



Havering Safeguarding Adults Board

Annual Report 2014-2015

Are we keeping people safe?

How do we know?

Foreword by Brian Boxall

Chair of Havering Safeguarding Adults Board

One of the outcomes of the recently introduced Care Act 2014, has been to create a legal framework so key organisations with responsibility for adult safeguarding can agree on how they must work together to keep adults at risk safe.

In order to coordinate this multi-agency working, the Act has placed a responsibility on local authorities to set up safeguarding boards, and for the first time has given Adult Safeguarding Boards a statutory footing.

In order to facilitate this requirement, the Havering Safeguarding Adult Board during 2014/15 has focussed on ensuring that the Board and its member agencies were prepared for the introduction of the Act. This preparation has been achieved although the full impact of the new Act will only start to fully emerge during 2015/16.

Similar to previous years there has continued to be organisational changes and changes in personnel, including at the Board. The Board will continue to monitor changes to gauge the impact on adult safeguarding.

This year's annual report demonstrates that the Board continues to respond to key safeguarding issues that have arisen over the past year. The Board also recognises that the its member organisations will face significant challenges over the coming year, due to issues including the Care Act and the continuing financial savings all agencies must face.

As Chair, I would like to acknowledge the support that all agencies and individual Board members have given to the Board over the past year. It is this level of commitment that will ensure that over the coming year, the Board will continue to provide support to the adults at risk in the Havering area and fulfil its statutory responsibilities.

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1. INTRODUCTION

What is Havering Safeguarding Adults Board?

Safeguarding Adults who may be at risk from significant harm is **everyone's responsibility**. Everyone who lives in, works in, visits or runs a business in Havering has a responsibility to support, protect, prevent harm and report concerns about potential abuse and neglect. Most people can look after themselves. Some people with care and support needs may be more at risk of abuse or neglect and therefore need some extra help to stay safe. No one agency or organisation can do this alone, we have to work together. To work together well requires strong leadership and direction, sound policies and protocols, consistency, timeliness and true multi-agency working – this is why Havering's Safeguarding Adults Board is there. We come from many different organisations including adult social services, NHS, Community and Hospital Trusts, police, housing, community safety, community and voluntary groups. All our work supports our shared vision.

Our Vision

To make sure that Adults at risk from harm in Havering are safe and able to live free from neglect and abuse.

Our main responsibilities

- Involve adults at risk and carers, making sure they are the centre of all we do – help people to identify and manage risks
- Prevent abuse and neglect from happening – raise awareness everywhere, not just in statutory agencies
- Respond appropriately and consistently when abuse or neglect take place or when concerns are raised – investigate and protect when abuse happens
- Involve the community and work in partnership with them – make sure people know what neglect and abuse is and how to report concerns

The Board is not completely independent. It reports to the Havering Health and Wellbeing Board and all its members report Board plans, activity and progress to their own agencies. It also reports to Havering Residents in its Annual Report and its Business Plans.

The **Six Adult Safeguarding Principles** are at the centre of all we do, and our business plans and performance monitoring reflect these:-

EMPOWERMENT – people feeling safe and in control, encouraged to make their own decision and giving informed consent. People feeling able to share concerns and manage risk of harm either to themselves or others

PREVENTION –it is better to take action before harm happens, so good information and advice are really important

PROPORTIONALITY – not intruding into peoples' lives more than is needed by responding in line with the level of risk that is present

PROTECTION – support and representation for those adults who are in greatest need because they are most at risk of harm

PARTNERSHIP – working together with the community to find local solutions in response to local needs and issues

ACCOUNTABILITY – being open about what we are doing and responsible for our actions - focusing on outcomes for people and communities

2. THE CARE ACT 2014

The Care Act 2014 came into force in April 2015. Over the past year the Board has been focused on ensuring that agencies were prepared for the introduction of the act.

What is the Care Act?

The Act refers to an adult at risk as someone who:

- a) Has needs for care and support (whether or not the Local Authority is meeting any of those needs),
- b) Is experiencing, or is at risk of abuse or neglect, and
- c) As result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Act sets out the first ever statutory framework for adult safeguarding which stipulates local authorities' responsibilities and those with whom they work, to protect adults at risk of abuse or neglect.

