

# HEALTH & WELLBEING BOARD

## AGENDA

Wednesday, 12th November, 2014  
1.30 - 4.00 pm

Town Hall

1. CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

2. APOLOGIES FOR ABSENCE

(If any) – receive

3. DISCLOSURE OF PECUNIARY INTERESTS

Members are invited to disclose any pecuniary interest in any of the items on the agenda at this point of the meeting.

*Members may still disclose any pecuniary interest in any item at any time prior to the consideration of the matter.*

4. MINUTES

To approve as a correct record the minutes of the Committee held on 15<sup>th</sup> October 2014 and to authorise the Chairman to sign them.

5. MATTERS ARISING

To consider the Board's Action Log

6. ANNUAL LSCB REPORT (Pages 1 - 32)

Delivered by Brian Boxall

7. ANNUAL LSAB REPORT (Pages 33 - 58)  
Presented by Brian Boxall
8. ANNUAL MEETING WITH NELFT  
Presented by Caroline O'Donnell
9. UPDATE IN INTERMEDIATE CARE CONSULTATION  
Verbal update from Alan Steward
10. PROVISIONAL ITEM - HEALTH IN YOUNG OFFENDERS INSTITUTIONS
11. PRIME MINISTERS CHALLENGE FUND UPDATE  
Verbal update from Alan Steward
12. NORTH EAST LONDON ACCOMMODATION GROUP MAPPING  
Verbal update from Cheryl Coppell
13. REPORT ON COMMISSIONING OF EARLY YEARS SERVICES  
Report to include health visiting by Joy Hollister
14. DEMENTIA CARE DECISION PAPER  
Report from Joy Hollister
15. REPORTS FOR INFORMATION  
JAD performance report one page summary
16. HEALTH AND WELLBEING STRATEGY PROGRESS UPDATE
17. BUSINESS ITEMS
18. ANY OTHER BUSINESS
19. DATE OF NEXT MEETING

## MINUTES OF A MEETING OF THE HEALTH & WELLBEING BOARD

Town Hall

15 October 2014 (1:30pm – 3:30pm)

### Present

Cllr. Steven Kelly (Chairman)  
John Atherton, NHS England  
Cllr. Wendy Brice-Thompson, Cabinet Member for Health  
Cllr Meg Davis, Cabinet Member for Children and Learning  
Anne-Marie Dean, Chair, Healthwatch  
Dr Gurdev Saini, Board Member, Havering CCG  
Alan Steward, Chief Operating Officer, Havering CCG  
Cheryl Coppell, Chief Executive, LBH

### In Attendance

Phillipa Brent-Isherwood, Head of Business and Performance, LBH  
Barbara Nicholls, Head of Adult Social Care, LBH  
Andrew Blake-Herbert, Group Director Strategy & Resources, LBH  
Vicky Parish, Committee Officer, LBH (Minutes)

### Apologies

Joy Hollister, Group Director, Social Care and Learning, LBH  
Conor Burke, Chief Officer, BHR CCGs  
Dr Atul Aggarwal, Chair, Havering CCG

### 33 **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman advised all present of the arrangements in case of fire or other event that may require the evacuation of the meeting room.

### 34 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Conor Burke, Joy Hollister and Atul Aggarwal.

### 35 **DISCLOSURE OF PECUNIARY INTERESTS**

No disclosures of pecuniary interest were made.

36 **MINUTES**

The minutes of meetings of 13<sup>th</sup> August and 10<sup>th</sup> September 2014 were agreed as a correct record, and signed by the Chairman.

37 **MATTERS ARISING**

From the previous minutes (13<sup>th</sup> August 2014), the matters arising were:

Intermediate Care Consultation - Needs further developing after the responses at the end consultation period – 15 October, but there are no shocks so far.

Violence Against Women - Need to keep a longer term eye on this and look at this again in the future. This item will be put back onto the forward plan for a future agenda.

Better Care Fund - Congratulations were recorded to the staff that put in all of the hard work on compiling this report.

Within the minutes of 10<sup>th</sup> September 2014, the matters arising were:

Item 5: BHRUT Improvement Plan - Pressure on BHRUT must be kept in order to ensure this goes ahead, and the Board is fed back to.

The Chief Executive advised that a realistic plan was being pulled together, including aligning community plans, hospital plans and other relevant materials into one cohesive forward plan which was achievable and controllable, and that BHRUT had improved performance overall.

The Chairman suggested an extra meeting of limited range to meet on a quarterly basis to work to support BHRUT by focussing on project areas, to be attended by the key players including NELFT, GPs, pharmacies, the ambulance service (if possible) etc. An officer reminded the Board that this would need to avoid duplicating work of the existing Urgent Care Board.

Dementia - Progress in dementia services had been seen, however this had been slower than anticipated.

38 **LIFE STUDY**

Dr Rachel Knowles presented an overview of the 'Life study' project that had been commissioned, which was the largest study of its kind with an aim of involving over 200,000 people within the scope of this study (including children and parents).

The project was primarily a study of development, including lifelong health, wellbeing, and the interplay between biology, behaviour and environmental factors. From a health perspective, the project would look at how early life decisions affect health, including focus on immunity, asthma, obesity, and other conditions, as well as attempts to intervene to prevent illness.

A centre for the study was already set up at King George Hospital and information would be fed back into the systems, as it would become important to feed findings into policy and health improvement.

Previous studies had been based in areas that had not offered the breadth of ethnic diversity of the areas now identified (Havering, Barking & Dagenham, and Redbridge).

The funding secured to date would cover the study for the first year; however the study was unlikely to end after the first year. The funding bids and processes had been made on the basis that this study would be lifelong, and not just one year's study.

Concerns were raised of how representative the sample will be: if 80% of subjects would be of voluntary interest, that the study may only attract a certain type of parent.

The members of staff to cover this project had been seconded, but were additionally funded. They were still conducting their normal roles (i.e. as midwives and nurses) but they were additionally trained to support the project, and to recruit families into the project.

An officer raised concerns of what would happen if any of the children in the study became Looked After Children. It was advised that this had been considered, and the likelihood at this stage was that contact would be lost if this was to occur. Discussions were however occurring to see if there was an alternative because it would be a huge shame to lose those children, and the results could be even more useful in a wider range of ways.

39 **CARE ACT/ BETTER CARE FUND**

No additional information was available on the Better Care Fund at this time, as this had been discussed in detail recently.

With regards to the Care Act, the publication of regulations was due to take place imminently. No great change was expected from the draft which was had been considered by the Board. The eligibility criteria within the regulations had been slightly adjusted, but otherwise there were no major changes.

The London Boroughs and County Councils were happy with the regulations overall. Havering, and some other outer London Boroughs had sought changes, but Inner London Boroughs were very happy with the regulations. London was unique in that there are so many boroughs, so there were major differences in opinion due to the different demographics within each Borough.

An overhaul of the Care and Wellbeing Strategy was required to be completed within the coming months.

The Workforce Development Strategy was outward facing, promoting care to service users. There were some minor capacity and occupancy issues, whereby the care available when demand was highest was difficult to maintain.

Marketing and communication of events and information was far more extensive than previously.

The social care records required some additional ICT capacity including improving the online availability of information within the marketing strategy.

The Board **NOTED** the position.

40     **COMPLEX CARE**

Alan Steward presented on the new Complex Care model, which consisted of new joined up systems for the 1,000 most complex medical cases across the three boroughs. The new model would provide all medical services for these patients in one place, in order to provide the most joined up approach, and to ensure the best quality of service.

The service would include social workers, consultants within hospitals, and include longer more intensive sessions with GPs, including simplifying care for these patients. There would be patient advice lines available from 10am – 10pm every day.

There was strong stakeholder engagement with the process across all boroughs. It was clarified that the 1,000 people were selected from a dataset held within the service, rather than awaiting referral from doctors etc.

A member asked if the service would include the families of those identified, or if it would take the individual away from their family's care provider. Further details on the position would be brought back to the Board.

The Board **AGREED** unanimously to support the Complex Care model proposed.

41     **END OF LIFE CARE**

Dr Saini presented an update to the board of the End of Life project, and the provisions that had been put in place.

With regards to the Gold Standards Framework Training, there had been a slight delay in the introduction of the relevant training.

The Dying Matters Event had been a success, and focussed on all aspects of the end of life. The premise was that death was a taboo subject, and this event was designed to break down some of the reticence that many people exhibited.

Specifically the issues of after death pet care, will-writing, long-term caring arrangements and funeral services were addressed as matters which were not publicised enough. These items were covered in the Dying Matters Event, but it was recognised that more could be done to publicise this outside of the one week a year event.

Congratulations were passed to Dr Saini on doing such an effective job with this project.

42 **ANY OTHER BUSINESS**

Early Years Commissioning Transfer Update

It was noted that Early Years Commissioning had a shortfall in the level of funding across most local authorities. There was a £1.3million gap for Havering between the actual cost of the service and the budget. This was due to the service never having been properly costed out. Fourteen London boroughs had significant gaps between the budget and the actual cost of these health care services. NELFT had in effect been subsidising the services. NHS England was looking at these in the three boroughs, which could have an effect on the CCG.

It was noted that Havering could not meet the mandate for the 0-5 services it was expected to take over, with the level of funding made available. The level of funding per head of 0-5's was way below the minimum or average figures required and Havering could not to take on these services as things currently stood. An officer suggested that discussions be held with NELFT and ask what services could be provided within the budget that the Council had available.

It was noted that the situation was similar in many other boroughs but whilst there was a possibility of the situation improving, as a borough, Havering was one of the worst affected.

The Board **AGREED** unanimously that the Council should make it clear to the Department of Health it would not be possible to take over the Early Years services as proposed, given the low level of funding likely to be available.

43 **DATE OF NEXT MEETING**

The next Health and Wellbeing Board meeting will be held on Wednesday 12<sup>th</sup> November 2014, from 2pm in the Town Hall, Committee Room 2.

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**Chairman**



Havering Local  
Safeguarding Children  
Board Annual Report  
2013-2014

## Having Safeguarding Children Board Chair Forward

This is my first annual report as Chair of Havering Local Safeguarding Children Board (HSCB). The HSCB continues to be well supported by both statutory and non-statutory partners and I would like to thank all members for their strength of commitment. I would also like to thank the previous Chair Sue Dunstall for her work in Havering over a number of years.

Working Together 2013 sets out the statutory functions of an LSCB that must be implemented.

As Chair of this Board I need to reiterate at all levels the following simple narrative:

The HSCB has only one main focus and function: to ensure that the Multi Agency Child Protection process, that focuses on the most vulnerable children and young people, is working effectively to safeguard them. The board will achieve this by:

- ✚ Monitoring
- ✚ Identifying weakness
- ✚ Challenging
- ✚ Effecting change
- ✚ Improving outcomes

This approach is reflected within the agency section of this report where risks and challenges are identified. In addition, the section 11 self-assessment audit evidences self-awareness and challenge. The learning and improvement framework provides agencies with a robust measure of the effectiveness of the multi-agency ability to focus on child protection: One of the biggest challenges is to evidence how lessons and actions identified through quality assurance processes are used to develop services that result in improved outcomes for our children and young people.

Education has been a major focus for me as it plays a vital part in safeguarding of children. Working with local schools, academies and colleges to improve their knowledge and involvement with the HSCB has led to the education representatives identifying issues of concern such as the significant pressure placed on schools due to the increased reporting of mental health issues experienced by students. The responsibility of the Board is to ensure that these issues are included within Havering's Joint Strategic Needs Assessment (JSNA) and that the Havering Health and Well-being Board is informed so that need is met at the earliest opportunity.

Havering is a community that is changing in demography and over the coming year it will be important to fully understand the impact of these changes and how this impacts on child protection.

Understanding the nature of abuse has meant that Child Sexual Exploitation (CSE) has been and continues to be a priority of the board. The introduction of a CSE tool that is linked to training and awareness raising, is starting to enable Havering to better understand this complex issue. The board has also started to consider the issue of Female Genital Mutilation (FGM) firstly by trying to identify its prevalence

within the community. The board will be further working with the local faith communities to enable us to better understand the needs of the BME and other hard to reach groups.

The HSCB is identifying challenges and strengths within the service offer. I am pleased to be in a position to support the development of a strong and effective multi agency safeguarding offer to children and young people during the upcoming year.

Brian Boxall

HSCB Independent Chair

DRAFT

## Introduction

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The purpose of this report is to fulfil the statutory requirement set out in Working Together to Safeguard Children 2013, which states that all Local Safeguarding Children Boards must publish an annual report on the effectiveness of safeguarding in their local area.

Working Together 2013 asserts that LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains their own existing line of accountability for safeguarding.

This annual report will focus on the effectiveness of the multi-agency partnerships delivery of services to keep children safe, including:

- ✚ progress on locally identified priority issues
- ✚ single and inter-agency training on safeguarding and promoting the welfare of children to meet the local needs;
- ✚ lessons learnt about the prevention of future child deaths which have been identified by the Child Death Overview Panel; and

The report will also consider the progress made in implementing actions from individual Serious Case Reviews (SCRs) published during the year, and data concerning looked-after-children and children in need of protection.

## Our Vision

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The safety of children is Havering Local Safeguarding Children Board's (HLSCB's) overarching priority. All agencies are committed to raising safeguarding standards and improving outcomes for all the children of Havering.

In discharging our duty we will:

- ✚ Act to protect children from harm.

- ✚ Make Havering a safer place to live.
- ✚ Identify and act upon priority areas for improvement so that every child is given the opportunity to achieve potential.
- ✚ Involve children and young people in decisions made about them.

## Priorities 2013-2014

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Havering Local Safeguarding Children Board (HLSCB) in May 2013 identified the five key priorities for the Board

Priority 1: Ensure that the partnership provides an effective child protection service to all children ensuring that all statutory functions are completed to the highest standards.

Priority 2: Monitor the development and implementation of a multi agency early offer of help to children and families living in Havering.

Priority 3: Monitor the alignment and effectiveness of the partnership when working across the child's journey between universal, targeted and specialist safeguarding.

Priority 4: Coordinate an approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership to ensure that families affected receive the right support at the right time.

Priority 5: Ensure that Havering Safeguarding Children Board communicates effectively with partners, children, young people and their families, communities and residents.

In addition to the above priorities HSCB was to ensure:

- ✚ That all statutory requirements set out within Working Together 2013 are fully implemented.
- ✚ Actions identified during the Ofsted inspection March 2013 for the HSCB would

be progressed to ensure that HSCB is fully compliant with all statutory responsibilities.

- ✚ The HSCB would work with the Adult Safeguarding Board (ASB) in order to streamline services and processes that impact on both boards.
- ✚ That the Board had in place a strong performance management framework that focused on key priorities to allow the partnership to robustly scrutinise the impact of services on improved outcomes and to identify and challenge areas that were weak and required improvement.

### ***What difference has the Havering LSCB made to safeguarding children locally in 2013/2014?***

*Priority 1: Ensure that the partnership provides an effective child protection service to all children ensuring that all statutory functions are completed to the highest standards.*

The Havering Multi Agency Safeguarding Hub (MASH) has continued to embed since inception in September 2012.

Havering MASH was designed to improve safeguarding for children by co-locating key partners and their data into a secure assessment, research and referral unit to receive notifications of possible risk.

Last year's annual report stated:

*Risks identified within the safeguarding practice challenge and the Ofsted inspection (March 2013) were the lack of capacity around early support and the potential of this to undermine the effectiveness of the MASH. The inspections also identified the requirement to develop and implement an evaluation framework to evidence MASH impact on improved outcomes.*

*In order to address the concerns the following actions were identified:*

- ✚ *Police and Children Services to develop and implement a system to evaluate the impact of MASH.*
- ✚ *Children's Services to lead in the development of an early offer of help strategy with support and buy in from multi agency partnership.*

In order to address these concerns the HSCB took over the strategic overview of the MASH in November 2013. The MASH steering group now reports directly into the HSCB.

To be effective, a MASH must have in place process to ensure good quality decision: Havering MASH has improved its performance management processes and initiates regular audits to understand the impact of MASH processes on improved outcomes.

Over the past year the MASH received 7410 contacts that were subject to MASH-triage processes, of these 1106 (15%) became subject to referrals of which 91% progressed to assessment. Of those cases that did not progress to assessment 126 were subject to early help assessment processes.

The Police made 65% of all contacts in to MASH during the year 2013-2014, School referrals equated to 8%, family members 5% and Health partners, comprising of acute and community settings, midwives, GPs and the London Ambulance Service, account for 9%.

MASH audits undertaken in 2013 to 2014 identified some good practice and found that MASH processes were having an impact on improved outcomes for children.

The audit identified areas for further development and these are being implemented and monitored through the MASH steering group. Audits of MASH will continue throughout 2014 to 2015 and findings will be reported to the HSCB.

