



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 4th 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. 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 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 SystmOne (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

<i>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.</i>
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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

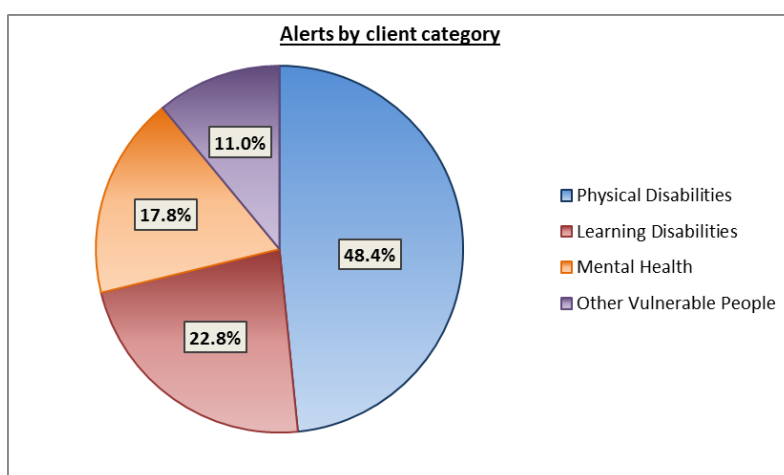
investigations and chair strategy meetings and case conferences, including MCA and DoLS awareness.

In 2014-15 priorities include:-

- Chairing 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.

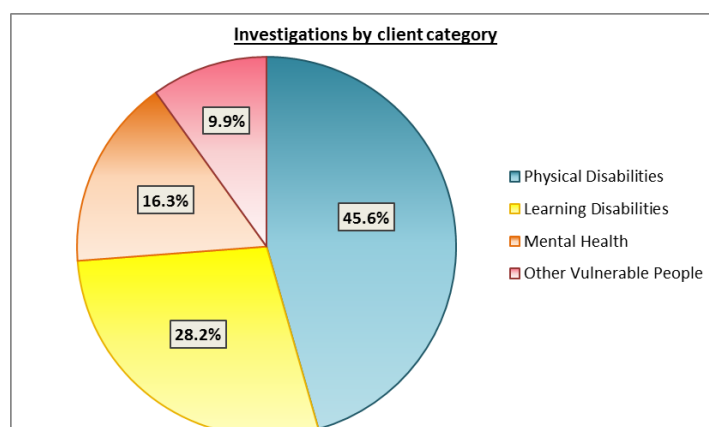
6 Safeguarding Adults Performance Framework and Self-assessment

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.

Of 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.

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