These provisions require the local authority to:

- Carry out enquiries into suspected cases of abuse or neglect.
- Establish Safeguarding Adults Boards in their area.
- Arrange where appropriate for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or review.

The provisions require a Safeguarding Adults Board to:

Publish an annual report detailing what the Board has done to achieve its objectives and what it and its members have done to implement its strategy.

Arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if certain laid out conditions are met.

Request where necessary a person to supply information to it or to some other person specified in the request; the person to whom the request is made must comply if certain laid out conditions are met.

Local Authorities have always been expected to lead adult safeguarding and this legislation will formalise that as a duty. However safeguarding has to be everybody's business, therefore the Local Authority plays a pivotal role in building strong relationships with other organisations such as the NHS, the police, third sector and providers. They form the trust and bedrock on which a multi-agency approach thrives and they lead the formation of sound local policies, procedures and lines of accountability.

3. HOW SAFEGUARDING WORKS IN HAVERING

The Safeguarding Adults Board

The Safeguarding Adults Board works within current Pan-London Policy and Procedures for protecting adults at risk of harm. 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 oversee the partnership working 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.

SAB Sub-groups

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

- Quality & Performance
- Transitions

Board Challenge

During 2015/16 the structure of the board and the sub groups will be reviewed so that board business processes are better stream lines. This will lead to better communication across the SAB and Safeguarding Children Board (SCB) when priorities are identified to be cross cutting.

Safeguarding Adults Team

The Local Authority Safeguarding Adults Team responds to reports, queries and requests for expert advice. These requests can be received from the Safeguarding Adults Partnership, adults at risk and/or their carers and members of the general public. Local Authority Safeguarding Adults Team staff act as safeguarding lead professionals in institutional abuse investigations and very complex cases.

Board Challenge

During 2015/16 a new Safeguarding Adult Team structure will be introduced. The board will need to monitor changes including any impact on other agencies.

4. SAFEGUARDING ACTIVITY 2014/15

Safeguarding Contacts: Multi Agency Sharing Hub (MASH)

In June 2014, Havering became the first borough in London and one of the first authorities in the country to implement a joint children's and adults MASH. A MASH is a co-located, multi-agency team working in a single, secure, assessment and referral unit. The MASH receives notifications about potential risk and is now the front door for safeguarding contacts.

Contacts are assessed and graded and then signposted to the appropriate structure to progress as required.

MASH June 2014 to March 2015		
Contacts	305	
MASHed	484	15%
Not MASHed	1949	63%
Number of Repeat contacts	1233	40.3%
Outcomes: All Contacts		
Non safeguarding–Welfare	2234	73%
Progress to Safeguarding Adult Team	249	8.1%
Outcomes: MASHed Contacts		
Non safeguarding–Welfare	199	41%
Progress to Safeguarding Adult Team	95	19.6%
Went onto full investigation	132	27.3%

The majority of referrals were assessed to be non-safeguarding cases.

Feedback from the initial stages of the joint MASH has been positive with evidence of improving communication and information sharing across the partnership agencies involved within MASH. This has improved working relationships between agencies.

A number of services have been developed to support the MASH including a Community MARAC (Multi-Agency Risk Assessment Conference); a family approach to risk-improved adult safeguarding service for Care Leavers; supporting vulnerable adults.

The MASH will during 2015/16 be subject to independent review

Board Challenge

For the Board to progress learning identified in the MASH review.

Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS)

MCA DOLS Authorisations	
2013/14	33
2014/15	383

A Supreme Court Judgment in March 2014 significantly impacted on the number of applications made in the last 5 months of 2014/15 as is likely to continue during 2015/16.

It is the role of the Best Interest Assessors (BIA's) to assess whether someone is deprived of their liberty and whether this is in their best interest. The significant increase in applications, noted within the table above, has placed a big strain on the local authority's ability to process the applications in a timely way due to the time pressures placed on the limited number of BIA's.

Board Challenge

The board will continue to monitor the use of MCA DOLs and challenge were necessary.

Safeguarding Referrals Outcomes

The table below provides information regarding the reason for referral and source of referral to the safeguarding team.