#### ***Board Challenge***

- ✚ The HSCB needs to re assured that the significant numbers of triaged cases that do not meet the threshold for assessment are being signposted appropriately.

✚ The HSCB needs to be reassured that the capacity within the MASH is matched to need and that responses to need are timely.

### Child Protection

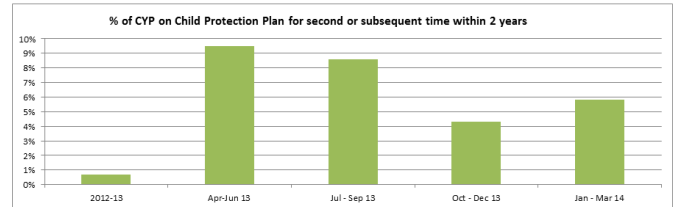
The average number of new child protection plans (CPPs) each month is 14, up from 12 in the previous year.

Category	2012-13	2013-14
<b>Emotional abuse</b>	42%	40%
<b>Neglect</b>	40%	45%
<b>Physical abuse</b>	16%	12%
<b>Sexual abuse</b>	3%	3%

The breakdown of categories of new child protection plans has changed with a higher proportion of children being made subject to a plan due to neglect. Five children were made subject to a plan under the category of sexual abuse during 2013 – 2014: this evidences a low detection rate of sexual abuse, which is reflective of the national picture. An NSPCC study (2013) identified that prevalence of sexual abuse is significantly higher than detection rates. In order to address this Havering Children and Young People Services added a joint category of ‘neglect and sexual abuse’ in order to better capture children that may be at risk of sexual abuse and harm.

86 per cent of active CPPs during 2013 – 2014 had been in place for twelve months or less. The CPP data for 2013 -2014 identified that 19 per cent of children made subject to a CPP remained on the plan for three months or less; 42 per cent of children made subject to a CPP remained subject to the plan for between twelve months to two years; 4.7 per cent of children subject to a CPP lasted for two or more years and 5.8 per cent of children made subject to a CPP were coming back on to a plan for a second or subsequent time within a two year period

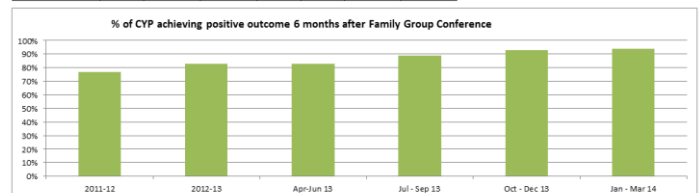
Indicator	GOOD	2012-13	2013-14 Target	RAG	Direction (vs. Dec 2013)	Direction (vs. Mar 2013)	Apr-Jun 13	Jul - Sep 13	Oct - Dec 13	Jan - Mar 14
% of CYP on child protection plans for second or subsequent time within two years	Lower is better	SN Average 13.4%	4%	AMBER	Worse	Worse	9.5%	8.6%	4.3%	5.8%
		Nat Average 14.9%								
		LBH 0.7%								



In 2013-14, 171 children became the subject of a Child Protection Plan, of which ten had been subject to a Plan within the previous two years.

Regardless of the small numbers, the performance indicates that support plans need to be smarter, more robust and more clearly evidence the impact of the plan on improving the outcomes for the child. Havering’s demography is changing, with an increasing proportion of black-African (especially Nigerian) families and support planning must develop accordingly.

Indicator	GOOD	2011-12	2012-13	2013-14 Target	RAG	Direction (vs. Dec 2013)	Direction (vs. Mar 2013)	Apr-Jun 13	Jul - Sep 13	Oct - Dec 13	Jan - Mar 14
% of CYP achieving a positive outcome 6 months after Family Group Conference	Higher is better	LBH 77%	LBH 83%	85%	Green	No significant change	Better	83%	89%	93%	94%
		Local indicator only no comparisons available	Local indicator only no comparisons available								



The use of the Family Group Conferences in the more complex and high need cases has proven to be effective mechanism to facilitate better family engagement. This includes the identification of risks and the actions required to reduce them. This is helping to achieve positive outcomes for children and young people.

### Board Challenge

✚ Both Ofsted and the NSPCC have identified neglect as a national area of concern. A priority for the HSCB is to ensure that staff working within Havering are able to identify neglect and respond to it effectively to result in improved outcomes for children and their

families. This must include incorporating both national and local learning into briefings and ensuring this is disseminated and understood by practitioners.

### Staffing levels

An identified area of concern is the staffing levels and work loads of professionals involved with children and young people especially in light of significant funding restraints and major organisational changes.

It is important for the HSCB to monitor staffing levels and make challenge where concerns are identified. To that end agency staffing levels now form part of the quality data collection.

Social work staffing figures are the most challenging at this time with a vacancy rate of 29 per cent at the end of the year 2013 – 2014. This is an increase of 13 per cent compared to the previous year. Social work turnover rate was 19 per cent and posts filled by agency staff was running at 28 per cent at year end.

The social work workforce is stabilising and although there is a high rate of agency cover, the agency workforce is itself stable (with exception of those working in Under 12s Group).

There remain challenges in recruitment and retention; to address this, a new workforce strategy and recruitment and retention policy will be implemented within 2014 to 2015, .

The board has been fully briefed by the borough on its workforce strategy. The challenge from the board will be to continue to receive assurances that the implementation of strategy does not impact negatively on the service offer to children and young people.

During 2013 to 2014 the board chair challenged the Metropolitan Police Commissioner regarding the staffing levels of the local Child Abuse Investigation Team during a period of re organisation. The Metropolitan Police Commissioner acknowledged the challenges raised and will take the matters forward. This will remain subject to close scrutiny from the board during the upcoming year.

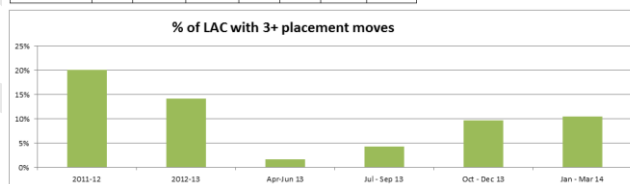
### Staff Board Challenge

- For the board to continue to seek information regarding workforce stability and assurance that staffing levels does not have an impact on the provision of services and to challenge when necessary.

### Looked-after-Children (LAC)

In 2012 - 2013 the Board was concerned about the high rate of placement moves faced by Havering's Looked after Children. The situation has improved over the past year and the authority has hit their challenging target of 11 per cent in 2013-2014, improving on 14.1 per cent for 2012-2013 and 20 per cent for 2011-2012.

Indicator	GOOD	2011-12	2012-13	2013-14 Target	RAG	Direction (vs. Dec 2013)	Direction (vs. Mar 2013)	Apr-Jun 13	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14
% of Looked After Children with 3 or more placement moves	Lower is better	SN Average 11.6% Nat Average 11% LBH 20%	SN Average TBC Nat Average 11% LBH 14.1%	11%	GREEN	No significant change	Better	1.6%	4.3%	9.6%	10.5%

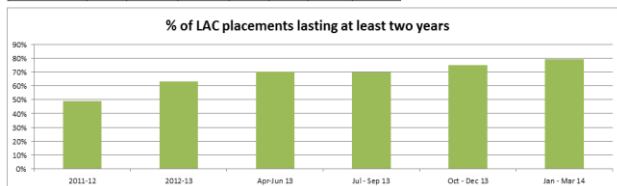


It is important that Looked after Children are provided with a nurturing and stable home environment: this continues to be a priority for the partnership.

Team Around the Child (TAC) meetings and the Placement Stability meetings, which commenced in February 2014, brings professionals from relevant agencies together to agree the most appropriate support package and placement for each child. The meeting predominantly focusses attention on children and people that are in long-term care.

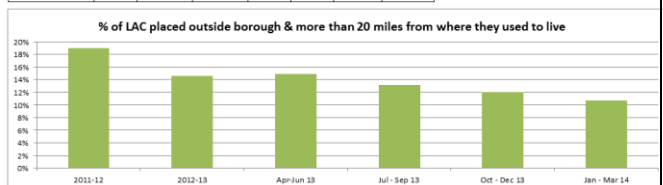
Looked after Children generally achieve more poorly within education than their peers: HSCB will monitor the stability of education placements for Looked after Children matched to educational achievements during 2014 -2015 to identify whether an increase in educational placements impacts negatively on attainment.

Indicator	GOOD	2011-12	2012-13	2013-14 Target	RAG	Direction (vs. Dec 2013)	Direction (vs. Mar 2013)	Apr-Jun 13	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14
% of Looked After Children placements lasting 2 or more years	Higher is better	SN Average	SN Average	70%	GREEN	Better	Better	70.2%	69.8%	75.0%	79%
		70.6%	TBC								
		Nat Average	Nat Average								
		68.6%	67%								
		LBH	LBH								
		49.1%	63%								



It is important that LAC, in most cases, remain close to family and support.

Indicator	GOOD	2011-12	2012-13	2013-14 Target	RAG	Direction (vs. Dec 2013)	Direction (vs. Mar 2013)	Apr-Jun 13	Jul-Sep 13	Oct-Dec 13	Jan-Mar 14
% of Looked After Children placed outside LA boundary and more than 20 miles from where they used to live	Lower is better	SN Average	SN Average	15%	GREEN	Better	Better	14.9%	13.2%	12.0%	10.7%
		n/a	10%								
		Nat Average	Nat Average								
		12%	12%								
		LBH	LBH								
		19%	14.6%								



Havering is continuing to reduce the number of Looked After Children outside the borough and more than 20 miles away from where they are usually resident: This has been achieved through developing effective and meaningful communication processes with our looked after children to better understand their wishes and feelings to result in the identification of more suitable local placement options.

Havering children services has worked hard to reduce the use of residential placements for looked after children within the last year so that children are placed near to their usual area of residence.

The Board will continue to monitor the Looked After Children's Improvement plan, which focuses on placement stability along with improving outcomes and increasing the numbers of looked after children placed in family placements within the borough.

The ability to meet health needs of looked after children is not always consistent due to out of area placements. The need for the LSCB to be updated on any shortcomings is a necessary challenge.

Performance data will be reported to the Quality and Effectiveness group for scrutiny and challenge to ensure that work undertaken is impacting positively on outcomes for this group of children.

### Looked After Children Board Challenge

The Board to receive evidence to assure partners that each looked after child is placed within the most appropriate placement for their identified needs. Health reviews and plans that identify risks or shortcomings will be challenged

### Private fostering

If a child under the age of 16 (18 if a child with a disability), is being cared for by an adult who is not the parent or 'close relative' for a period of 28 days or more the arrangement is known to be a private fostering arrangement. The child is not looked-after by the local authority. The arrangement is solely between the parent or guardian and the adult caring for the child (known as the private foster carer). Any person caring for a child under these circumstances has a statutory duty to report the arrangement to Children Social Care.

Private Fostering is still a major challenge. The number of registered privately fostered children remains low despite the extensive publicity and training. Action is being taken to address this situation and it will remain a priority for the HCSB.

### Private Fostering Board Challenge

The board partners will continue to promote and raise awareness of Private Fostering in order to ensure that such arrangements are identified and registered.

### Early Help

*Priority 2: Monitor the development and implementation of a multi agency early offer of help to children and families living in Havering.*

Early help is the bedrock to improving outcomes for children and young people. Effective early



help will improve outcomes and reduce the need for more serious child protection processes.

It is also crucial in the 'step down' from child protection to child in need and child in need to early assessment processes. Thresholds that set out the criteria for accessing services across the child's journey between universal, targeted and specialist safeguarding must be fully understood and embedded if step down or step up transitions are to be smooth and supportive to families.

*'Early help is better for children: it minimises the period of adverse experience and improves outcomes for children'*

**Eileen Munro March 2011**

To achieve this outcome within Havering early help has seen a significant restructuring of services. This has brought together a myriad of services and teams into one integrated Early Help Service. The restructured services now include Family Intervention Partnership (FIP), Tier 3 Targeted Youth Services, Troubled Families and Early Help Local commissioning functions.

The key elements of this restructured service are:

- ✚ Two locality model; North and South to deliver services from 6 Children Centres.
- ✚ Multi Agency early intervention links.
- ✚ A two locality operational team model of multi skilled staff working with children and families at all tiers of need and support.
- ✚ A borough wide "Business Support" function, to deliver the evaluation and Troubled Families requirements.
- ✚ Transfer of the Family Group conferencing service into early help.

This significant restructuring impacted on the delivery of the early help agenda within 2013 - 2014.

Whilst there is encouraging evidence that the MASH is starting to signpost cases into early help and organisations such as schools are utilising the process, the take up by other agencies has not been to the level expected.

The HSCB will require all partnership agencies to provide data evidencing the uptake of early help processes by staff working within their organization.

A challenge that is being voiced from partners is that feedback from MASH is not always provided, which is not conducive to effective working together.

The consistent use of early help assessment processes by all partners is crucial to the success of this priority area.

The following actions have been implemented during 2013 -2014 and will continue during the up-coming year:

- EHA training has been rolled out and feedback has been very positive.
- Training has been evaluated and reviewed resulting in a new training package that will be implemented during 2014 - 2015.

### **Early Help Board Challenge**

The expectation for 2014 – 2015 will be an increased uptake of early assessment processes that will offer consistent response to early need.

MASH feedback to provide clear information to partners regarding decisions and identified next steps.

Early Help has a major part to play in the safeguarding of children and young people so it will be a priority for the Board during 2014/15. The board will continue to monitor and challenge the speed of implementation and engagement of all agencies.

### **Troubled Families**

This is a central government initiative across England, which was a three year programme. It commenced in 2012 and Havering were able to identify 415 families against the prescribed national Troubled Families criteria. By the end of March 2014, 568 families had been identified.

These families included 1099 children aged between 0-18 years. Of these:

233 met the Education criteria

290 met the Crime/ASB criteria

335 met the unemployment criteria

130 had domestic violence noted and 249 lived in accommodation provided by Home and Housing (LBH).

The interventions to date have resulted in Havering being ranked top in London for number of families identified and worked with and top for sustaining families in employment during the period of their required support.

There is still significant room for improvement and a number of issues that need to be addressed.

*Priority 3: Monitor the alignment and effectiveness of the partnership when working across the child's journey between universal, targeted and specialist safeguarding*

The appointment of a joint chair of the HSCB and the Safeguarding Adults Board (SAB), has allowed for greater co-ordination between the children and adult agenda especially in respect of greater awareness of the 'toxic trio', which is the presence of two or more of domestic abuse, mental health and drugs and alcohol abuse within a family. The presence of multiple factors can compound each identified concern significantly and add pressures to the family's coping mechanisms whilst also challenging the way in which services can effectively respond to presenting needs.

This has led to the formation of a new transition sub group, which reports to both boards. Its remit is to look at both children in transition including children with special needs and autism and of adult services and their clients as parents.

The board receives regular reports from all agencies to evidence the effectiveness of the partnership in responding to need across the continuum of need.

The HSCB Case Review working group is instrumental in monitoring the impact of the multi-agency service offer on improved outcomes for children. The case review working group has implemented a learning and improvement framework to assist in this work.

### **Domestic Abuse Service Responses**

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Havering Domestic Violence Forum has developed and delivered an action plan during 2013 – 2014 that focused on:

- ✚ Policy work on domestic violence
- ✚ Prevention of domestic violence
- ✚ Intervention & supporting families to rebuild their lives and reduce repeat victimisation
- ✚ Dealing effectively with perpetrators to stop violence

The Multi Agency Risk Assessment Conference (MARAC) is in place to identify and discuss high risk victims of domestic violence to reduce the level of risk and reoccurrence of further abuse.

Since April 2013 there have been 172 cases discussed at MARAC. Of these 27 were repeat cases and there were 278 children within those families.

### **Violence Against Women And Girls**

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All forms of violence against women and girls (VAWG) offences are believed to be significantly underreported and therefore there is no reliable information on the prevalence and extent of VAWG in the borough.

The HSCB Child Sexual Exploitation (CSE) Group is working to identify prevalence of CSE, which also links to this agenda.

#### **VAWG Board Challenge**

To fully understand the extent in Havering of VAWG especially in respect of children and young people of:

- ✚ Female genital Mutilation
- ✚ Forced Marriage
- ✚ Honour based violence.
- ✚ Child Sexual Exploitation and Trafficking.

*Priority 5: Ensure that Havering Safeguarding Children Board communicates effectively with partners, children, young people and their families, communities and residents*

HSCB has developed a communication strategy, which was presented and ratified by HSCB partnership agencies during 2013 -2014.

### Communication Board Challenge

To ensure that each partner agency fully embeds the communication strategy and reports back information making the HSCB leads conduits for information in and out of the HSCB.

HSCB has produced termly newsletters, which have been distributed to in excess of one thousand HSCB contacts.

