admission Screening Tool has had any effect on the number of DoLS applications made. Bite-size sessions have continued for inpatient staff during the Covid-19 pandemic.

A Liberty Protection Safeguards (LPS) Task and Finish group is currently reviewing how NELFT implements the required changes in relation to LPS and is a core member of the BHR LPS Task and Finish group.

Exploitation training has been developed for practitioners and additional training in relation to gangs, county lines and knife crime was commissioned to further support staff in Walk-in Centres.

The Domestic Abuse and Harmful Practices SOP was reviewed. They have been separated into two documents to better support staff. The Domestic Abuse Staff Policy is currently being reviewed by Human Recourses with support from the Safeguarding Team.

In response to the concerns nationally and the reported increase in domestic abuse cases during the Covid-19 pandemic, the safeguarding team took part in the trust webinar in May 2020 and facilitated a presentation about managing domestic abuse concerns. This also included responding to disclosures via video and phone consultations.

The Multi Agency Risk Assessment Conference (MARAC) representative support network has been re-established. The MARAC SOP and pathway is currently being reviewed to ensure a robust process for information sharing.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

In 2019/20 NELFT were involved and contributed towards one SAR and one Domestic Homicide Review (DHR). NELFT continue to work with agencies at strategic and operational level to strengthen integration and existing relationships across the partnership within the Borough of Barking and Dagenham.

The SAB is regularly attended by the NELFT Integrated Care Director for Barking and Dagenham. Key pieces of work are further supported by the NELFT Safeguarding team. Key learning from serious incidents are shared via the SAR Committee to explore learning opportunities.

The NELFT safeguarding team have established regular meetings with the CCG designated safeguarding professionals, which provides an opportunity to review the safeguarding strategy, safeguarding risks and any learning and action plans from Safeguarding Adult Reviews, Domestic Homicide Reviews and Local Practice Reviews.

NELFT attended the Tri-Borough SAB Learning Event where thematic learning was presented. This provided a fantastic opportunity for partners across Barking and Dagenham, Redbridge and Havering to meet and discuss the learning from SARs locally and regionally.

The Fire Service

Developments and Improvements in Safeguarding Adults Practice

During 2019/20 the Fire Brigade reviewed the internal Safeguarding Adults Policy and updated this in line with the London Multi Agency Adult Safeguarding Policy and Procedures, to incorporate the particulars of the Care Act 2014. This has been published and is available to all staff via the intranet. There has been a number of training sessions run for all senior officers around dealing with any safeguarding referrals as part of the implementation of the recommendations from the Mayor's Office for Policing and Crime (MOPAC). As a result of the London Fire Brigade review into adult safeguarding (2018) we have started revising our safeguarding referral process. We plan to upskill a larger cadre of individuals with the necessary knowledge and understanding to review and action referrals, a change intended to lead to greater efficiency.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

The London Fire Brigade contributes to the SAB's development of information sharing and referrals pathways to ensure a multi-agency approach to Londoners' safety and wellbeing. 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/or participate in a range of sub-groups concerning single issue safeguarding concerns or specific at-risk individuals such as the Barking and Dagenham Complex Case Panel.

The National Probation Service

Developments and Improvements in Safeguarding Adults Practice

The National Probation Service (NPS) continues to embed a culture where staff are aware of their role in safeguarding adults. There is a local commitment to maximise support for vulnerable service users in collaboration with stakeholders. Mandatory e-learning for staff is being delivered across the borough and training provided by the Local Authority will be secured. The understanding of the statutory duties under the Mental Capacity Act 2005 the Care Act 2014 is promoted.

Contribution to Multi-agency Safeguarding Practice and Partnership Working Arrangements

Participation in statutory enquiries where the National Probation Service has information or a National Probation perspective is requested, is a commitment. Working within the Multi Agency Public Protection Arrangements (MAPPA) framework at management levels 2 and 3 where adult safeguarding is an issue. Referrals are and will continue to be made to enable effective risk management planning for service users. The NPS will seek to work more closely with Adult Social Care to improve access to available resources namely social workers, accommodation and a wider range of professionals. The NPS will continue to implement its Quality and Improvement Plan related to adult safeguarding and continue to have representation at the SAB to support effective local governance arrangements.