Type of risk	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Physical	50	45	14
Sexual	6	2	1
Psychological and Emotional	22	38	2
Financial and Material	25	41	17
Neglect and Omission	113	20	29
Discriminatory	2	0	0
Institutional	3	1	1

Location of risk	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Care Home	112	18	9
Hospital	2	5	16
Own Home	73	80	31
Community Service	4	1	0
Other	13	8	5

The majority of referrals are related to incidences of neglect and omission especially within Care Home settings. Referrals relating to financial and physical abuse were more prevalent within own home settings.

Action and Result	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
No Action Taken	23	25	8
Action taken and risk remains	5	14	5
Action taken and risk reduced	107	50	33
Action taken and risk removed	69	23	15

The outcome in the majority of cases has led to either the reduction or removal of the risk.

Board Challenge

- With the emphasis on providing support to vulnerable adults in order to enable them to remain within their own home environment, the board need to continually ensure that this environment remains safe. This will be undertaken through audits and increase information available to the public.
- The challenge is to ensure that action taken is a long-term solutions so the monitoring of repeat referrals will help identify failure to find long term solutions.

5. SAFEGUARDING ADULTS BOARD PARTNERSHIP REPORTS

The Adult Safeguarding Boards Statutory Partners and Partnerships have prepared activity reports for inclusion in this annual report.

Community Safety Service

The Local Authority Community Safety Service is responsible for the development and implementation of work to reduce crime and disorder, as well as the fear of crime, within the borough. It achieves this through both direct work and by co-ordinating strategic partnership working with the wide range of public, private and voluntary sector partners represented on the Havering Community Safety Partnership (HCSP) and the Safer Neighbourhoods Board.

Violence against Women and Girls (VAWG)

The VAWG strategic partnership is well established within the borough and continues to meet on a quarterly basis. Representatives from the council, police, probation and the voluntary sector attend this meeting ensuring that, on a strategic level, the partnership is supporting children and adults in the most effective way.

A partnership VAWG strategy has recently been signed off by the HCSP, a comprehensive action plan focusses on the prevention, protection, safeguarding and provision of services to support victims of domestic violence, FGM, Forced Marriage and Honour based Crimes, CSE and Girls and Gangs.

Domestic Abuse multi agency risk assessment conference (MARAC)

The MARAC is the forum where high risk domestic violence cases are presented and is chaired by Havering Police. In 2014-15 The number of referrals to MARAC continued to increase, with 241 for the 12-months to February 2015 (compared to 180 for the corresponding period of February 2014). The proportion of repeat cases during the same period increased from 15.6% to 21.6%.

MARAC data evidenced a rise in BME victims being referred (21 up to 31), an increase in male victims (6 up to 13), and an increase in victims with a disability (3 up to 9).

Long and short term risks and priorities

The total number of reported and recorded Violence against Women & Girls incidents and offences has increased by 1,008 offences in the current financial year to date (to February 2015), representing a rise of 19.6%. This has been driven by a notable rise in the volume of both Domestic Offences and Domestic Incidents.

The increase in DV Offences is above the regional average, showing a 25.0% increase compared to a 20.7% increase across London. Havering has the 3rd highest percentage increase of DV with injury across London.

Reducing Re-offending

The London Borough of Havering's Public Health Service (PHS) is responsible for promoting health and well-being and commissioning drug and alcohol treatment services. Earlier this year, the Public Health Service & Community Safety recruited a specialist substance misuse officer to oversee the criminal justice work with substance misusing offenders.

At present North East London Foundation Trust (NEFLT) and Crime reduction Initiatives (CRI) deliver drug and alcohol treatment within the borough and the substance misuse officer ensures that safeguarding procedures are embedded in the delivery of the boroughs' drug and alcohol services.

There are a number of changes occurring in the borough the first of which is the retendering of the drug and alcohol service. The new provider will be operational by 1st October 2015. The substance misuse officer is supporting the PHS with the mobilisation of the new integrated service provider and is currently reviewing drug and alcohol safeguarding processes in order to develop pathways between statutory services with responsibility for areas such as mental health, children and families and domestic abuse.

Anti-Social Behaviour

The new ASB Crime and Policing Act 2014 brought in a range of new enforcement powers for dealing with anti-social behaviour. The new act has led to a complete overhaul of the ASB policy for Havering which focuses on how victims will be treated and the measures that can be used to tackle complaints that are received.

The ASB Panel is attended by professionals from Education, Early Help and YOS who play an integral role in deciding action plans for those engaged in ASB. The ASB Panel is monitored by the HCSP.