### Child Deaths: The Child Death Overview Panel (CDOP) and Serious Case Reviews

HLSCB was required to establish a **Child Death Overview Panel (CDOP)** in 2008. It is responsible for reviewing the circumstances of all child deaths within the borough.

During 2013-14, CDOP were notified of eight deaths in total. Five of these eight deaths were identified as neonatal deaths and categorised as 'expected'. The three remaining deaths were deemed 'unexpected'; one was due to a road traffic incident (RTI) and two are yet to be confirmed.

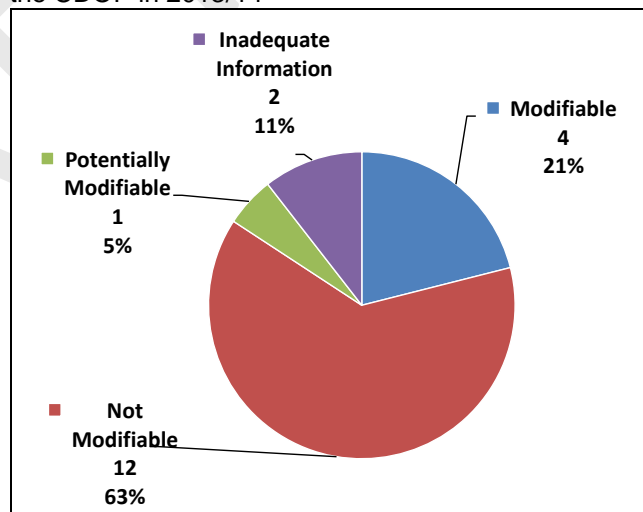
During this reporting period (2013-14), four panel meetings were held and the CDOP reviewed 19 child deaths, 11 of which occurred prior to 2013-14. The panel found that of these 19 deaths

- ✚ Twelve were non-modifiable (eight of which were classified as neonatal events)
- ✚ One had potentially modifiable factors. There was inadequate information on this one as the child's parentage was unsubstantiated

despite police investigations. There is not enough information to determine the circumstances of this child's death.

- ✚ Four were deemed modifiable. Two involved life limiting conditions but earlier admission might have resulted in a different outcome. Both these deaths were subject to a SUI investigation by BHRUT and recommendations were made to reduce the risk of similar problems in the future. These cases were not reviewed by CDOP until the SUI's had been completed. The other two deaths were the result of a RTI and a SUDI.
- ✚ Consideration of the remaining 2 deaths can only be concluded when further information is available.

**Figure 1:** Breakdown of child deaths reviewed by the CDOP in 2013/14



There were no deaths in 2013-14 that required CDOP to recommend a Serious Case Review, Police Investigation or referral to Safeguarding Services.

The CDOP Annual Report 2013 to 2014 is held on Havering LSCB's website [www.havering-lscb.org.uk](http://www.havering-lscb.org.uk)

### CDOP Board Challenge

To work closely with the coroner ensure robust and effective information sharing processes between the coroner and the HSCB.

## Policy and Procedures

The revised Working Together statutory guidance was published in March 2013. Edition 5 (part A) of the London Child Protection Procedures was formally ratified by HSCB during 2013 – 2014 and is being used by all practitioners working within Havering. Part B of the procedures will be published during 2014 – 2015.

The HSCB will offer briefings on part A and part B during September 2014 to ensure that the procedures are fully understood and implemented.

### Board Challenge

To receive assurance through data, learning and improvement processes and audit processes that the London Child Protection Procedures are being fully implemented and consistently applied across the partnership agencies.

## HLSCB Working Group activity and progress

The work of the board sub groups is essential in supporting the board and in the identification of areas of risk. The following section will set out the work progressed by the HSCB working groups:

- ✚ Child Sexual Exploitation
- ✚ Quality and Effectiveness
- ✚ Case Review Working Group
- ✚ Safeguarding in Employment
- ✚ Training and Communication

## Child Sexual Exploitation (CSE)

### 1. Summary of Work Group Purpose

The CSE Working Group is a multi-agency group that is responsible for improving the response to CSE in Havering. In order to achieve this, the CSE Working Group has the following key functions:

- ✚ Meet the aims and objectives of the working group as outlined in the HSCB Business Plan
- ✚ To coordinate and monitor the delivery of the CSE Strategy and annual action plan
- ✚ Scope the scale of the problem within Havering by collecting and monitoring local data
- ✚ Report to the LSCB on progress, highlighting any specific barriers or areas of risk with in implementing action plan
- ✚ Raise awareness of sexual exploitation within agencies and communities
- ✚ Encourage the reporting of concerns about sexual exploitation
- ✚ Support the identification of training and awareness needs
- ✚ Disseminate guidance and examples of good practice across all professions and sectors

### 2. Key Areas of Progress and Achievement

The CSE & Missing Children Working Group has made progress in a number of key areas:

- ✚ For the first time, a local CSE strategy and annual action plan for 2013-14 has been introduced to focus the work of the Group.
- ✚ Conducted a survey to investigate the level of knowledge and awareness of CSE across all sectors working children in Havering.
- ✚ Launched the local Professionals Toolkit for identifying and responding to children at risk of CSE together with the on-line risk assessment tool.
- ✚ Established strong links with the Police since the launch of the agency's Pan-London CSE Protocol. A Police CSE

The new friend  
The fun times  
The gifts  
The messages  
The late nights  
The touching  
The feeling scared  
The pressure for sex  
**The strength to ask for help.**  
If someone makes you feel unsafe, pressured or frightened, follow your instincts and talk to an adult that you trust as soon as you can. People who can help you include teachers, parents, carers, social workers or Childline.  
If you, or a friend, are in immediate danger call the police on 999. If you need urgent support, please call Havering Council's Children's Services on 01708 43 32 22 (out of office times, contact the Emergency Duty Team on 01708 433 999).  
For more information on spotting the signs of sexual exploitation, please visit [www.havering-hscb.org.uk](http://www.havering-hscb.org.uk)

ChildLine  
0800 1111

Havering  
Safeguarding  
Children Board

Lead has been appointed and is attending the Working Group.

- ✦ The Police have agreed to use the on-line risk assessment tool to assess children referred to the Police-led Multi-Agency Sexual Exploitation (MASE) Panel.
- ✦ As part of the local awareness raising campaign, commissioned the design of posters (see figure across) targeting parents and children disseminating posters to over 200 local agencies including schools, colleges, youth centres, libraries and churches.
- ✦ New CSE webpages for both professionals and parents have been set up on the HSCB website providing information, advice and guidance on responding to CSE.
- ✦ New CSE webpages for parents and children have been set up on Havering Council's website.
- ✦ CSE awareness and support information introduced into the revised third edition of the local young people's sexual health and relationships mini booklet guide. Over 8,000 copies have been disseminated to children.
- ✦ Schools Workshops to over 4000 young people by ARC Theatre Company covering issues of Sexting, unhealthy relationships and CSE.

### 3. Current Activities

The CSE action plan for 2013-14 is divided into four themes to reflect the key strategic objectives; its focus is on promotion, prevention, protection and partnership. At the heart of the plan is the drive to safeguard and protect local children and young people who are at risk of or currently experiencing sexual exploitation. The key priorities the CSE Working Group is currently delivering on:

- ✦ Review the CSE Action Plan's current priorities and actions.
- ✦ Promote and increase the usage of the CSE risk assessment tool across all sectors in Havering.
- ✦ Monitor the work of the MASE Panel to review on-going risk, prevalence and multi-

agency responses in order to develop evidence-based knowledge about the nature and extent of the issue in Havering.

- ✦ Analyse local data sets to improve the understanding of Missing Children and CSE and the local response when CSE is suspected or confirmed.
- ✦ Monitor progress on implementing the pan-London Metropolitan Police CSE Operating Protocol to improve safeguarding, disruption and prosecution activity in Havering.
- ✦ Based on the Children's Society national campaign "Tackling Child Sexual Exploitation", launch a local campaign targeting licensed premises to raise awareness of CSE.

### 4. Future Priorities and Aspirations

There are a number of priorities for the Working Group during the year ahead:

- ✦ Monitor the Implementation of the MASE Panel including assessment of robustness of data collection, interrogation and evaluation of data and whether structures are fit for purpose.
- ✦ Lead on the development of a cross borough awareness campaign targeting hotels and that draws on resources from the Children's Society national awareness campaign.
- ✦ Develop local awareness campaign including the consideration of raising awareness of peer on peer CSE.
- ✦ Focus on learning from other partnerships on those perpetrating CSE that have instigated successful investigations and disruption strategies.
- ✦ Develop a CSE problem profile including the profiling offenders, victims, vulnerable locations and local responses.
- ✦ Collect data, using the risk assessment tool, to widen knowledge and understanding of specific vulnerable groups and contribute to developing a local problem profile.

- ✚ Conduct annual Professional's Survey to investigate knowledge and awareness of CSE in Havering.
- ✚ Introduce a Young Person's Survey to investigate knowledge and awareness of CSE.
- ✚ Monitor the implementation of the multi-agency Runaway and Missing from Home & Care Protocol including an assessment of the robustness of data collection, interrogation and evaluation of data and whether structures are fit for purpose.
- ✚ Assess need for joint working protocols with other local authorities to meet needs of all Missing young people.

There are a number of potential risks that need to be mitigated by the Working Group;

- ✚ CSE risk assessment tool identifies high numbers of young people affected by CSE there is no dedicated specialist service able to respond to and meet their needs impacting on Ofsted assessment
- ✚ Implementation of MASE in line with Pan London CSE protocol is delayed, slow to start or lacks clarity impacting on effectiveness of new arrangements
- ✚ Service provision to provide return home interviews for low and medium risk young people in line with new statutory guidance impacting on Ofsted assessment is being developed.
- ✚ High numbers of missing young people are not responsibility of Havering authority, (as host borough), yet young people's needs are not met by responsible authority.

#### **5. Views of children, young people, parents and carers**

The CSE Working Group has agreed to collect, analyse and respond to the view of young people in a number of ways:

- ✚ Introduce CSE specific questions to the local annual on-line young people's relationships survey to identify risk and prevalence in Havering.

- ✚ Consult young people regarding local CSE marketing and communications by using the Youth Consultancy project.
- ✚ Working Group members, who hold responsibilities with services working directly with young people and parents/carers, will regularly hold consultation exercises to collect views and report back to the CSE Working Group.

#### **6. Impact and Outcomes**

The Working Group will engage in a number of on-going activities to measure the impact of its work including;

- ✚ A review of the impact and outcomes of the CSE action plan will be conducted in the Spring of 2014.
- ✚ Monitor the implementation of the local Runaway and Missing From Home & Care Protocol
- ✚ Monitoring the impact and outcomes of the CSE Professionals Toolkit.
- ✚ The professional's survey will feature questions that investigate the knowledge and awareness of the Group's work.
- ✚ Monitoring the impact and outcomes of the work of the MASE Panel.

#### **7. Evidence that Learning is being embedded**

- ✚ Currently in draft form, the Runaway and Missing from Home & Care Protocol aims to provide guidance for assessing both the risk of the child going missing and the risk to the child when they are missing. The Protocol has been developed jointly by Havering Council's Children's Services, Police and the Children's Society and refers to;
  - DFE's statutory guidance on children who run away and go missing from home or care (2014)
  - London Child Protection Procedures (2014)

#### **Quality and Effectiveness Working Group**

### 1. Summary of Work Group Purpose

Working Together (2013) sets out the requirement for each LSCB to have in place processes to monitor and challenge the effectiveness of the safeguarding offer to children across the spectrum of need:

*In order to fulfil its statutory function under regulation 5 a LSCB should use data and, as a minimum, should:*

- ✚ assess the effectiveness of the help being provided to children and families, including early help;
- ✚ assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of this guidance;
- ✚ quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- ✚ monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

#### *Working Together 2013*

The Quality and Effectiveness group is in place to oversee the effectiveness of the multi-agency safeguarding and child protection service offer to children, young people and their families in Havering. The group receives and reviews performance data from the partnership, challenges information and identifies actions required to improve the service offer when required.

Audits are undertaken to assure the group of the effectiveness of the partnership when working throughout the child's journey across the continuum of need.

### 2. Key Areas of Progress and Achievement

The group undertook multi-agency audits of children subject to child protection plans in order to review the decision making process when working within child protection: These audits identified a need for further scrutiny. Further audits were undertaken by Children Social Care

and an audit report was submitted to the Quality and Effectiveness group for scrutiny and challenge.

A challenge for the Group has been to establish a multi-agency performance dataset to enable the group to understand the effectiveness of the service offer to children across the continuum of need and throughout the child's journey. The group has now developed and agreed a performance framework that will be reported on from April 2014. This framework will be regularly reviewed by the group to ensure that the information provided is accurate and sufficient to understand the effectiveness of the service offer.

An audit of section 11 compliance was undertaken in September 2013, findings identified within the audit are set out within the section 11 section below: a further audit will be undertaken in October 2014.

### 3. Current Activities

The Group will continue to monitor the impact of the multi-agency service offer on improved outcomes for children and will further develop the performance framework to understand the effectiveness of services across the spectrum of need.

An audit programme will be developed to assist the Group to better understand the story beneath the data and to identify where services can be improved for children

### 4. Long and short term risks and priorities

The group has been slow to develop and agree a multi-agency dataset to enable a thorough understanding of the impact of the multi-agency service offer to children: Now that this has been agreed, the challenge is to ensure that data is accurate and consistently reported to the group for scrutiny and challenge.

The current dataset does not report on the effectiveness of early help services. This will be addressed during 2014-15 to ensure that the Group understands the effectiveness of the service offer in relation to early help. The Group will develop an audit programme to assist in its understanding of this agenda and will focus on the area of neglect.

The LSCB priorities for 2014-15 will be child protection, early help, child sexual exploitation

and neglect: The Group will embed a process to understand the effectiveness of the partnership in relation to the LSCB priorities.

## **Case Review Working Group**

### **1. Summary of Work Group Purpose**

The purpose of the HSCB Case Review Working Group is to ensure that the statutory requirements contained in Chapters 3 and 4 of Working Together to Safeguard Children 2013 are embraced and delivered. The main statutory requirement is for the group to implement a learning and improvement framework where partner agencies are clear about:

- ✚ Their responsibility for contributing to the learning and improvement processes.
- ✚ Effective dissemination of learning.
- ✚ Making sustainable changes to services.

The local framework should cover the full range of reviews and audits including:

- ✚ Serious Case Reviews.
- ✚ Child Death Reviews.
- ✚ Management review of a child protection incident which falls below the threshold of a SCR to provide useful insights about the way organisations work together to safeguard and promote the welfare of children.
- ✚ Review or audit of practice in one or more agencies.
- ✚ Identify and drive improvements to safeguard and promote the welfare of children.
- ✚ Translate the findings from reviews into programmes of action to bring about sustainable improvement and prevention of future deaths/harm.

### **2. Key Areas of Progress and Achievement**

- ✚ Partners are well represented committed and attend regularly.
- ✚ The Working Group has developed a Learning and Improvement Framework. It

has set out criteria for initiating the full range of case reviews to be undertaken based on the requirements of Working Together.

- ✚ Working group members have attended a conference on a wide range of systems methodologies.
- ✚ Working group members attended training on the SCIE systems methodology approach to case reviews.
- ✚ Has had the input of the Principle Children & Families social worker who is an accredited lead reviewer and has had experience in implementing a systems methodology approach to case reviews.
- ✚ Developed a clear criteria for conducting different levels of case review.
- ✚ Considered ways in which sustainable learning will be embedded into usual practice across the partnership. This requires further development.
- ✚ Initiated a number of learning reviews including:
  - ✚ One serious child protection case which did not reach the threshold of serious case review but for which there were key areas of rich learning for LSCB partner agencies. This case is currently at the stage of presenting questions to the LSCB.
  - ✚ One case where a young person committed a serious crime and caused serious harm to a member of the community.
  - ✚ A young person involved with CAMHS services and being at risk of committing serious sexual offences.
  - ✚ One cross borough learning review about a young person who died and was involved with cross borough services. This review was led by Newham LSCB. A presentation has been made to LSCB and the actions for Havering are being progressed.
  - ✚ One case has been referred to the transition group for consideration of specific and broader issues surrounding



the transition of vulnerable young people into adulthood.

- ✚ One case involved a review of a child protection case where a decision was made to prematurely cease a child protection case. This case is at the stage where an independent reviewer is being sought to work alongside the conference and core group participants to understand what happened, why decisions were made, what lessons have been learned and how change has been embedded.

### 3. Current Activities

The working group is focussing on the progression of the reviews and on finding ways to monitor the progression of plans to embed and sustain learning.

All agencies are invited to refer cases on an agreed template so that ownership and engagement is encouraged and promoted.

