



# Havering Safeguarding Adults Board

Annual Report 2015-2016

### **Havering Safeguarding Adult Board Chair Forward**

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Welcome to the Havering Safeguarding Adult Board (HSAB) annual report 2015-16. The past year was the first that the HSAB has been operating as statutory body following the introduction of the Care Act 2014. The HSAB has focused on ensuring that it is able to comply with the requirements of the Act.

This report sets out how this has been achieved through the introduction of policy and procedures, formulation of processes to identify serious adult reviews (SAR) and systems to monitor how individual agencies will ensure that they are compliant with the Act.

Adult safeguarding activity has continued to increase over the year especially in respect of the number of contacts and referrals and conference activity.

The major increase has been in respect of the application of the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLs) assessments.

This safeguarding activity is being undertaken under continued financial constraints and the on-going restructuring of some organisations. This, and the demography of Havering which has the oldest population in London, will continue to pose significant challenges to the local agencies and the HSAB.

I would like to acknowledge the continued support of the HSAB given by all agencies and the continued hard work and vigilance of all staff involved in supporting adult safeguarding. This report will set out those challenges.

The coming year will continue to see an increase in activity but the work of the board over the past year will help the HSAB identify risks and focus action to help keep adults at risk safe from abuse.

**Brian Boxall**  
**Havering Safeguarding Adult Board Independent Chair**

## 1) Introduction

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The purpose of this report is to fulfil the statutory requirement set out in Care Act 2014, which states that all Safeguarding Adults Boards (SAB) must publish an annual report on the effectiveness of safeguarding in their local area.

The Care Act 2014 came into force in April 2015 and Havering SAB became statutory. The purpose of the SAB is to help and safeguard adults with care and support needs. It does this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- assuring itself that safeguarding practice is person-centred and outcome-focused
- working collaboratively to prevent abuse and neglect where possible
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

This report will provide an overview of the following:

1. HSAB activity 2015-16.
2. Adult Safeguarding Activity 2015-16.
3. HSAB Governance 2015-16.

**Appendices:** *Each agency was asked to supply a summary of their responses to safeguarding in 2015-16. These reports are attached to the annual report in the appendix*

## Our Vision

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

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

**EMPOWERMENT** – people feeling safe and in control, encouraged to make their own decisions 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) HAVERING SAB ACTIVITY 2015-16

During 2015-16, the Board focused on action that placed it in position to be compliant with the Care Act 2014. The following is a summary of the work of the Havering Board during 2015-16 and the challenge for the Board in the coming year. Some of the issues identified will be covering in more detail later in the report.

**Policy and Procedures** In December 2015 the Board adopted the new Pan London Safeguarding Adult Procedures. The introduction of the new procedures, which were revised to take into account the Care Act, was supported by the HSAB with a week of briefings in March 2016 open to staff all agencies.

The HSAB also produced during 2015-16 an Escalation Policy to emphasise the need to challenge at times.

**Board Challenge:** For the board during 2016-17 is to be assured that staff are fully aware of the procedures and that they are being applied. The procedures will be supported through the production of local safeguarding procedures.

**Safeguarding Adult Reviews:** The Care Act made the SAB responsible for undertaking **Safeguarding Adults Reviews (SAR)** when:

*‘someone with care and support needs dies as a result of neglect or abuse and there is a concern*

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*that the local authority or its partners could have done more to protect them'*

In order to fulfil this function effectively the HSAB agreed that the SAR sub group would combine with Havering Safeguarding Children Board SCR sub group, a group with extensive experience of reviewing and making recommendations of when to undertake full serious case reviews or learning reviews. This combined sub group supported by new membership with adult safeguarding experience will review and make recommendation in respect of potential SAR's.

To help the process, the HSAB have produced guidance for the consideration of a SAR including a referral form. As yet Havering have not undertaken a SAR.