Counter Terrorism and Prevent

The Counter-Terrorism and Security Bill 2015, places a duty on specified authorities which includes Local Authorities, Schools and colleges and Health providers to 'have due regard, in the exercise of its functions, to the need to prevent people from being drawn into terrorism'. Preventing people becoming terrorists or supporting terrorism also requires challenge to extremist ideas where they are used to legitimise terrorism and are shared by terrorist groups. In carrying out this duty, the specified authorities must have regard to guidance issued by the Secretary of State.

A multi-agency Prevent strategic group will be established in 2015 to oversee the delivery of the Prevent Plan,

Havering Clinical Commissioning Group (CCG)

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

Work undertaken by the CCG

The CCG implemented a quality assurance framework across all of our contracts that use a risk based approach. As part of this framework the CCG completed unannounced quality assurance visits across our commissioned services, e.g. hospital wards and care homes with nursing.

Where the CCG identified safeguarding risks it immediately raised these with the provider, notified the Local Authority and undertook a review site visit. The CCG also completed care assessments with residents in care homes when safeguarding alerts have been made. The CCG completed these assessments in partnership with the Local Authority.

The CCG made approximately 49 visits to the 18 care homes in Havering between 1 April 2014 – 31 March 2015.

The CCG undertook monthly quality assurance visits to Barking, Havering & Redbridge University Hospital NHS Trust (BHRUT), and North East London Foundation NHS Trust (NELFT).

The service hold formal contractual meetings monthly with BHRUT and NELFT called Clinical Quality Review Meetings (CQRM). These meetings are assurance meetings and have a strong focus on safeguarding, especially serious incident management and safeguarding training.

The CCG has developed an early warning system that uses both soft and hard intelligence and feedback that is used as an indication of care being provided.

The CCG has also continued to implement the recommendations from the Francis Report, especially the development of a GP service alert system.

Developments in Safeguarding Adults

The CCG has identified a prevent lead, who has been working with the prevent coordinator to meet the borough's strategic objectives.

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

The CCG has supported all CCG staff to complete mandatory training and we have a clinical supervision process in place for all staff with a clinical role in the continuing health care team.

Care Act 2014

The CCG has worked collaboratively with our colleagues across Havering to ensure that all are fully prepared for the implementation of the Care Act. Part of this preparation includes the completion of a gap analysis to identify areas for development in 2015/16, which is one of the safeguarding priorities.

Making Safeguarding Personal

The CCG has supported and challenged its commissioned services to evidence personalisation. For example, we review all serious incidents and monitor if there are any safeguarding concerns and the outcome for individuals.

The CCG oversee the continuing healthcare service and the outcome service users want for themselves.

Work planned April 2015 – March 2016

- To fully participate as a statutory partner of the SAB and ensure that the Board fulfils its Care Act responsibilities and accountabilities.
- To ensure the CCG meets its responsibilities with regards to the Care Act 2014.
- To appoint a designated safeguarding adults manager (DSAM).
- To strengthen the monitoring arrangements of providers to ensure we do our part in preventing harm, or where harm does occur that we respond in a way that reduces further harm to individuals.
- To raise prevent awareness among CCG staff.
- To implement our Quality Strategy and refresh our Safeguarding Adults Framework.

Barking, Havering and Redbridge NHS Hospitals NHS Trust

Barking, Havering & Redbridge University Hospitals NHS Trust (BHRUT) has introduced measures at all levels to ensure that it is doing everything it can to prevent the abuse or neglect of the people who use the Trust services and their carers. The organisation has established processes, by way of the Trust's Protecting

Adults at Risk - Safeguarding Adults Policy, Safeguarding Adults Training, Incident Reporting and Safeguarding investigations, to ensure there is a timely and proportionate response when allegations of abuse or neglect are raised.

Review of Safeguarding Activity 2014-15

The Safeguarding Adults Annual Work Plan 2014/15 was developed in April 2014 to identify the key priorities/actions for the Safeguarding Adults Team. The majority of the actions were achieved; two ongoing actions relating to Mental Capacity and Deprivation of Liberty Safeguards and Independent Mental Capacity Advocacy were transferred to the 2015/16 Work Plan.

The Trust has developed a Safeguarding webpage and Learning Disability webpage for the BHRUT external website which is accessible to the general public. Available on the webpage is the Trust's Safeguarding leaflet which has been produced for the general public.