Learning workshops have been organised so that the learning from local and national reviews can be disseminated across the partnership.

### 4. Long and short term risks and priorities

The long term priorities are to ensure that open transparent arrangements are in place to review the child protection practice within the LSCB area, to build on good practice and to implement and sustain improvements.

The risks are that we are overly ambitious or that we lack the capacity in terms of lead reviewers. Reviews take longer than intended due to staffing capacity.

### Actions taken to address risks

- ✚ To ensure that all cases receiving a review do so at the appropriate and proportionate level.
- ✚ To look to ensure that more HSCB parties are trained in a systems methodological approach to case review including 'train the trainer'.

### 5. Views of children, young people, parents and carers

The working group will be seeking the views of family members including children.

This has to be embedded and further factual evidence based information will be reported as the reviews progress.

### 7. Evidence that Learning is being embedded

One case has recently come to the stage of a plan being developed: the developed plan will be monitored by the working group.

## Safeguarding in Employment Working Group

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### 1. Summary of Work Group Purpose

The purpose of the HSCB Safeguarding in employment working group is to ensure statutory requirements about safer recruitment and managing allegations contained within Working Together 2013, the London Child Protection Procedures Edition 5 and the Protection of Freedoms Act 2012 are fully implemented so as to ensure:

- ✚ A safer children's workforce.
- ✚ A carefully recruited and competent workforce as required in the Protection of Freedoms Act 2012.
- ✚ Children are the primary focus of what we do.
- ✚ Allegations made about staff or volunteers are subject to a fair and thorough investigation process.
- ✚ The collective performance of LSCB partner agency against the safer recruitment and managing allegations standards is reported on and monitored so assurance is given to the LSCB.

### 2. Key Areas of Progress and Achievement

- ✚ Progression of the new arrangements contained within Working Together 2013, the London Child Protection Procedures Edition 5 and the Protection of Freedoms Act 2012.

- ✚ Progression of management of allegations procedures and processes. Continued increase in referrals to the LADO.

2011-12 = 62

2012-13 = 106

2013-14 = 154

- ✚ Significant assurance provided by multi-agency audit of 20% of management of allegations case.
- ✚ Recruitment to LADO post underway.
- ✚ Multi agency commitment to and engagement in the working group.
- ✚ Engagement by agencies in reporting on the LSCB standards.
- ✚ Delivery of training to the private and voluntary sector on safer recruitment and managing allegations.

### 3. Current Activities

The current activities of the group include:

- ✚ Support and challenge in completing and learning on the LSCB standards in regard to safer recruitment and managing allegations. The annual returns are awaited and therefore each agency will RAG rate itself on its performance against the standards.
- ✚ Audit of managing allegations cases.
- ✚ Providing advice and guidance of safeguarding in employment issues to support continued engagement of agencies.
- ✚ Implementing all the requirements of the Protection of Freedom Act 2012, including DBS changes and the wider range of responsibilities for all agencies in safeguarding in employment activity and recording.
- ✚ The managing allegations forms are going to be revised to streamline processes.

- ✚ Focus in 2014-15 on agency understanding and implementation of safer recruitment processes.

### 4. Long and short term risks and priorities

The number of allegations received is continuously increasing. This has an impact on capacity within the service.

The risks attributable to this are that recording is sometimes not up to date due to the rise in number and complexity of cases.

There is potential for the quality of work to be affected by this. Additional business support will significantly address this.

#### 1. Actions taken to address risks

- ✚ Continue the collaborative work of the Safeguarding in Employment Working Group and the wider community to ensure that awareness of good practice and risk continues to be embedded.
- ✚ Monitor allegations work closely and continue to use the multi agency audit process to consolidate good practice and identify and implement areas for attention and improvement.
- ✚ A LADO is being recruited to.

#### 2. How the working group utilised the views of children and young people, parents and carers

In all cases children are consulted about an allegation and an account of events is taken. They are informed about the outcome of all allegations.

To date any additional consultation has been limited. The future work of the group will look at:

- ✚ How children and young people are involved in single and multi agency work force development strategy and operations.
- ✚ Children/young people's experience of being involved in making an allegation.
- ✚ How children and young people will be involved in the safer recruitment of staff.

#### 3. Evidence that learning is embedded

- ✚ The on going monitoring of work and the multi agency audit of cases in the managing allegations process has evidenced a consistent approach to dealing with cases.
- ✚ Each case considers whether there are lessons to be learned and how they will be implemented by partner agencies.
- ✚ Reports into how well partner agencies have embedded the safeguarding in employment standards will provide evidence once analysed.

## **Training and Communication Working Group**

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HSCB Training and Development provides a service to its multi-agency partners in line with the requirements of Section 11:

- ✚ Staff training on safeguarding and promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children and families. Staff should have an understanding of both their role and responsibilities and those of other professionals and organisations.
- ✚ The training provision is funded by contributions made by partners of the LSCB and there is therefore no charge to delegates at the point of booking a course.

This is covered under the four main headings:

- ✚ Provide multi-agency training and development at appropriate levels for all partner agencies.
- ✚ Evaluate multi agency training delivery and impact and collect data from key partner agencies on the single agency safeguarding training offered by individual organizations within the borough.
- ✚ Support, monitor and evaluate training within the borough for staff that come into contact with children and young people but do not have safeguarding responsibilities.

- ✚ Communicate with professionals, parents and carers and children and young people on safeguarding matters.

The 2013-2014 multi-agency training programme was developed taking account of:

- ✚ Training needs analysis and evaluations from 2012-13
- ✚ Lessons learnt from serious case reviews
- ✚ Key emerging and existing areas for development.

Review of Safeguarding Activity 2013-2014

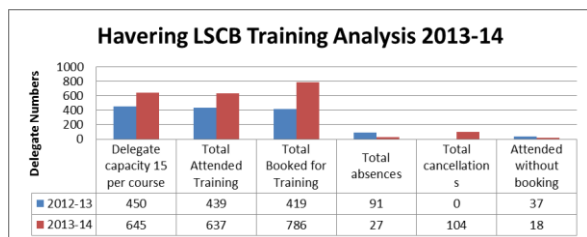
The LSCB training offer for 2013-14 was considerably different to that of 2012-13. The following changes were made:

The introduction of levels 2 and 3 for core courses

- ✚ The 2013-14 training brochure provides extensive guidance and information of courses, levels and includes objectives and learning outcomes.
- ✚ The programme comprised 50 scheduled courses compared to 30 in the previous year.
- ✚ The introduction of an Excel booking system that enables easier collection of data including cancellations thereby enabling us to make decisions to ensure cost effective and efficient training provision.
- ✚ Joint working projects that have supported the development of staff to enable them to use their expertise to deliver courses for the LSCB.

These changes have resulted in positive outputs and enhanced the training offer. Most significantly we have reduced the number of absences from 8% in 2012-13 to 0.16% (in 2011-12 it was 24%). However this has increased the number of cancellations, the data for these have not previously been available, and this stands at 13% in the current period.

The chart below outlines some key information for comparison between 2012-13 and 2-13-14.



In addition to the delivery of the scheduled training programme we also organized and participated in 6 conferences and briefings. These conferences and briefings have not been subject to our cancellation policy. Across all 6 events we had 14% of cancellations and 16% of absences on the day.

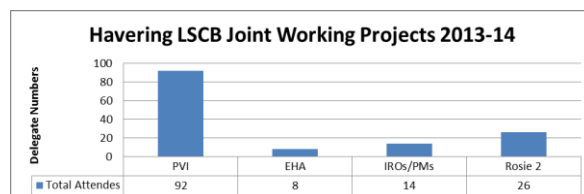


During 2013-14 HSCB Training worked with a variety of safeguarding personnel to develop internal expertise that would support the training and development function. These were particularly successful. Volunteers were invited or staff identified who could provide training solutions in areas that were of local importance or where a gap was identified. The approach was to provide staff with training and presentation skills, so that they can deliver training.

The table below provides data on these projects. The training to Private, Voluntary and Independent (PVI) staff resulted in their delivering training to early years' setting managers and safety officers and was very well attended. This training was provided in a block and not included in the LSCB training schedule. The other projects (accept Rosie 2) were similar in that, again training and presentation skills were provided to staff and courses developed that they then delivered to wider audiences as part of the LSCB training schedule.

Rosie 2 differed from the above projects in that Havering LSCB offered the license for this interactive learning resource to our multi-agency

partners if they attended a facilitation course based on the resource. They were then given access to the licensed resource so that it could be used for training in their own organizations.



### Training Impact Analysis

Following a pilot in 2012-13, the HSCB carried out a project in the 4th quarter of 2013-14 to ascertain the impact of learning on improved practice using the London Council's 3 stage evaluation process.

The 3rd stage evaluation, which is designed to measure impact of learning, was sent to the 562 delegates who attended training courses. We received 102 responses (18%). These figures were not high enough to evidence impact.

Following the poor response the process was reviewed and amended. The new process will be implemented during 2014-15 where delegates will be issued with a training certificate on receipt of their 3rd stage evaluation form. The certificate provides evidence of implementation of learning as opposed to attendance at training.

### Multi-agency training Board Challenge

To have an effective measure in place to understand the impact of training on improved practice.

### Single agency successes and areas for further improvement

*In preparation of this annual report each agency represented on the board except Havering Council Children and Young People Services, which is intrinsically incorporated throughout the body of this report, were requested to submit a report setting out their*

### *individual successes and areas for future improvement.*

*This section will set out the agencies identified risks and challenges and their actions and priorities for the year 2014 to 2015*

## **Police: Child Abuse Investigation Team (CAIT)**

### *Long and short term risk and priorities*

The CAIT are now part of the newly formed Sexual Offences, Exploitation and Child Abuse Command (SOECA), which consists of CAIT, Sapphire (Rape Command) and the new formed Child Sexual Exploitation (CSE) teams. The long-term risks are recruiting new staff to the SOECA as there has been a 40% rise in child crime for the CAIT team. This has had an impact on the short term risk and priorities to provide trained officers to deal with joint investigations.

### *Actions to be taken to address the risk and expect impact on the outcomes*

In the short term we have recruited ex CAIT officers from a recruitment agency to help fill the gaps. This has been bolstered by Major Investigation Teams providing an extra 70 staff to the command.

## **Probation Service**

### *Long and short term risks and priorities.*

- ✦ In the short term, immediate risks are presented by division of Probation Services into the National Probation Service and Community Rehabilitation Company. This involves considerable churn in cases, and the need to ensure continuity of offender supervision and risk management over the transition period. There are also risks involved in allocating senior leadership involvement at Strategic Level partnerships from both Organisations.
- ✦ Longer term, the CRC will be fully privatised in November 2014. There is therefore a

current lack of information about who will be ultimately responsible for delivering these services going forwards, and what the delivery landscape will be.

- ✦ The Pan-London Interim CRC Business Plan for 14/15 will include priorities around improving multi-agency pathways for women offenders; ensuring good multi-agency information exchange to inform assessments and risk management, and developing a Partnership Strategy to ensure a multi-agency approach to reducing re-offending. The NPS Business Plan will also continue to address safeguarding issues as they pertain to risk management.
- ✦ Following on from this, local priorities for the CRC will include the expansion of improved delivery models for women; a clear schedule for quality improvement work delivered by Practice Development Officers, to include safeguarding children's practice; improving Probation link with Troubled Families work; greater use of the Service User's voice in developing services.

### *Actions to be taken to address the risks and the expected impact on outcomes*

- ✦ Risks related to division of Probation services are being mitigated by pan-London procedures on caseload transfers, and monitoring by the Ministry of Justice. Risks in relation to senior leadership representation will be addressed in CRC contracts and pan-London NPS/CRC protocols. At a local level, senior leaders from the CRC and NPS remain committed to partnerships and will ensure an appropriate level of attendance.
- ✦ Lack of clarity around the design of services under a new provider is being addressed by the Ministry of Justice through Bidder events, designed to ensure that all bidders are aware of the complex needs of service users, and their responsibilities to safeguard children and vulnerable service users.
- ✦ Priorities within the pan-london and local interim CRC Business Plans for 14/15 are intended to achieve improved outcomes in assessment of safeguarding risks; improved information sharing and partnership working;

and improved outcomes for women, with resultant improved outcomes for children and families.

## Housing

The last year has seen a number of major changes in the Council's Housing service:

- Following the housing management service coming "in house" on 1/10/12, the new Homes and Housing service has completed an internal reorganisation designed to improve service quality and control risks to residents.
- Following a reorganisation at Corporate level, Homes and Housing is now part of the Council's Children, Adults and Housing Department
- Housing policies designed to support and protect service users have been revised and updated.

### Priorities of the service

Homes and Housing manages and maintains the Council's stock of some 9,900 tenanted and 2,200 leasehold homes. It also provides services for people in housing need and co-ordinates housing strategy across the Borough.

The priorities of the service include:

- Continuing with our programme of home improvement and modernisation to bring all our homes up the Decent Homes Standard
- Building new social housing homes in Havering and adapt existing home to new uses where possible.
- Working with our partners to tackle anti-social behaviour on our estates.
- Responding to the changes in the welfare system to give advice to residents and to minimise the impact on them, and to reduce poverty and Financial Exclusion
- Reviewing and updating the way we deliver our services to make it easier and more convenient for residents to use them.

### Working in partnership with Children's Services

Homes and Housing has created a new post which will be located in the Multi Agency Safeguarding Hub (MASH). This post will see a Housing professional employed to act as the link between MASH and housing. This will reduce risk and support good casework.

During 2013 Homes and Housing agreed a protocol with Adult Social Care and Health partners about the housing needs of people with special vulnerabilities. It is designed to reduce the risk of such households losing tenancies and increasing their prospects of securing a permanent home.

### Welfare reforms

This has been a key issue for Homes and Housing and for residents on low incomes. Many local families have seen Housing Benefit reduced or are subject to a cap in the total amount they can receive in benefits. Homes and Housing has created a new team to advice residents on how to mitigate the impact and to sustain their tenancies.

### Supporting residents in the private rented sector

Homes and Housing provides services and support to people needing housing in the private sector. Last year we helped over 300 people take up tenancies by providing rent deposits and rent in advance. We also have 150 properties that we manage on behalf of private landlords and another 70 units of properties in Houses in Multiple Occupation specifically for young people who are only entitled to the Shared Room Rate from Housing Benefit.

### Anti-Social Behaviour and gang culture

The Anti-social Behaviour, Crime and Policing Act became law in March of this year. Housing has made preparations for the new legislation by:

- Reorganising services internally so that tackling anti-social behaviour is carried out in the same team as tenancy management

- ✚ Retaining our Neighbourhood wardens and CCTV services
- ✚ Revising our anti-social behaviour policy to reflect the new national position
- ✚ Recognising the growing threat posed by gang culture. Understanding that people involved in anti-social behaviour are often themselves victims in need to support.

### *Addressing family poverty and worklessness*

Homes and Housing has reviewed the priorities of its Community Engagement service. The team is now includes responsibility to enhance the life chances of residents through a programme of community development. Through this policy we aim to help residents to gain employment and escape poverty. The team also provides opportunities for residents to have a say in the services that they receive

### *Health: Clinical Commissioning Group*

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#### *Long and short term risks*

- ✚ The re-establishment of the Barking, Havering and Redbridge CCGS Safeguarding Assurance Committee will require full attendance and close monitoring to ensure that safeguarding functions are strengthened in the CCG.
- ✚ Currently there is no named GP in Havering which is not conducive to partnership working. An NHS England review of the role and capacity of the named GP safeguarding children is taking place to standardise the function across England. The risk has been highlighted to NHSE and a job description and recruitment is being progressed which will ensure that GPs and safeguarding practices in Havering are incorporated at LSCB. In the interim a GP has occupied this role from 1st May 2014.
- ✚ There is a need to ensure robust systems are in place across the CCG designated LAC roles and provider services to improve the quality and timeliness of initial and review health assessments for children looked after.

A designated nurse for LAC has been appointed to improve the quality of health outcomes for children looked after and safeguarding in Havering through monitoring the safeguarding arrangements of commissioned services.

- ✚ There is an identified need for an adult clinical lead to be co-located within Havering MASH due to the high volume of referrals regarding children where parental mental health, domestic violence and substance misuse present which will aid early assessment and intervention for the child and parents. NELFT and the CCG are currently scoping this requirement.
- ✚ The voice of the child/young person needs to be captured by the CCG to assist with service development and design: this is being scoped and further work is being progressed

#### *Priorities 2014/15*

Ensure that Havering CCG continues to meet all the safeguarding children responsibilities and is compliant with the published guidance, Section 11 of the Children Act and LSCB functions.

Havering CCG to continue to work closely with NHSE in the recruitment of a Named GP for Havering.