During 16-17 the group will potentially also have responsibility for Domestic Homicide Reviews. This will ensure consistency in decision-making as each of these three statutory reviews often have elements of adult and children safeguarding. This should ensure that the appropriate review is undertaken and the lessons learnt are promulgated across the agencies and the boards including Community Safety.

**Board Challenge:** To ensure that appropriate referrals are made being made and SARs are being undertaken.

**Strategic Action Plan:** The HSAB is required to produce a Strategic Plan. HSAB has continued to progress the 2015-18 three year strategic action plan based on the 6 P's.

In order to ensure the HSAB identifies immediate major risks, a risk register has been produced. This is still in its infancy but has started to provide a focus for HSAB.

The current risks are:

**Mash** - Financial constraints may impact on ways in which partners support MASH.

**Capacity issue in relation to homecare-**  
*Choice for people with care needs depleted and liberty deprived unnecessarily. Impact on residential settings*

**Capacity issue in relation to DOLS** - Volume of referrals is high.

**Mental capacity** - there is still a need to continuously brief staff in their responsibility to undertake MCA assessments.

**Self-neglect** - Risk is that self-neglect may be not be responded to due to confidence in practitioners ability to consider capacity when undertaking a person-centred approach to assessment and safeguarding.

2016-17 will see the production of a comprehensive prevention strategy and guidance on self-neglect.

**Board Challenge:** To ensure that the strategic plan remains relevant and is informed by data. To be able to ensure that it results in improved outcomes.

**Agency Compliance:** The Board has produced a self-audit tool for completion by each individual agency during 2016-17. This will provide the HSAB with an overview of the agencies position with regard to their ability to safeguard adults.

**Awareness Raising:** It is the role of the Board to raise awareness of safeguarding with staff and in the community. To achieve this, the HSAB will produce a newsletter in May 2016, the first addition focuses on Self Neglect.

2015-16 saw the introduction of a Community Engagement group. The membership of this group consists of representatives of the Voluntary and Community Sector Group. It will have a rotating Chair. Its aim is to raise awareness within the Community and the voluntary sector. It will enable the SAB to be better able to engage and use the knowledge of this sector.

In October 2016, Havering SAB and LSCB will be holding a joint adult and children safeguarding week. The HSAB conference will be included and a number of other events and information days will be held.

**Board Challenge:** To support the new Community Group and respond to the needs they identify.

**Making Safeguarding Personal (MSP):** MSP is in its infancy in Havering. It is currently starting to be applied within Adult Social Care. There is a need during 2016-17 to start to ensure that all agencies adopt the MSP principle when interacting with adults at risk. To that end, a review of agencies current position will be undertaken.

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**Board Challenge:** To continue to evidence the application of MSP across services.

### 3) SAFEGUARDING ACTIVITY 2015-16

#### 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 and adults MASH.

The purpose of the MASH is to improve the quality of information sharing and decision-making at the point of referral. This is achieved in Havering by facilitating the sharing of intelligence across agencies. This enables the MASH to ensure safeguarding interventions are timely, proportionate and necessary. The MASH has a number of partners co-located such as Police, Public Protection, Housing, Probation, Adult Mental Health, Early Help Advisor and independent Domestic Violence Advocacy supported virtually by Youth Offending Team, Education, Drugs and Alcohol service.

Contacts are assessed and graded and then signposted to the appropriate structure to progress as required. The integration of the Adult MASH did not commence until June 2014 so comparison in terms of activity with the full year 2015-16 is not possible.

MASH 2015-16	
All Contacts	4004
<b>Police Contacts (MERLINS) account for 46% with residential care staff accounting for 15% of contacts.</b>	
<b>Safeguarding Adults Concerns</b>	1100 (27.5%)
MASHed	194 (17.6%)
Not MASHed	733 (66.6 %)
Number of Repeat contacts	1176 (40.3%)
<b>Welfare Adult Concerns</b>	2904 (72.5%)
MASHed	55 (1.9)

Not MASHed	2449 (84.3%)
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The majority of referrals continue to be assessed as non-safeguarding cases.