A Safeguarding Adults Supervision Policy was produced in July 2014. The purpose of this policy is to provide a framework for practice which outlines the principles and functions underpinning supervision within the context of Safeguarding Adults.

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

Delivery of Safeguarding Adults Training as per the Trust's Safeguarding Training Needs Analysis and Training Strategy has been maintained throughout 2014/15.

The Trust produced a Safeguarding Adult audit framework for 2014/15. Audits undertaken included:

- Mental Capacity and Deprivation of Liberty Safeguards – assessment of staff knowledge
- Knowledge of Safeguarding amongst Foundation Trainee Doctors
- Reasonable Adjustment Audit – knowledge of staff in out patients
- Deprivation of Liberty Safeguards (DoLS) Audit – are staff recognising a deprivation of liberty

The Learning Disability Working Group, chaired by the Learning Disability Liaison Nurse (LDLN) meets every other month to explore issues pertaining to the safe delivery of hospital services for people with a Learning Disability. All work streams in relation to the Learning Disability agenda are discussed at this group. This group is attended by people with Learning Disabilities, family and carers, Local Advocacy Services, members of community Learning Disability Teams, BHRUT staff including LD Champions, representatives from Healthwatch and Clinical Commissioning Groups.

The Dementia Team introduced monthly coffee mornings in May 2014 across both hospital sites. These are for newly diagnosed patients and their families to provide a forum to share their experiences.

How has the organisation contributed to the Havering ASB strategic priorities?

BHRUT is a member of three Local Safeguarding Adult Boards, including the London Borough of Havering. The Deputy Chief Nurse represents the Trust at this meeting.

The Trust also attends all partnership committees and sub-committees hosted by all three Boroughs. These meetings include Domestic Violence, Performance and Serious Case Reviews, Training and Development and Policy and Practice.

The LDLN attends the Learning Disability Partnership Boards for Barking & Dagenham, Havering and Redbridge. The LDLN maintains a link between the local Community Learning Disability Teams and the Trust and with advocacy and carer groups within the three Boroughs the Trust serves.

Long and short term risks and priorities

A quarterly Safeguarding Adults Progress report and Learning Disability Progress report are discussed at the BHRUT Safeguarding Strategic & Assurance Group and any identified exceptions or risks are discussed at the Trust's Quality & Safety Committee, which is a sub-group of the Trust Board.

The current risk identified is the completion of Mental Capacity Assessments and Deprivation of Liberty Safeguards.

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

The Trust has devised a clear action plan to ensure Trust compliance with meeting the statutory legislative requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

The appointment of a Mental Capacity Act and Deprivation of Liberty Safeguards Advisor will assist in the delivery of the Trust's action plan and sustain the changes that have already been achieved.

National Probation Service

It has been a year of significant change for probation services nationally and in London. From 1st June 2014, the National Probation Service (NPS) and Community Rehabilitation Companies (CRC) were created. In London, this meant the establishment of the NPS - London Division and London CRC.

The NPS assesses and allocates all offenders, whether to the NPS or CRC. The NPS works with high or above risk of serious harm offenders sentenced to community or custodial sentences, and or those subject to Multi-Agency Public Protection Arrangements. The service prepares reports for courts and offers advice to sentencers', is responsible for Approved Premises, preparing parole reports and oversees the Victim Liaison Unit. The CRC supervises low and medium risk of serious harm offenders, runs Community Payback and delivers the majority of

offender interventions. Probation services work with offenders who may present a risk of harm to an adult(s) at risk, but who may also be an adult at risk.

Review of Safeguarding Activity 2014-2015

The governance arrangements and structure for Safeguarding Adults within NPS London has been established.

The Senior Manager with lead responsibilities is James Jolly. He attends and reports on Safeguarding Adults matters to the NPS London, Public Protection Sub-group. This reports to the NPS London Senior Leadership Team.

All Clusters should have a Senior Probation Officer, Single Point of Contact lead for Safeguarding Adults. Some also have practitioner leads.

Quarterly practitioner SPOC forums are held at which developments are discussed. During the year these were held for both CRC and NPS staff. However, it was decided at the February meeting to hold separate meetings going forwards due to the increasing separation of the work of both organisations.