To continue to participate and contribute to the Havering safeguarding children board, the Children's Trust and other multi-agency partnerships. MASH integration needs to be a priority and all stakeholders across the health economy to contribute and fulfil the requirements.

Due to the demographic changes, mobility and the increase in population, high numbers of children looked after and children in receipt of child protection plans, contracting processes will need reviewing. Ensure that safeguarding arrangements and outcomes for children across the health economy in Havering are robust and effective by continuing to work with the safeguarding leads within key provider services. Ensure that there is sufficient capacity to fulfil the designated safeguarding and LAC Doctor roles and is included in the contracting process for 2014/15.

Continue to seek service users' engagement including young people regarding their experiences to assist the CCG in developing and redesigning services.

### **Education representation from HSCB leads**

Safeguarding has become such an important issue for schools and training is provided to ensure that all staff are up to date. This is done on a rolling programme and perhaps in some ways the Ofsted structure has 'pushed' schools faster forward with safeguarding issues becoming paramount in 'passing' an Ofsted.

The changes in the HSCB are seen by schools as very positive and the bridge between social work and education is starting to be rebuilt. It has a way to go but any start must be good for the safeguarding of children.

#### **Risk**

The area that schools struggle with more than any other is the issue of thresholds and when to 'act' or what sort of 'action' should take place. Schools see so many cases these days that the 'level' of extreme has shifted and perhaps in some cases action is not as fast as it should be. Schools seem to 'cope' and help the child and family as much as they can.

#### **Education Board Challenge**

To determine whether

- ✚ Threshold for children social care services is consistently applied;
- ✚ Threshold for social care is understood by educational professionals;
- ✚ Threshold for social care is fully understood by the partnership.

This will be achieved through audit of cases referred by education to children social care that were identified to not meet threshold.

Multi agency audit will be progressed through the quality and effectiveness working group.

## **Youth Offending Service**

### **Long and short term risks and priorities**

#### **Short-term risks:**

- ✚ Currently there is not sufficient mental health resource within the YOS and referrals are made to external workers
- ✚ Recently there has been an increase in looked-after children being managed by the YOS, which increases risk due to the complex nature of cases

#### **Long-term risks:**

- ✚ New cases, in particular those being transferred in from other boroughs, are presenting increased complexity and risk
- ✚ Gangs is an emerging issue in the borough and may impact on safeguarding

#### **Priorities:**

- ✚ to improve and develop Quality Assurance processes to ensure maximal risk management;
- ✚ to implement new Asset Plus and Integrated Action Plans
- ✚ to take advantage of further opportunities to integrate services and share best practice with Barking and Dagenham;
- ✚ to implement recommendations from the peer review into youth crime prevention, which will include elements of safeguarding; and
- ✚ to deliver safeguarding refresher training to all staff.
- ✚ to review and strengthen referral processes to Early Help services.

#### **Actions to be taken to address the risks and the expected impact on outcomes**

- ✚ we are in the process of recruiting a mental health specialist who will be based within the YOS;
- ✚ we will develop and consolidate our transfer-in policy to ensure it is robust; and



- ✚ we will review existing gang interventions and protocols to ensure we are targeting these offenders effectively.

## **North east London Foundation Trust (NELFT)**

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### **Long and short term risks**

The projected trajectory for staff requiring an update of Level 2 Safeguarding training demonstrates that the current training provision is insufficient. To mitigate against this risk additional sessions are planned.

Failure to permanently recruit to the Named Doctor post has been a long term issue and plans are being developed to increase the attractiveness of this post to achieve successful recruitment. The Trust does cover the post in a temporary capacity.

Low level of Early Help Assessments generated within the organisation is an issue requiring action. This will be promoted through training and supervision and collection of data to monitor performance across services will be implemented.

Achievement of completion of Initial & Review Health Assessments within the statutory timescale for LAC continues to be a risk and on-going work in partnership with social care colleagues is in place to improve performance.

### **NELFT Priorities for 2014 – 2015**

- ✚ Progress the actions as identified in the reviewed, strengthened and updated Safeguarding Strategy and Action Plan
- ✚ Ensure that the Voice of the Child is considered and responded to across all of our services
- ✚ Due to the increase in prevalence of CSE, develop a standalone CSE strategy and guidelines
- ✚ Develop a Standard Operating Policy for Safeguarding children to underpin the Safeguarding Policy

- ✚ Increase the numbers of and improve the quality of services referrals to children's social care
- ✚ Ensure that our services are aware of the predisposing factors and indicators for CSE and refer onward as appropriate
- ✚ Further increase the numbers of NELFT referrals to MARAC
- ✚ Respond to emerging safeguarding children issues and ensure that staff are offered the required training and development to safeguard children
- ✚ Review the safeguarding children arrangements within our organisation in the light of the serious case reviews into the deaths of Daniel Pelka and Hamza Khan to reduce the risk of such cases occurring in NELFT
- ✚ Ensure that NELFT staff who are victims of domestic violence receive the support that they require and that records are shielded to protect their privacy
- ✚ Strengthen the 'Think family' approach across all services

## **Barking, Havering & Redbridge University Hospitals NHS Trust**

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### **Work Undertaken/ Developments in Safeguarding Children:**

Barking Havering & Redbridge Hospitals NHS Trust (BHRUT) continues to ensure that it is doing everything it can to ensure that as an Local Safeguarding Children's Board (LSCB) partner agency member it is fulfilling its commitment as required under Section 11 Working Together 2013.

BHRUT has established robust systems and processes to ensure there is a timely and proportional response when safeguarding concerns are raised when a child/children are considered to be at risk or likely to be at risk of "Significant Harm".

This has been achieved as follows:

### **Safeguarding Team**

The Trust restructured its Safeguarding Team in January 2014, and appointed a Safeguarding Lead/Named Nurse, Safeguarding Children, who has managerial/professional responsibility for the Safeguarding Team (9 children and adults).

The Safeguarding Children's Team was fully established during the reporting period, and comprises of:

- ✚ Full time Named Nurse
- ✚ Full time Named Midwife
- ✚ Full time Named Doctor for Safeguarding Children
- ✚ Full time Paediatric Liaison Nurse/Child Death Co-ordinator
- ✚ Full time Team Secretary

The Deputy Chief Nurse line manages the Safeguarding Lead/Named Nurse Safeguarding Children, on behalf of the Chief Nurse, who has Executive responsibility for safeguarding.

### **Safeguarding Governance Structure**

A revised safeguarding governance structure was established in November 2013, and is attached in appendix 1. Quarterly Safeguarding Children progress reports are presented at all relevant Trust groups/committees.

### **Safeguarding Children's Training**

Safeguarding Children's Level 1, 2 and 3 compliance is monitored at the Trust's Safeguarding Children's Operational and Safeguarding Strategic & Assurance Group.

A Safeguarding Children's Training Needs Analysis (TNA) & Strategy for 2013/14 was approved by the Trust by the then, Safeguarding Children's Committee. The TNA was reviewed in March 2014 due to legislative changes as per Working Together 3rd Edition March 2014

In addition, Level 1 training is provided by e-learning, a one day safeguarding training module, comprising of Level 2 safeguarding training, safeguarding adults/MCA/DoLS/LD training, Domestic violence, Falls and PREVENT,

(commenced in February 2014), and ad-hoc training sessions as required.

### **Safeguarding Children's Policies & Procedures**

The Trust's Safeguarding Children's Policy Version 2 was accessible to all staff during the reporting period and has been published and disseminated to various departments/wards. It is accessible on the Trust intranet and website and relevant information remains available in folders in the clinical areas for ease of access. The Safeguarding Lead continues to promote awareness of Safeguarding issues via the Trust communication portal and at the Safeguarding Children's Operational and Safeguarding Strategic & Assurance Group meetings.

A Child Death Escalation Flow Chart was devised in January 2014 and is available on the Trust Intranet.

A Transitional Policy was presented and approved at the Trust's Policy Ratification Committee meeting held on the 11th February 2014.

### **Safeguarding Children's Supervision**

The Trust's Safeguarding Children's Supervision Policy has been revised and was approved at the Safeguarding Children's Committee in January 2013.

Safeguarding Children's Supervision has been embedded in the Trust, in paediatric, midwifery and sexual health departments, since June 2013.

### **Safeguarding Children Audits**

A rolling programme of Safeguarding Children audits has been in place during the reporting period.

Audit results are presented at the Safeguarding Children's Group and exceptions reported to the Safeguarding Strategic & Assurance Group.

### **Section 11 (Children Act 2004)**

The Trust is compliant with Section 11 requirements, as set out in Working Together (2013).

### **Partnership Working**

BHRUT continues to be an active member of Havering Local Safeguarding Children's Board (as well as two other Local Safeguarding Children Boards) and related sub groups.

### **Serious Case Reviews (SCR)/Individual Management Reviews (IMR)**

During the reporting period BHRUT have been involved with 3 Case Reviews, of which one has progressed to a Serious Case Review.

- ✚ Case B/Family B (Havering)
- ✚ Child A Learning Review: Tri-borough case Learning Review
- ✚ Child Z (Havering) - Serious Case Review

Action plans have been developed were relevant and progress on delivery is monitored by the Safeguarding Children's Operational and Safeguarding Strategic & Assurance Group meetings

The Trust also completed a benchmarking exercise in September 2013, against the Daniel Pelka Serious Case review (Coventry Safeguarding Children's Board). This was presented at the Trust's Safeguarding Strategic & Assurance Group and subsequently reviewed at the Safeguarding Children's Operational Group on the 19<sup>th</sup> March 2014.

### **Safeguarding Annual Work Plan**

During the reporting period the Trust's Safeguarding Annual Work Plan (2013-2014) work-streams were all delivered within their agreed timeframe.

### **Common Assessment Framework**

The CAF is now in use within the Midwifery Department and is used by Sexual Health and paediatric staff.

Trust Staff are provided with CAF training as part of Level 2 and 3 Safeguarding Children's training. BHRUT is supported by an Early Intervention Worker from a neighbouring local authority who contributes towards provision of tier two services

and supports staff in completing CAFS with carers consent. The Early Intervention worker also assists Social Workers where a case is linked to the hospital.

### **Maternity Services**

Maternity has a robust risk assessment in place to ensure vulnerable families are identified early in pregnancy and appropriately referred to services, with the aim of ensuring good support is in place prior to the birth of a new baby. Detailed care plans are maintained on the maternity electronic system to inform staff of concerns and action to be taken post-delivery.

The number of unborns placed on Child Protection Plans (CPPs) has increased, with 51 unborns on Child Protection Plans for the fourth quarter of 2014 (Jan - March 2014). This compares to 54 unborns on CPPs for the year 2012 and 71 for the year 2013. For community midwives, lead/specialist midwives and Named Midwife, this has resulted in increased report preparation and attendance at Child Protection Conferences, legal planning meetings and core group meetings.

There has also been a corresponding increase in the need for multiagency involvement post-delivery and pre discharge planning meetings from the Postnatal Wards. There is an on-going issue of well mothers and babies remaining on the maternity wards, sometimes for more than a week, because of social issues. Obtaining toxicology results can cause some delay but the longer delays are associated with late applications to court or delay in court hearings. This issue is of concern to many Maternity Units across London and was escalated at the London Named Midwives Network Forum in September 2013 to the England Safeguarding Advisor.

Since the withdrawal of the Local Service Agreement maternity alert system in early 2014, Children Social Care nationally are alerting Maternity Units and other services through their own alerting processes. There have been increasing numbers of requests for information and sharing of information from many organisations.

In 2013, the maternity electronic discharge process was completed to strengthen the flow of maternity information between all health agencies. All maternity bookings and discharges are now completed electronically.

In October 2013 a clear process was agreed with the Looked After Children's Nurses (LAC) from the three local Boroughs for the completion of the BAAF forms. These are required for the completion of initial health checks for all infants/young children in the care of local authorities and for adoption purposes. Reports are completed with appropriate consent forms for information sharing obtained prior to completion. A database of all completed BAAT forms is maintained.

### **Conclusion**

The Safeguarding Team continue to make significant progress in ensuring that the Trust executes its duties and safeguarding responsibilities and maintains focus on the welfare of children. This is evidence based by interagency working and improved inter-hospital and external working relationships with Havering LSCB Board members and related subgroup members.

### **Children and Families Court Advisory and Support Services (Cafcass)**

Cafcass is a non-departmental public body, sponsored as of April 2014 by the Ministry of Justice. Its principal functions are to safeguard and promote the welfare of children who are subject to family proceedings, and to provide advice to the family courts. It employs about 1870 staff, over 90% of whom are frontline.

In 13/14 a total of 9,680 care applications (public law) were received, which is a decrease of 12% compared with the number received in 12/13. Similarly there has also been a decrease in private law cases where a total of 42,888 applications were received in 2013/14 - a 7% decrease compared to 12/13. Shorter case durations (within s31 cases), together with proportionate working and more efficient working

practices have led to the stock of open cases reducing in both private and public law.

The following are examples of activities undertaken by Cafcass in 13/14 to improve practice, better safeguard children and make a positive contribution to family justice reform:

- ✚ Working with partners in family justice e.g. the Family Justice Board, Local Family Justice Boards (11 of which are chaired by Cafcass), judges; the Family Justice Young People's Board; and the ADCS, to promote family justice reform in preparation for the implementation of the Children and Families Act (April 2014).
- ✚ Contributing to the development of the Public Law Outline and Child Arrangements Programme (Practice Directions 12A and 12B respectively); and working with partners to reduce the duration of care cases (35 weeks as of quarter 3).
- ✚ Setting up demonstration projects designed to accelerate family justice reform e.g. a telephone helpline service in the North-East to divert from court cases where there are no safeguarding issues.
- ✚ Strengthening the workforce through a number of measures including: the talent management strategy; MyWork (a mechanism by which staff can understand and regulate their own performance); development of a health and wellbeing strategy.
- ✚ Revising the Child Protection Policy, Operating Framework and Complaints and Compliments Policy.
- ✚ Drafting service user minimum standards which will be joined with our workstream on child outcomes.
- ✚ Undertaking a number of pieces of research into the work of Cafcass and family justice including research into: expert witnesses in s31 cases; the work of the Children's Guardian; learning derived from Cafcass submissions to serious case reviews (Cafcass having contributed to 30 such reviews in 13/14).

The National Ofsted inspection took place in February and March 2014. Both private law and public law practice were judged to be good as was the management of local services. National leadership was judged to be outstanding.

All of the Key Performance indicators, relating to the allocation of work and filing of reports, have been met.

## **Section 11 statutory requirements**

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Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

### **Working Together 2013**

Havering Safeguarding Children Board (HSCB) unanimously agreed to undertake an audit of section 11 compliance at its meeting held in May 2013.

Findings from the section 11 report completed in 2011 were available to inform the overview report process

Standard 1: Senior Management have commitment to the importance of safeguarding and promoting children's welfare

Standard 2: There is a clear statement of the agency's responsibility towards children and this is available to all staff

Standard 3: There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare

Standard 4: Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families

Standard 6: Safer recruitment procedures include vetting procedures and those for managing allegations are in place

Standard 7: There is effective inter-agency working to safeguard and promote the welfare of children

Standard 8: There is effective information sharing

Each return submitted was evaluated using the Ofsted grade descriptors to evidence compliance:

### **Conclusions**

There is evidence of a strong commitment across HSCB partners to ensure section 11 standards were complied with. The evidence submitted indicated that some areas within council services did not fully understand their responsibilities; this must be addressed by the council to ensure future responses clearly set out the effectiveness of each service in complying with section 11.

The returns indicated that there was a comprehensive audit programme embedded across health and children and young people services. This quality assurance work is not routinely reported into HSCB quality and effectiveness group. Audit activity and emerging themes must be routinely reported into the quality and effectiveness group to evidence appropriate challenge and scrutiny of work.

The impact of training on improved outcomes was identified to be an area for focus and development across section 11 responses. Agency activity within this area should be reported to the HSCB quality and effectiveness working group to allow good practice to be shared and embedded across the partnership.

There have been significant structural changes across all statutory partnership over the last year. This audit of compliance has provided HSCB with a baseline to understand how the statutory requirements have been embedded within the new structures.

The section 11 audit tool requires agencies to report on compliance biennially. Given that agencies are in a state of on-going transition, it would be beneficial to report evidence of compliance at least annually until the HSCB is satisfied that section 11 is embedded into usual practice across the partnership.

**Recommendations:**

Each agency to implement their agreed action plan and report to the quality and effectiveness group.

Havering council to develop an action plan to assist individual service areas to understand their responsibilities in relation to section 11 standards.

Good practice within the council should be shared across council services to develop a consistent approach to the implementation of section 11 standards.

HSCB to initiate a further section 11 audit in 2014

Havering Safeguarding Children Board (HSCB) unanimously agreed to undertake an audit of section 11 compliance at its meeting held in May 2013.