9. Quality of Care

The Adult Social Care Provider Market

In Adults' Care and Support, commissioning, provider quality assurance and contract management are used to drive up standards and demonstrate tangible improvements. Robust provider quality assurance processes are in place to check and provide assurance on the quality and safety of provision within Barking and Dagenham. We have a provider Quality Assurance Policy and Framework in place to ensure quality service provision and clear expectations of providers to meet quality standards. Providers are held to account, and contracts are monitored for safe service user outcomes. We have good relationships with providers and work with any provider in the borough, whether they are contracted by us, or have LBBD service users, to ensure people are safeguarded. Providers know how to raise safeguarding enquiries and we work through any safeguarding issues in contract monitoring, provider forums and through visits and advice from the Provider Quality and Improvement Team.

Quantitative and qualitative data is used to assess providers. Information on the number of safeguarding alerts, complaints and calls to the London Ambulance Service are used and performance monitoring data is shared between the Provider Quality and Improvement Team and the Commissioning Team. The Provider Quality and Improvement Team attend the Local Quality Surveillance Group meeting along with BHRUT, CCG, the Care Quality Commission (CQC) and other health professionals including the London Ambulance Service. This gives professionals the opportunity to share information across neighbouring boroughs and discuss working together to undertake joint visits and support local providers across the local sub regional footprint.

In 2019/20 Barking and Dagenham reported a 50% improvement on CQC ratings for social care providers. This was the most improved provider rating for a London Borough. We have a higher proportion of nursing homes rated good than England and our comparators.

We have a good relationship with the CQC who routinely ask us for feedback before each inspection and we have influenced inspection outcomes and been referenced in CQC reports. Joint visits have been undertaken with Care Home Leads in operational teams and where there are Continuing Health Care (CHC) placements with borough providers. We also have a good relationship with other Local Authorities and joint visits are undertaken for providers who span several different boroughs e.g. Newham and Waltham Forest.

Service user feedback is gathered regularly via telephone surveys undertaken by a volunteer and quality assurance staff and through visits with service users and also family members. This is used to assess satisfaction with services and to highlight any issues with the relevant professionals, service or provider. Feedback is provided to commissioners to help shape and plan services. Complaints and Members' Enquiries are shared with the Provider Quality and Improvement team to allow the opportunity for investigation and feedback.

Quarterly Provider Forums are in place for residential care and homecare and Mental Health and Learning Disability forums are planned and safeguarding is on the agenda for all the meetings.

In 2019/20 a number of large contracts have been tendered including the Home Care Framework, the Advice and Guidance contract with the Citizens Advice Bureau and the Advocacy contract. The Commissioning Team have also developed and tendered for two new services which are the Hoarder's Pathway Service and the Direct Payments Support Service.

A recent restructure has meant that there is an increase in safeguarding and quality assurance capacity for vulnerable adults. There will be more staff in the Provider Quality and Improvement Team and an integrated Brokerage, Adult and Childrens' Commission service in the Commissioning team has focused more resources on partnerships, provider assurance and safeguarding. A new Partnerships and Governance unit has been implemented to ensure more cohesion between the various partnership boards, particularly the safeguarding partnerships. Additionally, more capacity has been given to the Provider Quality and Improvement team and the Brokerage team. Seven new Lead Commissioner roles have also been implemented to lead themed portfolios across Adults, Children's and Disabilities including a new Community Safeguarding Lead who will lead commissioning around areas such as domestic abuse and modern slavery.

Barking and Dagenham Primary Care Providers

Out of thirty-three GP practices in the borough twenty-nine have been rated as good. This is a vast improvement on Care Quality Commission practice (CQC) ratings from 2018 and means the quality of GP services across Barking and Dagenham have improved 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.

10. Partnership Priorities 2020/21

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 (Section 1) of this Annual Report for 2019/20 said that, in the context of Covid-19, what might have been anticipated continuing priorities from 2019/20 require further review, and, significantly, new concerns and priorities have emerged during the first four months of the pandemic. As a result, and in line with the Government Department of Health and Social Care permitted discretion to SABs, the Board will be finalising our continuously developing priorities in 2020/21 after publication of this Annual Report.

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 is still valid and very relevant in 2020/21. Specific priority areas for attention in 2019/20 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 of embrace the SABs ambitions for 'efficient systems', 'effective practice' and 'meaningful engagement'.

Inevitably three months into 2020/21 much has changed. At its next Board meeting in October 2020 the SAB will examine in detail what has been learned from Covid-19 experiences, policies and practices in Barking and Dagenham – known concerns, the unsighted and hidden risk to people, what the aftermath of Covid-19 means and needs to be given continuing or new priority for the remainder of 2020/21. The product of this will then be published as an addition to this Annual Report.

11. Safeguarding Information

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