Training

Two Safeguarding Adults – Train the Trainer events have been run, one in February and one in April. This event is to train those who attend in delivering the Safeguarding Adults – Awareness Briefings, for all probation staff. Eighteen staff have attended. Staff representatives from all the twelve clusters have now attended this.

The Awareness Briefings have continued to be run this year. Since it was developed at the end of 2013, approximately 300 staff across London have attended the Awareness Briefings across 14 boroughs.

The training has been revised to reflect the responsibilities of Probation within the Care Act.

The MAPPA Strategic Management Board held a MAPPA Chairs training event this year on Safeguarding Adults. It was attended by managers from the Met Police, London Probation. The aim was to promote understanding of safeguarding adults and the role of MAPPA.

The Care Act

Key issues for probation have been; ensuring staff understand the eligibility criteria for safeguarding duties to apply, understand the prison and local authority responsibilities for offenders in prison and Approved Premises. Practice guidance has been developed for staff including a series of presentations and papers on the sections which relate to probation services, for staff and managers.

NPS London held an event in March for Approved Premises managers and representatives from the Local Authority. This was to build understanding regarding the work of Approved Premises in advance of the Care Act and the responsibilities the Local Authorities would have for adults with care and support needs accommodated within them.

A national Probation Instruction was issued in April related to Adult Social Care, which includes probation responsibilities regarding the Care Act.

Long and short term risks and priorities

There are a number of initiatives which need to be pursued. Amongst these are:

- National practice guidance, and a policy are being developed.
- Contacts and registers in the offender database to support performance.
- Agreeing whether the NPS London will make a financial contribution to Safeguarding Adult Boards.
- Ensuring the NPS are compliant with the Care Act and other agencies whose work impacts on the NPS.
- Continuing to train NPS staff in Safeguarding Adults, including the Care Act.

North East London Foundation Trust (NELFT)

NELFT provides an extensive range of mental health and community health services for people living in the London Borough of Havering. Our community services include district and school nursing, health visiting, therapies, care and support for people living with long term conditions, intermediate care beds and community based mental health services, CAMHS and Inpatient services.

As an NHS organisation, we come into contact with adults with care and support needs both directly through providing a service to them and indirectly, through providing a service to a member of their family.

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

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

The Safeguarding Team acts on the Chief Nurse's behalf to ensure that the Board is assured that all necessary measures are taken to safeguard adults at risk. The Director of Nursing, Patient Safety is the Strategic Lead for Safeguarding and supports the management oversight of safeguarding issues in relation to adults with care and support needs. All Senior Leads and Managers including the executive team have received safeguarding training at the required statutory level. The Integrated Care Director works closely on all safeguarding matters with the Director of Nursing and Associate Director and is a member of the LSAB.

Review of Safeguarding Activity 2014-2015

The Safeguarding Adults Team has further increased its visibility across the Trust by directly working alongside front line staff to facilitate the embedding of safeguarding, Mental Capacity Act 2005 and Deprivation of liberty Safeguards. In addition the Clinical Advisers are regularly engaging with staff through attendance at

Multidisciplinary Team meetings, and monthly staff meetings. The Safeguarding Adults duty desk has been established for 18 months, which provides direct support to staff via telephone, email and face to face contact and through the screening of all safeguarding related incident reports.

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

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

The internal joint Adults and Children's Safeguarding Strategy and Action Plan are now in place and the senior leadership team have assigned ownership to each operational action which identifies and monitors the organisations safeguarding priorities. The Safeguarding Adults and Children's Teams continue to progress the actions outlined in the accompanying action plan along with the operational leads. The progress of the strategy action plan is monitored quarterly through the internal safeguarding locality meetings and actions within the strategy are reflected in the individual work plans of the Safeguarding Adults and Children's teams.

There are a variety of ways in which patient experience is captured by NELFT and service users and carer's views are vital when a change is being considered. Most recently there has been service user input into the proposed changes in service delivery within the inpatient mental health area Sunflowers court at Goodmayes hospital. Service user forums are in place across the Trust and changes in practice have resulted from direct feedback from these. There is also work ongoing in relation to the implementation of the Barking Havering and Redbridge Clinical Commissioning groups Intermediate Care Consultation which NELFT is implementing on their behalf regarding relocating community inpatient service to the King George's hospital site in late 2015.