Findings from the section 11 report completed in 2011 were available to inform the overview report process.

**LSCB Financial Contributions**

HLSCB is funded under arrangements arising from Section 15 of Children Act 2004. The contribution made by each member organisation is agreed locally. The member organisations' shared responsibilities for the discharge of the HLSCB's functions include determining how the resources are provided to support it.

During the financial year 2013-2014 the largest proportion of the budget was spent on:

Staffing £106,620

Havering's independent chair £17,835.

The training programme £26,142, which included classroom based learning, cross borough events and a conference.

The budget agreed for 2013/14 was composed of contributions from the key partner agencies represented on the Board and is the same as the previous three years.

Name of Agency	Contribution 12/13
Havering Council	£117,475.70
Police	£5,000.00
NHS ONEL	£28,706.49
BHRUT	£4,778.33
NELFT	£4,778.33
Probation	£1,000.00
CAFCASS	£562.15
<b>Totals</b>	<b>£162,301.00</b>

The projected contributions from partner agencies total £162,301. This budget excludes the additional contribution required to finance CDOP statutory requirements: CDOP was jointly funded by Children's Social Care and Havering Health services as previously agreed by Havering LSCB.

The Child Death Overview Panel is funded by contributions from Health and Children Social Care and covers all CDOP processes. CDOP costs for the year were £45,108

The HSCB had a carry forward from the previous year of £26,900

**Staffing and support**

Board staffing has remained stable over the year. A business manager, training and development officer and an administrator are in place to assist the board in achieving agreed priorities. The Board is chaired by an independent person.

**Moving forward: Priorities**

**2014 – 2015**

In the forthcoming year, the Board's focus will be:

- ✚ child protection,
- ✚ early help,
- ✚ child sexual exploitation and missing
- ✚ neglect:

Priority 1: Ensure that the partnership provides an effective child protection service to all children ensuring that all statutory functions are completed to the highest standards.

Priority 2: Monitor the development and implementation of a multi agency early offer of help to children and families living in Havering.

Priority 3: Monitor the alignment and effectiveness of the partnership when working across the child's journey between universal, targeted and specialist safeguarding

Priority 4: Coordinate an approach to domestic violence, mental health and drug and alcohol abuse across the children and adults' partnership to ensure that families affected receive the right support at the right time.

Priority 5: Ensure that Havering Safeguarding Children Board communicates effectively with partners, children, young people and their families, communities and residents

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Havering Safeguarding Adults Board

Annual Report

2013-2014

**‘Are we keeping People Safe?**

**How do we know?’**

**Foreword by Brian Boxall  
Chair of Havering Safeguarding Adults Board**

Over the past year there have been issues of local and national concern which the Board has had to focus on. With a key vision to make sure that Adults at risk from harm in Havering are safe, this has meant some close scrutiny of our services across the Partnership; coupled with Peer Review and Self-assessment to give the Board, our Partners and local people reassurance.

There has been a lot of organisational change and changes in personnel within the Partnership and at Board level, this has strengthened our focus and continued to drive up in all agencies.

We have undertaken some detailed work over the past couple of years to make sure the Board develops and becomes more strategic and works as a single entity. This has been excellent preparation for the transition of Safeguarding Adults to a statutory footing, from April 2015. This report will track some of the positive developments that have taken place and will outline those new and outstanding changes to be made as a basis for our Business Plan for 2014-15.

This annual report demonstrates that the Board is responding to the key safeguarding issues which have arisen and acknowledges that it needs to make extra efforts to be able to meet the expectations of an enhanced, statutory Board. It has a pivotal role in setting the strategic direction, ensuring that all those working or experiencing social care are aware of how to report suspected abuse, securing the training to enable the workforce to provide a proportionate, timely, professional and ethical response and providing assurance to local people that adults at risk from harm are safe and at the centre of planning and support.

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## Introduction

### 1.1 Purpose of this report

The pan-London Multi-agency policy and procedures, 'Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse', which govern all activity to safeguard adults at risk from harm in London, defines Adults at Risk from harm as:

*'People over 18 years of age who are or may be in need of community care services by reason of mental health, age or illness, and who are or may be unable to take care of themselves, or protect themselves against significant harm or exploitation. The term replaces 'vulnerable adults'.*

We work together to safeguard adults at risk to ensure that:-

- The needs and interests of adults at risk are always respected and upheld.
- The human rights of adults at risk are respected and upheld.
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse.
- All decisions and actions are taken in line with the Mental Capacity Act, 2005.

The Policy and Procedures also aim to make sure that any adult at risk maintains:-

- Choice and Control.
- Safety.
- Health.
- Quality of life.
- Dignity and respect.

The Havering Safeguarding Adults Board, with those responsible within the partner agencies for leading and directing safeguarding adults work together to deliver a response which puts the adult at risk at the centre of their thinking and planning. This means being clear about what the adult(s) concerned wants to happen from the start of an episode, whether it is just an alert or it becomes a referral, right through to completion of protection plans and ensuring that people are safe.

This report sets out to demonstrate how we know that people are safe and what we are doing to develop and improve safeguarding activity in Havering and to account for our performance.

## 2 Context

### 2.1 National Context

Following the review of the 'No Secrets' guidance, which took place in 2009, the Government published the Care and Support Bill in 2013 and the Care Act gained Royal Assent in May 2014. For the first time, the Act set out how the health and

social care system and other partner agencies (e.g. housing, leisure) should protect adults at risk of abuse, neglect or self-neglect. While this is a key responsibility of local authorities, the Act makes it clear that local services must work together to identify those at risk and take steps to protect them.

The Act now **requires** local authorities to set up a Safeguarding Adults Board (SAB) in their area. Like most Council with social services responsibility, Havering already has a SAB, but it has now strengthened this in preparation for a more formal future. The Act says that the SAB must:-

- include the Council, the NHS and the Police, who should regularly meet to discuss and act upon local safeguarding issues
- develop shared plans for safeguarding, working with local people to decide the best ways of protecting adults in vulnerable situations and the to
- publish the safeguarding plan and publicly report each year on its progress, so that all organisations work together in the best way.

The Act also requires local authorities to make enquiries and find out what action is needed to protect adults at risk of harm or neglect; to undertake Safeguarding Adult Reviews where there is any failure in safeguarding (e.g. death of an adult due to neglect or abuse, or multiple episodes of abuse) in order to learn and share lessons for the future; to make sure independent advocacy is available when needed and to share information.

On 1 April 2013, Primary Care Trusts ceased to exist and GPs and other clinicians took on a lead role for buying services as Clinical Commissioning Groups (CCGs). As part of this change, Havering CCG is now responsible for buying local NHS services such as emergency care services, operations or treatments that can be planned in advance and mental health services. These services are provided locally by North-East London Foundation Trust (NELFT). NHS England allocates money to local Clinical Commissioning Groups and commissions (buys) some specialist services. In terms of Safeguarding, a representative from each of Havering CCG, NELFT and NHS England is part of the Havering Safeguarding Adults Board.

Another change is that on 1 April 2013, responsibility for monitoring and promotion of public health transferred from the NHS to local councils. There is also Public Health representation

**Winterbourne View Abuse** - the BBC Panorama programme, broadcast in May 2011, exposed the abuse of people with learning disabilities at Winterbourne View private hospital, near Bristol. Following the programme the CQC was blamed for failing to detect and stop the abuse. South Gloucestershire Council launched a safeguarding investigation (involving the Police, NHS, Care Quality Commission (CQC) and the provider) into the serious allegation concerning cruel and degrading treatment of learning disability patients by staff. Eleven staff members were arrested and CQC findings led to closure. Following the Serious Case Review, the DH published a national response in December 2012. The SAB has kept its response under review since then.

**The Jimmy Saville sex abuse investigation** (2012) highlighted that adults as well as children were exposed to systematic and repeated sex abuse at the hands of a celebrity. Saville used his power and status to hide the abuse he inflicted. This investigation also highlighted that all organisations have a key responsibility to ensure any staff including voluntary staff and guests who visit the hospital must be

correctly monitored and reviewed for the safety and welfare of the members of public who they may serve or visit.

The CQC published a report in March 2012, ***The Operation of the Deprivations of Liberties Safeguards in England 2010 - 2011***. This was a review of the use of Deprivation Applications and outcomes by Managing authorities across the country. In January 2014, the CQC published its 4<sup>th</sup> Annual Report into the deprivation of liberties Safeguards (DoLS). It mentions concern that the Mental Capacity Act (MCA) is not understood or implemented consistently across health and social care services. Checks on the implementation of the MCA are to become a routine component of hospital and care home inspections. It is proposed that Commissioners should include effective use of DoLS into the standard contract for service providers. The CQC identified that this will become an integral part of hospital inspection programmes. There was a key concern regarding the low numbers of Deprivation of Liberties raised by managing authorities and patients with dementia continue to have poor outcomes in hospital.

The **Francis Report (2013)** highlighted the systematic failings and abuse to patients at Mid Staffordshire NHS Trust and made a number of recommendations to ensure that these acts of abuse do not happen again.

**NHS London (2013) reviewed the standard assessment framework for Safeguarding Adults and Learning Disabilities.** This is a benchmarking audit completed by each respective organisation and gives a snapshot of where organisations are in relation to both these important processes.

In **March 2014, the Supreme Court made a judgement with regard to DoLS** which was significant in determining whether arrangements made for the care and/or treatment of a person lacking mental capacity to consent to those arrangements amount to a deprivation of liberty. This resulted in a revised test for deprivation of liberty. This raised the profile of DoLS and resulted in a significant increase in the number of cases being put forward for authorisation.

All these issues have informed the work of the Board and it has responded locally to ensure that lessons learned and organisational or practice failings are not replicated in Havering.

## **2.2 Local Context**

An independent Safeguarding Adults Consultant has worked with the Safeguarding Adults Board to identify strengths and areas for improvement. As a result of this work membership of the Board was revised to ensure that it was able to hold responsibility for strategic leadership for safeguarding adults, ensuring that Board decisions and direction-setting is taken into operational activity, training and scrutiny. Each agency represented on the SAB undertook a self-assessment and an improvement plan was developed and monitored as a result. This self-assessment is being refreshed for the current year.

An Independent Chair was successfully appointed to the Board in July 2013, and chaired his first meeting in September 2013. This helps to ensure equity of partnership, and that all agencies are held to account, removing the primary focus on Adult Social Care.

Safeguarding Adults Team resources have had to respond to changes in demand from the Supreme Court Judgement about DoLS. The number of authorisation

applications started to increase immediately and this increase has continued into 2014.

There have been no Serious Case Reviews in the past year.

### **3 How Safeguarding works in Havering**

#### **3.1 The Safeguarding Adults Board**

The Safeguarding Adults Board works within the Pan-London Policy and Procedures for protecting adults at risk of harm and during the past year has adapted the policy locally to include coordination of self-neglect and hoarding, an increasing challenge for care and support services services. It also oversees the application of the Mental Capacity Act and Deprivation of Liberty Safeguards activity.

Effective safeguarding activity is led by Adult Social Care, but the Board has a multi-agency responsibility to work in partnership to keep people vulnerable to abuse or neglect safe.

In terms of governance, the SAB reports to Havering's Health and Wellbeing Board and the Overview and Scrutiny Committee and it works closely with the Community Safety Partnership. *Board Membership is attached at Appendix 1*

#### **3.2 SAB Sub-groups**

The Board has four sub-groups, which meet quarterly, or more frequently on a task and finish basis. These are:-

- Performance
- Training
- Audit
- Transitions

Each sub-group has reviewed and agreed its terms of reference and reports to the Board, which meets every two months.

#### **3.3 Safeguarding Adults Team (see Structure Chart at Appendix 2)**

The Safeguarding Adults Team responds to reports, queries and requests for expert advice from anywhere in the Safeguarding Adults Partnership, adults at risk and/or their carers and members of the general public. Staff act as safeguarding lead professionals in institutional abuse investigations and very complex cases. They take part in Serious Case Reviews (of which there have been none over the past year) and manage DoLS.

### **4 Partnership Work**

Over the past year the Board has strengthened its strategic capacity by changing its membership to ensure that direction and decision-making comes from the Board and that Board members own their responsibility.

#### 4.1 Havering Clinical Commissioning Group (CCG)

Havering CCG became an established NHS organisation from 1 April 2013.

**In 2013-14, our contributions to SAB priorities were:**

- Assure ourselves that providers of commissioned services have processes in place to safeguard vulnerable people, as required in contracts.
- Hold provider organisations to account on safeguarding matters as outlined in the agreed contract.
- All employed staff to complete safeguarding adults' awareness training.
- To ensure the CCG actively contributed to working with our partners across the borough, and engaging in all SAB functions, especially the self-assessment process
- Havering CCG has good attendance at the SAB and contributes to the sub group. Papers have been presented to members on the Francis report and Winterbourne view.
- The CCG has led on the Barking and Dagenham, Havering and Redbridge Francis task and finish group. The group had senior representation from health and social care partners across the three boroughs. Members held each other to account to ensure the Francis recommendations, where relevant to each organisation, were implemented.

#### **Priorities for 2014-15**

To ensure that Havering CCG continues to meet all the safeguarding adults' responsibilities by:-

- Monitoring the safeguarding arrangements of commissioned services
- Updating the safeguarding adults' framework which sets out the CCG's intentions in relation to safeguarding adults.
- Continuing to work as a partner organisation on the safeguarding adults' board towards its strategic priorities and with the safeguarding leads within key provider services to ensure that safeguarding adults' arrangements across the health economy are robust.

#### **Building safeguarding capacity**

*We aim to expand the team to strengthen activities undertaken in relation to safeguarding adults, for example, we aim to undertake quality monitoring inspections across all care homes with nursing. In addition to this the CCG is in the process of developing a business case for a full time safeguarding nurse*

#### 4.2 Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT)

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.



### **In 2013-14, our contributions to SAB priorities were:**

- The Trust restructured its Safeguarding Team in January 2014 with a Safeguarding Lead, whose responsibility it is to operationally manage the Safeguarding Adult and Safeguarding Children's Team. Incorporated in the role is the responsibility of being the Trust's Named Nurse, Safeguarding Children. This role also manages the Learning Disability Liaison Nurse, who started at the beginning of March 2014. The Safeguarding Adult Team is fully established, comprising a Named Doctor who provides 3 PA sessions per week, a full time Named Nurse for Safeguarding Adults, and a full time administrator.
- The Trust's Protecting Adults at Risk - Safeguarding Adults Policy was reviewed and approved by the Trust's Policy Ratification Group in November 2013
- Transition Policy was developed and ratified to provide staff with the process expected in ensuring that young people within child health services, who have complex and chronic health needs, have a smooth handover of care to the Trust's adult health services within the Trust.
- A whole day mandatory safeguarding module commenced in February 2014
- Safeguarding E-learning packages for non-clinical staff have been developed and are now available via the Trust's Intranet.
- The Trust's Safeguarding Adults Training Needs Analysis and Strategy 2013-2014 was produced and approved at the Safeguarding Adults Committee. As at March 2014 there were a total of 4508 members of staff trained at Level 1 and 2 (79.42% compliance).
- The Trust has 66 Safeguarding Adult/Learning Disability Champions who work across the organisation to ensure that advice and signposting is available to all staff
- Between April and August 2013, the Trust received 3 concerns regarding care provided to patients with Learning Disabilities. As a result of investigations training was reviewed and updated to ensure appropriate care and support to people with Learning Disabilities. BHRUT incorporated Winterbourne View lessons learnt in the Safeguarding Adults training. Since August 2013 there has been no further incidents raised that involve a service user with a Learning Disability.
- There were a total of 393 safeguarding adult referrals, compared to 341 cases received during 2012/13. Of the 393 referrals a total of 340 referrals were raised internally by Trust staff and a further 53 were raised by external agencies.

### **Priorities for 2014-15**

- Update audit framework to include audits of Mental Capacity Act and DoLS compliance
- Embed the identified key actions of the Safeguarding Adults Strategy 2014-2016.
- Raise awareness and promote the system of reporting Mental Capacity Assessments (MCA) and Deprivation of Liberty (DoLS) applications amongst staff, maintain the MCA/DoLS database to fulfil the Trust's reporting responsibility and establish a training package for MCA/DoLS
- Produce a Safeguarding leaflet for the general public and a Safeguarding webpage for the BHRUT external website, accessible to the general public.
- Develop and implement a Safeguarding Adults Supervision Policy

- Embed the principles of the MENCAP charter within the Trust.
- Finalise the Trust Transitions Policy, to identify a process in which children with complex care needs are transferred to adult services
- Deliver safeguarding adults training as per the Training Needs Analysis and Training Strategy
- Ensure all audits are completed as per the 2014-2015 Safeguarding Adults Audit Plan.