One of the areas of identified as a priority in the Havering Self-Assessment carried out in January 2014, was around patient/service user involvement in the Safeguarding Adults process. A method for capturing recorded consent in relation to Safeguarding Adults Alerts has been initiated by the Safeguarding Adults Team and an Audit of consent is scheduled to be conducted by the end of October 2015. This audit is also in line with the principles of the 'Making Safeguarding Personal' initiative being implemented nationally.

[How has the organisation contributed to the Havering ASB strategic priorities?](#)

The Trust continues to be an active member of the Havering Local Safeguarding Adults Board. Evidence of strong partnership work is demonstrated through attendance at board and contribution to the board's annual development day participation in working groups, audit programmes and policy development. The NELFT training strategy has been shared as part of the ongoing priority centered on Safeguarding Adults Mandatory training requirements driven by the Training and Development subgroup. The Interim Director of Nursing for clinical effectiveness continues to chair the transition subgroup and progress work aligned with this priority area. In addition the Mental Health Social Care Lead chairs the audit subgroup which monitors and aligns the various audits in relation to Safeguarding Adults agenda which are being undertaken by the partner agencies to ensure emerging themes and risks identified in the results and recommendations are appropriately escalated to the board.

Long and short term risks and priorities

- To further embed integrated working across the adult and children safeguarding teams via a joint consultation to integrate the two teams.
- To review the training strategy for delivery of Prevent awareness training in line with the government proposal of a move towards statutory awareness raising. The proposal is that Prevent training will become a mandatory training required three yearly for all staff by face to face and e-learning depending on staff role. This work will be taken forward by the Prevent lead for the organisation who is overseeing the development of a Home office compliant Elearn package. Additional members of staff will be trained in the delivery of WRAP3 to ensure effective delivery to all priority staff groups.
- A Review of the Duty Desk standard Operating procedures is planned for completion in July 2015 in line with the impact of the Care Act 2014, and local and national guidance relating to Domestic violence and harmful practices.
- A Review of all Mandatory training packages has been undertaken to ensure compliance with the Care Act 2014 and are being rolled out as part of the organisations' on line training strategy. NELFT overall Compliance as of 30 December 2014 is 88.75% for Safeguarding Adults Training which demonstrates a significant improvement from 77.17% compliance reported as of 30 December 2013. In Havering the overall compliance figure is currently 88.40% for Enhanced Safeguarding Adults Training and 87.09% for recognition and referral delivered via an e-learning package. The long term priority is to ensure training stays constantly above 85% a collaborative action is in place between the Integrated Care Director for Havering, Education and Development and the Safeguarding Adults team.
- Mental Capacity Act 2005 and Deprivation of Liberty Safeguards continues to be a priority area for the organisation. A pilot audit undertaken has identified that whilst knowledge is good, application in terms of Mental Capacity Assessments is an ongoing piece of work. The Safeguarding Adults Advisors have been delivery bespoke training to inpatient staff and working alongside community staff and this work will continue in the coming year. The DoLS

administrator post which was implemented in June 2014 as part of the action plan responding to the risk identified by the changes in the interpretation of the legislation around DoLS brought about by the Supreme Court Judgement in 2014 and the impact this would have on the organisation. This post has been extended to October 2015 to facilitate further embedding of the process within both Mental Health and Community inpatient areas.

Metropolitan Police Havering Borough

The MPS responds to calls for assistance from a variety of forums, spanning the emergency requiring an immediate response to the slower less time critical requests for assistance. Our officers provide a 24/7, 365 days a year service to the people of London. We have Emergency Response Teams augmented by Safer Neighbourhood Team and the more specialist services provided by the Community Safety Unit. The CSU's remit is the more protracted, complex and serious crime allegations.

We have London's first fully integrated MASH, staffed by 1 Detective Sergeant, 3 PCs and 5 support staff. Here Havering Police provide the initial RAG rating and disseminate cases partners for action, addressing fast time actions and mitigating risk. The MASH deal with about 160 Merlin enquiries and about 50 Adults Coming to Notice referrals each week.

Risks and Challenges

The risks presented over the next 12 months are the increasing demand identified as a result of the implementation of the Care Act. This will require greater accountability for a verity of services and will have an impact on many partners. We are closely monitoring any increased in identified victims and where necessary increasing the police response. This may require an increase in MASH staffing levels. We are awaiting the findings of the MASH review to be published to identify any learning or operations requirements.

The financial challenge over the next 5 years are not clear at this stage, the implications of the second round of the Strategic Spending Review will not be realised until late October 2015. Once this has been published the MPS will need to assess the impact and devise plans according to risk.

There will inevitably be closer working with other local boroughs from a policing perspective as a result of the reorganisation. The Child Investigation Abuse Teams will feature here with a potential to share skill sets to be considered.

ASG Training is a key aspect of police probation training with refreshers delivered to more experienced officers to ensure that all officers are up to date with legislation and any policy changes.

Commander Christine Jones is the MPS lead for Mental Health, her work informs training and development, her work here helps shape our response to mentally vulnerable people.

We are a statutory body required and represented at Serious Case Reviews we provide a professional assessment of response and are a conduit for local, MPS

wide and national learning from a policing prospective. All learning is sanitised and disseminated in a support and constructive manner.

6. SAFEGUARDING ADULTS BOARD PRIORITIES 2015-2018

The board has produced a three year plan based on the **Six Adult Safeguarding Principles**. It has the following aims:-

Empowerment

- We will ensure that all our procedures put the adult at risk at the centre of prevention and protection planning
- We will listen to what the adult at risk wants to happen and will help them to achieve that
- We will make use of a number of different methods to make sure that the response is proportionate and meets the adult at risk's preferences as far as possible
- We will make sure that advocacy is available for those people who are incapable of representing themselves, or who find it very difficult to do so without help.

Prevention

- We will make sure we have good public information available, in a way that people can understand
- We will develop a good website which tells local people and partners what we are doing and how we do it. We will seek the views of local communities about what information should be there and how the information should look on the website.
- We will make sure that our Advice and Information outlets include information and advice about preventing harm to adults at risk and what to do if you have concerns

Proportionality

- Risk assessment is the key to ensuring that we can prevent and protect adults at risk from harm. When we do this, it will only be as intrusive as it needs to be. Therefore we will review our risk threshold and risk assessment tools to make sure that we can assess the level of risk and respond appropriately.
- We will ask people who have been at risk from harm what their experience was of how we worked with them

Protection

- We will have clear policies and procedures to make sure that we keep people safe from harm and act swiftly where there are concerns
- We will work with our providers to make sure that people are safe within their services. Where providers fail to ensure people are safe we will act in a swift, open and transparent way to keep people safe and to improve performance.
- We will learn from our own work and from that of other places and will change how we do things if necessary.

Partnership

- We will review what we need in terms of time and money to make sure the Board works properly, as required by the Care Act 2014
- We will improve business support to the Board
- We will work with providers of services, including Community and Voluntary Services, to make sure that they prevent harm, act appropriately when adult(s) a risk have been caused harm and report concerns appropriately
- We will work with local banks and businesses to prevent and keep people safe from financial abuse
- We will share information on a need to know basis to ensure that adults at risk are kept safe from harm.
- We will work more closely with the Local Safeguarding Children's Board

Accountability

- We will review and update what we do and how we do it, including the Safeguarding Adults Board and all its Sub-Groups.
 - We will be clear about the authority/expectation and decision-making powers of Board Members
 - We will make sure that all our actions are recorded and accounted for.
 - We will publish our Annual Report.
 - We will publish a Business Plan each year set out the detail of what we will be doing. We will consult with local people and providers on our Business Plans.
 - We will monitor safeguarding adults performance
 - We will ensure that we have a Training Strategy.

The results we expect from our work are

- 1 People living, working or supporting those that live in Havering know abuse or neglect of adults at risk from harm happens and how raise concerns if it does

- 2 Abuse of adults at risk from harm is prevented whenever possible
- 3 Adults are protected from harm in a way which works for them, when they need to be
- 4 Staff and volunteers can spot abuse and take timely, consistent and proportionate action to prevent and protect those at most risk
- 5 Partners work together, share information and resources and join up with others
- 6 Safeguarding Adults policies and procedures work and we can prove they do
- 7 People know what the Safeguarding Adults Board is doing

The Board Performance Sub-Group will monitor what we are doing through our Action Plan each year.

Managing risks and challenges across the partnership

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.

7. 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.

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.

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