### **4.3 Probation Services - London Community Rehabilitation Company LTD**

During 2013/14, Probation Services were delivered by London Probation Trust (LPT). Probation supervision is aimed at reducing risk of re-offending by managing any immediate risk of harm, and also by delivering interventions that will positively impact on the issues contributing to offending behaviour, e.g. thinking skills, substance misuse. Underpinning this service delivery, Probation staff have a duty to promote equality and also take appropriate steps to identify and protect vulnerable offenders at risk of harm at the hands of self or others.

#### **In 2013-14, our contributions to SAB priorities were:**

- All staff have access to Safeguarding Adults Policy and Guidance, including SCIE 39, guidance on Suicide Prevention and protecting vulnerable adults from abuse, information on Learning Disabilities, and information on the Care Act
- Practice Development Officers (PDOs) were given specific training on Safeguarding Adults to cascade to practitioners locally.
- Local LPT caseload was screened for possible personality disorder.
- Pilot site for use of the Learning Disabilities Screening Questionnaire, to improve identification of service users with Learning Disabilities
- Development of Service User councils - allowing women service users to have a voice around services or arrangements that they don't feel meet their needs or recognise their vulnerability.
- Consistent strategic representation at Safeguarding Adults Board and participation in Challenge Event and development events
- A named Senior Probation Officer was given management lead for safeguarding adults
- Better communication with Local Authority safeguarding structures, primarily through liaising on joint delivery of staff briefings.
- Specific training commissioned to improve understanding of the particular vulnerabilities of women in the Criminal Justice System.

#### **Risks and priorities for 2014-15**

- There is a risk resulting from the split of Probation delivery into the National Probation Service and Community Rehabilitation Company. Case churn has arisen from the need to divide the caseload and this impacts on service user-practitioner relationships. There are also risks related to the data interface between NPS and CRC, resulting in time consuming processes for accepting new cases into the CRC and transferring cases between the CRC and NPS. An additional risk is that partnership agencies will have difficulty in understanding the nature of the split, and won't have processes in place for ensuring clear communication with both Organisations.

- A private provider for the CRC is now expected to be in place by 31st December 2014. There is a risk that the provider will not fully understand the complexity of service user need informing the safeguarding adults' agenda, the range of services that may need to be implemented, or the improvements required.
- In terms of service delivery, there is a risk presented by the lack of clear mental health assessment and treatment pathways for service users.
- Going forwards, the CRC Strategic pan-London Business Plan includes priorities around improving multi-agency pathways for women, health pathways, and developing a clear CRC approach to adult safeguarding. These will be actioned at a local level.

#### **Actions to be taken to address the risks and the expected impact on outcomes**

- Risks relating to division of services are being addressed at strategic level via risk reporting and monitoring issues arising from implementation of the TR operating model.
- Ensuring that new providers are fully aware of the complexities of adult safeguarding has been addressed by bidder engagement events coordinated by the MOJ and contract terms.
- Partnership understanding, including events for stakeholders and more informal updates by local leaders. This will continue.
- The Senior Probation Officer with safeguarding adults lead will engage NELFT, Public Health, and other potential providers to ensure that our vulnerable service users have a clear referral pathway into relevant services.

#### **Multi-agency working**

*One young adult was particularly vulnerable on release from prison due to anxiety and depression, a lack of accommodation, substance misuse, and an inability to live in his home borough due to serious group violence risks. The practitioner made contact with Local Authority safeguarding team for advice, clarified information held by health professionals, contacted probation hostels to try and get him accommodated and arranged help from other housing partners when this did not materialise. The young man was accompanied to multi-agency appointments across borough boundaries, and had support to deal with his anxiety. Without this intervention, he would have been recalled to prison, increasing his risk of deterioration and self-harm.*

#### **4.4 North-East London NHS Foundation Trust (NELFT)**

NELFT is committed to safeguarding adults at risk and the governance and structural arrangements ensure that safeguarding and promoting the welfare of adults is embedded across every part of the Trust and it everything it does.

The Safeguarding Adults Team has been in place for over a year now. There is an identified named nurse and Clinical Advisor for Havering, a role that extends to strengthening partnership working in relation to SA and overseeing case progress where concerns have been shared about NELFT care.

#### **In 2013-14, our contributions to SAB priorities were:**

- An independent audit of SA processes was undertaken by Deloitte's resulting in:
  - the Safeguarding Strategy and training strategy being made available to all staff

- Assurance that adequate safeguarding training is provided to relevant staff
- Annual review of staff list which enables staff needing an updated DBS to be identified
- Safeguarding assessments following training
- All safeguarding alerts recorded on the data system and on Rio or SystemOne (outstanding work is to be done to record this on Rio)
- All KPIs reported when required, with non-compliance resulting in management action
- Pilot of a duty system to provide an immediate response in office hours when clinical staff have SA concerns and/or queries and single point of access; data collection; strengthening safeguarding processes in NELFT.
- PREVENT Training and an increase in front-line PREVENT referrals as a result
- Strengthened Partnership working with SAB and Chairing of Transitions Sub-Group
- Our Director of safeguarding Adults became the Chair of the Transitions Sub-Group

#### **Priorities for 2014-15**

- Training of staff at all levels
- Policy review and development
- Strengthening internal and external relationships which support Safeguarding Adults
- Develop and implements safeguarding audits
- Strengthen the 'think family' approach
- Reductions of harms/potential harms through prevention
- Capturing the patient experience in pilot staff areas

#### **Embedding the Mental Capacity Act**

*Following the Supreme Court judgement on DoLS, MCA and DoLS training has been refocused and a separate DoLS session has been delivered since the end of 2013. Priority compliance has been set for inpatient and mental health staff. In line with the Trust's strategy all qualified staff are encouraged to attend this training, along with MCA training to ensure that mental capacity remains embedded not just within safeguarding but in all care delivered by our services.*

#### **4.5 People First, Havering**

People First (Havering) is funded to provide advocacy support to adults with learning disabilities. In relation to safeguarding adults with a learning disability this could mean:

- People who are victims of abuse as well as the people who have or are alleged to have caused that abuse may both benefit from the support of an advocate.
- People who would not normally request the support of advocacy find it beneficial when acting within the safeguarding adult procedures. An advocate would be there to make sure that their views are heard.
- Even if a person has a family member who can support them, they may still benefit from having an advocate. This might be for a number of reasons, e.g.
- The vulnerable adult or alleged perpetrator may not have mental capacity in relation to the decisions, and so is being represented by a family member who needs support to put their views and participate fully in the safeguarding

process. The family member may find it difficult to separate their needs as a carer from the vulnerable person or alleged perpetrator that they support. Alternatively, the vulnerable adult may find it difficult to recognise the needs of their carer/family member.

#### **In 2013-14, our contributions to SAB priorities were:**

- People First (Havering) reviewed its safeguarding policies in February 2014 to bring them into line with those of Havering Council.
- Staff and volunteers attended Safeguarding Training in 2014 and will continue to update training.
- People First (Havering) has ensured that safeguarding policies and the reporting of safeguarding concerns are integral to our policies and staff awareness.
- A People First (Havering) member attends the SAB and another attends Havering Learning Disability Partnership Board, where feedback from the SAB is given.

#### **Encouraging user feedback**

*People First (Havering) developed a questionnaire for reviewing the service with advocacy clients. These questionnaires are in the process of being implemented. People First (Havering) has a regular newsletter and will include a feedback box for encouraging feedback from people who use or know of our service, anonymously if they so choose.*

#### **Priorities for 2014-15**

Implementing questionnaire for reviewing the service with advocacy clients, maintaining the up skilling of staff and volunteers in recognizing and reporting safe guarding alerts; maintaining and updating Safeguarding policy, reporting safeguarding concerns.

#### **Actions to be taken to address the risks and the expected impact on outcomes**

- People First (Havering) continues to build on and maintain a professional and smooth relationship with Havering Council's Safeguarding Team which supports confident and responsive reporting.
- Regular monitoring, reviewing and updating of policies, combined with improved staff awareness gives confidence to report concerns and alert the SA Team.
- With training and awareness, staff feel confident to report safeguarding concerns. This supports vulnerable adults with learning disabilities to stay safer.

#### **4.6 Metropolitan Police Service (MPS), Havering**

The MPS is a firm and active supporter of the work undertaken by the SAB. The Police are a key part of the newly formed, totally integrated MASH, dealing with Children and Adults. This unit is staffed by one Detective Sergeant, two Constables and five Researchers. The Police also play a key role in the Transitions Sub-group, targeting activity towards children moving into adulthood, as well as violence against women and the Anti-terrorist Command's Channel Project.

**In 2013-14, our contributions to SAB priorities were:**

- Work on the Serious Youth Violence strategy has enabled young adults to be diverted away from gang activity, it has also identified vulnerable young girls who are at risk of exploitation
- The Police-led Multi-agency Sexual Exploitation Panel has been set up to gather information, devise solutions and coordinate partnership activity aimed at reducing risk to young adults and children
- A programme of work on understanding mentally vulnerable people has started, equipping officers to be more aware of mental illness and steps to be taken to achieve a better outcomes

**Priorities for 2014-15**

- Redevelop and provide more training on Adult Safeguarding, aimed at new recruits, to raise awareness and at senior managers to ensure it is part of their strategic thinking in resource allocation and operational activity
- Further develop information sharing agreements with all partners to ensure that all relevant partners have access to information to help inform decision making

**4.7 Havering College of Further and Higher Education**

Havering College of Further and Higher Education offers education opportunities for people to gain qualifications at all levels through a number of routes, regardless of age and ability. The College also offers a BA (Hons) degree in Social Work.

Safeguarding measures help the college to deliver high quality education by:

- Ensuring effective support effective support for all learners
- Working with LBH and other organisations to develop local partnerships
- Improving college reputation
- Ensuring that the service and processes support the curriculum, removing barriers to success

Four Safeguarding adults cases were referred to Adult Social Care, some involved the police.

**In 2013-14, our contributions to SAB priorities were:**

- In terms of prevention, 70 students aged 20 years+ received 1:1 support from the student services team due to personal problems, the main issues were health, financial difficulties, mental health problems, low self-esteem and housing. Support includes both in-house support and referral to relevant external agencies
- All new staff receive training at induction and update at least every three years. Some key staff, e.g. Safeguarding Team, receive training at least every two years.
- Over 1000 (many over 19 with physical and/or learning disabilities) students took part in Safeguarding Tutorials which included anti-bullying, gang culture and knife crime, keeping safe, mental and emotional wellbeing, sexual assault, sexually transmitted infections, young people and the law and LGBT awareness
- An on-line service for students to disclose concerns in confidence (4085 hits)
- Joint work with e-learning team during a safer internet day, with focus on safe use and social media, including in-line bullying.

- Youth bytes page information, advice and guidance on bullying
- A21 Campaign – raised awareness of human trafficking in Britain and abroad
- Student welcome fair with a theme of Safety, which focus on helpful agencies and prevention

#### **Priorities for 2014-15**

- Information regarding domestic abuse will be available to students and on display
- Staff training on domestic abuse, 100% safeguarding team to be trained in first instance
- Raise awareness of sexual exploitation and FGM
- Work with partners to provide coordinated offer of early help when additional needs are identified
- Deliver safe relationships workshop to all adult students at risk from harm
- Promote Counselling Service to adults with additional needs.

#### **4.8 Havering Homes and Housing Services**

The housing management service moved “in house” in October 2012. The new Homes and Housing service completed an internal reorganisation, designed to improve service quality and control risks to residents.

At Corporate level, Homes and Housing is now part of the Council’s Children, Adults and Housing Department.

#### **In 2013-14, our contributions to SAB priorities were:**

- Housing policies designed to support and protect service users have been revised and updated.
- Homes and Housing has created a new post located in the Multi Agency Safeguarding Hub (MASH). This means there is a Housing professional employed to act as the link between MASH and housing. This will reduce risk and support good casework.
- During 2013 Homes and Housing agreed a protocol with Adult Social Care and Health partners about the housing needs of people with special vulnerabilities. It is designed to reduce the risk of such households losing tenancies and increasing their prospects of securing a permanent home.

#### **Anti-Social Behaviour and gang culture**

The Anti-social Behaviour, Crime and Policing Act 2014 became law in March 2014. Housing has made preparations for this by:

- Reorganising services internally so that tackling anti-social behaviour is carried out in the same team as tenancy management
- Retaining our Neighbourhood wardens and CCTV services
- Revising our anti-social behaviour policy to reflect the new national position
- Recognising the growing threat posed by gang culture. Understanding that people involved in anti-social behaviour are often themselves victims in need of support.

#### **Addressing family poverty and worklessness**

- Homes and Housing Community Engagement service now includes responsibility to enhance the life chances of residents through a programme of community development. Housing Services aim to help residents to gain employment and escape poverty and to provide opportunities for residents to have a say in the services that they receive, and to comment on the quality of services.

#### **Priorities for 2014-15**

- Jointly arranging a Housing-focussed Safeguarding Referrers Conference with Social Care in October 2014.
- Homes and Housing will be launching an externally-provided befriending scheme to older tenants living in sheltered accommodation (this will be extended to other older tenants in years two and three). The aim is to have 100 tenants in sheltered accommodation benefitting from a befriending service by end of March 2015. This underpins the corporate strategic objective to 'value and enhance the lives of our residents'.
- Focus on Hate Crime with nominated Board members in late 2014.

#### **4.8 London Fire Brigade**

London Fire Brigade often works with some of Havering's residents who are at most risk from harm, either due to poor living conditions, lack of fire and gas safety awareness or due to lifestyle choices, such as smoking. LFB offers a range of facilities to help keep people safe, for example, fire safety checks, fire safety awareness-raising (e.g. electric blankets, unguarded fires).

#### **In 2013-14, our contributions to SAB priorities were:**

- Accountability lines are now contained within LFB Safeguarding policy
- Evidence of an increase in reporting by LFB Crews in Havering. Although not always strictly safeguarding issues, the increased awareness, identification and reporting of potential issues is a positive step.

#### **Priorities for 2014-15**

- New training package for all LFB staff
- System put in place to train new LFB staff
- All staff regardless of role within LFB will receive training in Safeguarding
- Opportunity to engage with Health partners to incorporate fire risk assessments into discharge progress to provide a most robust process
- Opportunity to engage with Domiciliary care providers to offer fire risk training and awareness.

#### **4.10 Healthwatch**

Healthwatch Havering (HH) was formed in April 2013 became closely engaged with the SGA Board and other colleagues

#### **In 2013-14, our contributions to SAB priorities were:**

- An early decision was that all HH volunteers should have SGA (and SG Children) training and incorporate Safeguarding best practice in their activities.



- HH has the power to Enter & View (E&V) premises at which health or social care is delivered. A key aspect of every E&V visit is awareness of any SGA issues that may be noted. If SGA issues are noted, they are reported as soon as practicable to Adult Social Care SGA staff. A number of such reports have now been made.

### **Priorities for 2014-15**

- HH's E&V programme continues. A number of residential care homes have been visited and SGA issues are carefully considered at each visit.
- Membership of the SGA Board continues to be a valuable tool for HH.

### **Enter & View findings**

*During a recent visit, a conversation with the relative of a resident (who happened to be a health care professional) revealed information of SGA relevance. It was immediately passed on the ASC team and, it is understood, was of assistance. HH will continue to report SGA issues as and when encountered.*

### **4.11 Community Safety Service**

The Community Safety team offers a number of projects to protect vulnerable adult victims of domestic violence and abuse. These include:

- Havering Multi Agency Risk Assessment Conference( MARAC)
- The Violence against Women and Girls Strategy (VAWG)
- Victim Support Independent Domestic & Sexual Violence Advocate (IDVA) jointly funded by the Community Safety Service and Home Office
- Victim Support Domestic Violence Advisor post
- Havering Women's Aid Advocacy Service & Support Group
- Women's Empowerment Programme
- Domestic Abuse Champions Network is a recently formed community of resourced professionals in the field of violence against women and girls.

### **In 2013-14, our contributions to SAB priorities were:**

- Safeguarding adults and children is the golden thread that runs through all community safety meetings and projects.
- Safeguarding is a key factor in decision making through the:-
  - Domestic Violence MARAC - shares information on high risk adult victims of domestic violence. The aim is to safeguard all adult victims of domestic violence and abuse, make public protection arrangements around children, perpetrators, and staff working with families.
  - Anti-Social Behaviour panel - facilitates multi-agency discussion on ASB in Havering. The Panel discusses cases and underlying reasons for nuisance/disorder and agrees actions to resolve problems.
  - Community MARAC - Havering Community MARAC is a where information is shared between stakeholders about individuals referred through the Multi-Agency Safeguarding Hub (MASH) who do not meet thresholds for statutory interventions and those involved in complex/high risk anti-social behaviour cases.

- Feedback from clients and professionals is factored into the evaluation of all projects, community engagement events and conferences. This forms the basis of service improvement.

### **Priorities for 2014-15**

- Reducing violence against women and girls
- Addressing ASB and preventing repeat victimisation
- Under-reporting of crimes remain a concern
- Funding for projects is confirmed for 2014-15 only, so this is risk to be managed

### **Using Champions**

*The Domestic Abuse Champions Network provides cost effective training to a large number of staff and ensures that victims secure positive outcomes at all stages from disclosure of domestic abuse to attending court.*

## **5 Safeguarding Adults Training**

The self-assessment and challenge event held by the SAB in 2013 identified that all organisations deliver Safeguarding Adults Training to some extent.

All agencies are committed to ensuring that their staff are trained in safeguarding to a level appropriate to their roles and responsibilities, through Training Needs analysis and commissioning of good quality training.

Staff with a responsibility for recruitment receive training in safer recruitment practices.

There is, however, the need for a full training needs analysis and coordinated approach to delivery of training. The Training Subgroup has been focussed on this and a key priority in 2014-15 is to have a shared development framework and be able to monitor training and development across the partnership against the Safeguarding Adults Competency Framework. This will enable training to be compared like-for-like and evidence against competencies.

Three Levels of training are covered in the framework–

- Level 1 – awareness raising, how to identify abuse, how to report it, what happens when you do report, MCA/DoLS training has been improved, following feedback from course attendees (these include Private, Voluntary and Independent Sector; Adult Safeguarding for workshop[ for Provider Managers
- Level 2 – for those who have to manage/supervise or undertake a safeguarding adult investigation. This includes the 3-day investigation training, role of Safeguarding Adults Managers (SAMs)
- Level 3 – Strategic Leadership of Safeguarding Adults – SA Board, Director/Assistant Directors, Service Managers, Councillors, Management Boards
- Safeguarding Awareness Training is embedded into the Induction process for all staff in Adult Social Care and a more in-depth training at Level 2 is provided to staff who handle safeguarding alerts. Training is being commissioned for those whose role it is to conduct safeguarding

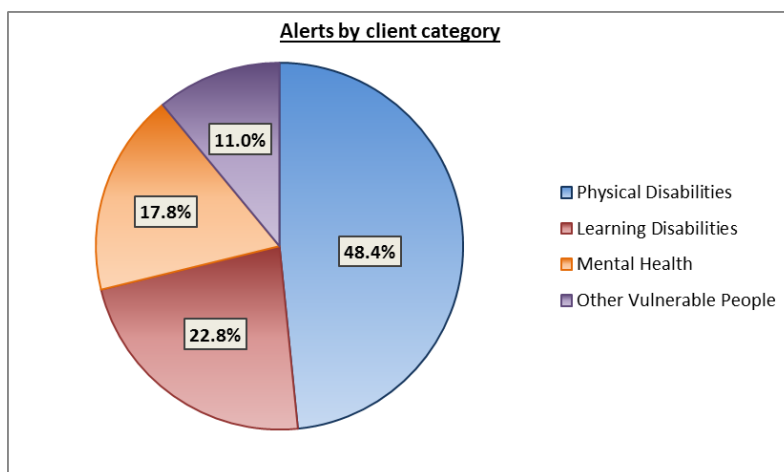
investigations and chair strategy meetings and case conferences, including MCA and DoLS awareness.

**In 2014-15 priorities include:-**

- Charing and Managing investigations; role of the SAM (Safeguarding Adults Manager)
- Minute-taking
- Identify training needs at a strategic level, for Board Members, Councillors, Partner Boards and Senior Management
- Training in and awareness of Serious Case Reviews and Management Reviews – what they are, why they take place, when, who is involved and how.

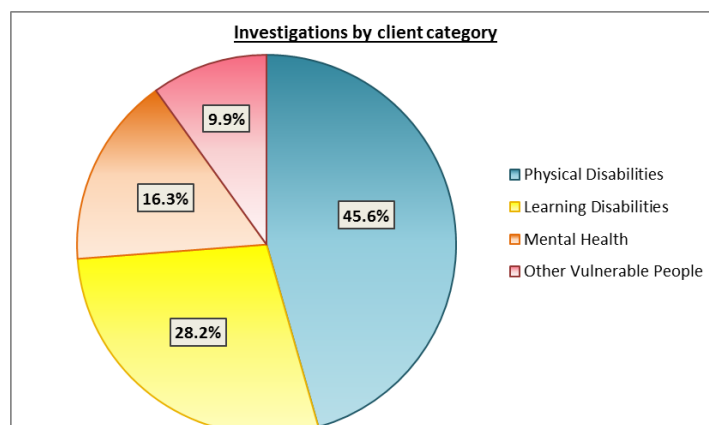
**6 Safeguarding Adults Performance Framework and Self-assessment**

The Safeguarding Adults Performance Sub-group analyses performance information (produced on a monthly basis) for trends and issues and focuses on those as areas for attention and possible improvement. The Performance Team coordinates updates and analyses the Safeguarding Adults self-assessment and reports findings to the SAB.



The total number of Safeguarding Adults alerts in 2013-14 was 444. In 2012-13 the comparable figure was 747. This is a 40.6% decrease in number of alerts. It is possible that this is due to a reporting error and/or to lower awareness among the general public, professionals and people working with adults at risk of harm about how and when to report. Analysis revealed that this may have been a reporting and counting error, as Havering is now consistent with its nearest statistical neighbours in performance, but there will be increased publicity and further promotion of safeguarding awareness training.

When alerts/referrals were made in 2013-14, 77.5% proceeded to investigation, compared with 81.8% in the previous year. This still indicates a good knowledge of what abuse looks like. The majority of alerts are raised by Social Care Staff. There is a continued need to raise awareness of appropriate alerting with the London Ambulance Service, GPs and other health professionals, the police and the fire service.



Of those cases which progressed to investigation, the highest proportion (37.2%) was younger adults, age between 18 and 64 years (Physical Disability, followed by learning disability). Prevention work and awareness-raising should be targeted at this group and their carers/families.

During 2013-14 there were 48 repeat referrals (36 service users), less than half of those in 2012-13 (119 repeats, 81 clients). Of those repeat referrals which were in the same location, 46.9% were in nursing or residential homes, a marked increase on the 41.3% last year. Commissioning Quality Staff review these trends and will continue to work with residential and nursing providers (targeting some of the more frequent reports) to provide assurance of training, awareness, complaints management and safeguarding policies and protocols in use and to assure service users and carers that all is place to keep people at risk from harm safe.

Overall looking at referrals for 2012-13 and 2013-14 the most common type of alleged abuse was neglect (45.1% in 2012-13 and 47.4% in 2013-14). Further analysis is being done to establish whether this is all neglect or includes some self-neglect. As this was most likely to occur in a care home setting, Quality Assurance staff will continue with their targeted work with residential and nursing home care providers.

## **7 How do we know people are safe?**

The Audit Sub-Group covers quality assurance has this question as its primary focus.

During 2013-14

- Developed an audit tool, which is adapted so it is relevant to each audit being undertaken, and guidance for each organisation to audit its own cases and report back
- Disseminate early findings learning from audits
- Check on follow up action through audits
- Reporting to SAB

In 2014-15

- Operational plan for quality assurance to be matched to Business Plan
- User feedback mechanisms to be developed
- Multi-agency audit programme to be adopted and followed through – with key organisational lessons learned shared with the SAB
- Systematic means of ensuring performance data is available to inform audits
- Improve attendance at sub-group, particularly from Safeguarding Adults Team

In addition to this independent case audits have been carried out and audits are carried out within teams. This highlighted the need for improved recording (if it is not written down, it did not happen) and management follow up.

Performance data is analysed by the Performance Sub-group and any adverse trends or points for further review are passed to the Audit Sub-group to make sure they are picked up through audits where possible. Data also acts as confirmation that the system is working well – for example, relevance of referrals.

## **8 Publicity and Promotion**

The Board has now chosen its new logo and has reviewed and revised the local variation to the Pan-London Safeguarding Adults Policy and Procedures so is in a position to expand its publicity and promotions.

### **In 2014-2015**

- New leaflets will be drafted, published and circulated widely to raise the profile of safeguarding adults at risk from harm in Havering
- Posters will be drafted and circulated widely for display throughout the Borough to raise public awareness
- Awareness raising roadshows will be offered to support community and voluntary sector organisations to understand and be able to refer safeguarding adults concerns
- A Safeguarding Adults in Havering Website will be developed to include information about:
  - what happens when a safeguarding referral is made,
  - links to Pan-London Policy and Procedures and local variations
  - Serious Case Review protocol
  - completed Serious Case/Management Reviews
  - Mental Capacity Act
  - Deprivation of Liberty Safeguards
  - Links to relevant information/websites

## **9 Deprivation of Liberty Safeguards (DoLS)**

In the fifth year of Deprivation of Liberty Safeguards (April 2013 – March 2014) Havering received a total of 33 requests for DoLS authorisations, compared with 11 in the previous year. This means that a total of 33 people who it is deemed may be being deprived of their liberty have been independently assessed and considered by best interest assessors and/or Section 12 Doctors.

Off those 33 requests, 17 were granted, 11 were not granted and five were not applicable.

### **9.1 Best Interest Assessors**

A BIA's role is to assess whether someone is deprived of their liberty and, if so, whether this is in their best interests, necessary to prevent harm to them and a proportionate response to the seriousness and likelihood of harm. Within the service, there are 18 trained Best Interest Assessors in total. These are distributed across the service as follows:-

Area of service	No. of BIAs
Mental health	7
Adult Community Team, North	2
Adult Community team, South	2
Learning Disabilities Team	2
Preventative Team	2
Joint Assessment Team (Hospital)	2
Safeguarding Adults Team	1
Total	18

New candidates are currently being processed through training.

## 9.2 Independent Mental Capacity Advocates (IMCAs) and paid representatives.

Every person who is subject to a DoLS request is entitled to an IMCA, even though they may have family or friends to support them. In practice many of those subject to a DoLS assessment have friends and family who decline the offer of an IMCA and who seek to advocate for their family member themselves. Consequently of the 33 assessments completed by Havering, 3 people subject to a DoLS request had involvement from a DoLS IMCA.

Any individual who is subject to a DoLS authorisation (where that application is approved) may have a Paid Representative appointed if they do not have family or friends who are able to take on the role of Relevant Persons Representative. 3 people in Havering had a Paid Representative appointed during 2013-14.

All residential and nursing homes in the Borough were invited to a conference following the Supreme Court judgement, this was very well attended.

## 10 Safeguarding Adults Board Priorities for the coming year 2014-2015

### 10.1 Governance Arrangements

- Review Terms of Reference for the Board in the light of the Care Act 2014
- Agree the Board's vision , aims and objectives for the next three years
- Agree a Business Plan for the Board which enables implementation of the Vision, aims and objectives
- Review resource arrangements to support delivery of the Board's Plans and to facilitate and support its strategic direction and business management
- Strengthen membership and attendance at SAB Sub-groups
- Source funding to meet Business Management support and training costs

### 10.2 Policies and Procedures

- Adopt Local Protocol to work alongside Pan-London Safeguarding Adults at Risk from Harm Policy and Procedures
- Ensure that 'Making Safeguarding Personal' is central to Safeguarding Adults Activities in Havering through ensuring person centred, outcomes-focused practice, including:
  - enhanced social work practice to ensure that people have an opportunity to discuss the outcomes they want at the start of safeguarding activity
  - follow-up discussions with people at the end of safeguarding activity to see to what extent their desired outcomes have been met

- recording the results in a way that can be used to inform practice and provide aggregated outcomes information for the SAB
- Develop and sign-off Safeguarding Adults Review procedure
- Develop programme of change to ensure Care Act 2014 requirements are embedded in the Partnership

### **10.3 Prevention and Improvement**

- Improve safeguarding awareness across the partnership
- Strengthen Safeguarding Adults Team and its quality assurance role
- Commissioning Quality Team to strengthen review of Safeguarding Adults practice and procedures in their monitoring role of residential and nursing care contracts
- As part of the Business Plan, develop a prevention and early intervention strategy
- Review and adopt a performance and quality assurance framework to support the SAB and meet requirements of the Care Act 2014 and be able to demonstrate continuous improvement
- Review and update progress against self-assessment
- Run regular Practitioners Group to enable Peer Support, joint problem solving and case review
- Agree competency framework and Safeguarding Adults training and workforce development strategy
- Increase awareness of Mental Capacity Act and DoLS

### **10.4 Information and Publicity**

- Develop and agree a Communication Strategy
- Raise awareness of Safeguarding Adults within the general population and the Community and Voluntary Sector
- Develop and keep up to date a website which includes policies, forms, information on what abuse is, how to report it and what happens when you do, reference information and links to local and national information
- Make information available to those who have no access to the web

## **11 Risks to delivery**

### **11.1 Capacity for attendance at SAB and its sub-groups**

With Safeguarding Adults going on to a statutory footing, the demand on some of our partners to attend meetings is becoming excessive, especially where some organisations cover Adults and Children as well as covering number of London Boroughs. In effect this also impacts on their organisational and operational performance as on occasion dedicated Safeguarding posts are spending more time out of the workplace than in it.

With increasing levels of referrals and DoLS applications, as well as work on the integrated MASH, the resources available to get the Safeguarding message out to the general public, community and voluntary sectors are limited. This will need to be planned into the Communications Strategy and resourced accordingly.

## **11.2 Resourcing/Finance**

To be able to effectively implement the requirements of the Care Act 2014, the Board needs an infrastructure to support it. All agencies that form part of the Safeguarding Adults partnership are struggling with reducing budgets and the Board needs their investment to enable it to function efficiently and effectively. Consideration will need to be given to how this can be achieved by pooling resources and getting best value for money through economies of scale, but it does need to be a priority for partners members of the Board.

There are longer-term risks around funding and the possibility that the advocacy service could become restricted.

The current financial position presents a risk to 2014-15 plans for all partners as it is imperative that we are able to devote resources and funding to ensure our plans are achieved.

## **11.3 Communications**

The development of information in written form and electronically via a website is only as effective as the number of people who use it and interact with it. Partners will need to raise the profile of such information and encourage their staff and volunteers to interact with it and keep it fresh.

Complacency or familiarity could cause staff to become less alert to the possibility of a safeguarding issue, therefore awareness is critical.

## **11.4 Delivering the Business Plan**

The business plan will be developed from the Annual Report, the requirements of the Care Act 2014 and in response to any specific challenges within the partnership (e.g. DoLS currently). Those people who are responsible for delivery will be undertaking this work in addition to their day job so the challenge for the Board members is to take action to enable people to have the space and time to complete the required actions/tasks, to make sure support is available and be responsive to requests associated with Board development. This may mean prioritising work that competes with other operational or strategic priorities.

During the year it is intended to join up Children's and Adults Safeguarding Business Support. There is a risk that either Children's or Adults' Safeguarding will dominate the work of the team and it is important to ensure that the allocation of resources is agreed prior to the Care Act requirements going live in April 2015. One advantage is that with bringing Business Support together then opportunities for joint training and strengthening of the 'Think Family' approach will be easier to manage.

## **11.5 Implementing the Care Act and Transformation Plans**

The SAB priorities will have to align with priorities that are driven by the Care Act 2014. It is important to share resources and have joint objectives with regard to Safeguarding Adults. This can only be achieved by close working relationships and open communication.



## 11.6 Deprivation of Liberty Safeguards (DoLS)

Due to the increase in applications since May 2014, the key challenges for DoLS are:-

- Having enough Best Interest Assessor time available to complete the work
- Keeping within time frames
- Ensuring that all casework is legally sound and protects the individual's and the Council's/Trust's interests
- Maintaining quality control and assurance at a high standard

## 11.7 Information Sharing

One of the key challenges which emerge in Safeguarding Adults generally is the need to share information in a timely way. The SA Partnership does have an Information Sharing Agreement but there are constant reminders of the need to share information more freely and to consider at all times what other members of the Board can offer each other by way of support and complementary services.

## 12 Conclusion

Adult abuse happens. Havering is making progress to ensure that adult abuse is reported, investigations are carried out and, most importantly, the abused adults' voices are heard and they receive appropriate support.

The number of cases reported has gone down during the past year from 747 cases reported in 2012-13 to 444 cases being reported in 2013 -14, this may be a positive message but may indicate that awareness of safeguarding adults and abuse needs a stronger drive and focus. Everyone must remain alert and should know how to respond to and report concerns of abuse.

**Safeguarding adults is everybody's business.** It is vital to be aware that we all have a part to play in promoting good practice when dealing with adult abuse within Havering or as it affects Havering's most vulnerable residents. People have a right to be safe and we all share the responsibility for helping that to happen for those adults who are at risk from harm, neglect or abuse of any nature.

**WORRIED? REPORT IT!**  
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