Whilst the MASH has been effective it was identified that it was a victim of its own success. It was receiving a high level of contacts that were MASH'ed and progressed to assessments with a high proportion of assessments being concluded with no further action required.

In order to address this, a review of business processes (LEAN review) was undertaken between January and March 2016. The finding of this review will be implemented during 2016-17.

One of the areas identified as a risk to the MASH is the ability for agencies to continue to support the MASH. Due to funding constraints and organisational restructures some are questioning the ability to continue to provide staff to the process.

**Board Challenge:** To progress learning identified in the MASH review and to continue to monitor and challenge agencies commitment to the MASH.

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### Adult Safeguarding Concerns.

The below chart sets out the separation between adult safeguarding concerns and welfare concerns. The source majority of safeguarding concerns was social care (CASSA and Independent). Health staff also raised a significant % of safeguarding concerns whilst those raised by police are minimal. However, police are the source of 54% of all welfare concerns this is probably due to the fact that the MERLIN is used for all referrals regardless of the level of concern.

Safeguarding Adult Concerns 15/16		
Concerns	2102	Repeat enquires 15%
Social Care Staff	703 (41%)	
Health Staff	519 (27.9%)	
Police	31 (4.6%)	
Welfare Adult Concerns 15/16		
Concerns	3183	
Social Care Staff	699 (22%)	
Health Staff	481 (15.1%)	
Police Merlin	1736 (54%)	

**Board Challenge:** For the board to be assured that the police referrals are relevant and are subject to quality control within police prior to submission.

### Abuse Types

The Care Act has added four new categories of abuse, Domestic Abuse, Sexual Exploitation, Modern Slavery and Self Neglect. These have been recorded in the 2015-16 abuse type figures

Abuse Type	
Physical	258 (38.6%)
Sexual	18 (2.7%)
Emotional	57 (57%)
Financial	125 (18.7%)
Neglect	224 (33.5%)
Discriminatory	1
Institutional	6
Domestic Abuse	1
Sexual Exploitation	0
Modern Slavery	0
Self Neglect	16 (2.4%)

Physical abuse and neglect still account for 70% of the recorded abuse categories'. Whilst there have been a few cases recorded as self neglect there have been minimal recorded against the new categories.

Abuse Locations	
Own Home	42.6%
Care Home –Residential	26%
Care Home- Nursing	15.8%
Hospital	4.3%
Service within the community	0.4%
Supported Living	6.5%

The home still remains still remains the biggest location of abuse followed by residential care homes. This is clearly reflected in the data in respect of the relationship between the abused and the abuser. 70% related to relatives and family carer and care supporter in the private sector.

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Relationships	
Social Care Support- Public Sector	2.2%
Social Care Support - Private Sector	48.7%

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Relationships	
Social Care Support- Public Sector	2.2%
Social Care Support -Private Sector	48.7%
Relatives/Family carer	20.9
Health	4.5%

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.

Relatives/Family carer	20.9
Health	4.5%

Strategy Activity	14/15	15/16
Strategy Discussions	546	644
Completed within Timescale (5 working Days)	469 (85%)	497 (77%)
Investigations Ended	405	368
Ended within Timescale (20 working days)	260 (64.2%)	210 (57.1%)
Conferences	277	358
Within Timescale (20 working days after end of investigation)	236 (85.2%)	263 (73.5%)
No of Completed Safeguarding Enquiries		603
Completed open for more than 2 months		65 (29.2%)

### Board Challenge

- To be assured that categories are being correctly recorded.
- To raise awareness to agency staff and the community of the new categories.
- To ensure that there is in place a self-neglect guidance/strategy.

### Safeguarding Referrals Outcomes

There has been a significant increase in safeguarding activity specifically in the number of strategy discussions and resulting conferences. This has had a slight impact in achieving



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required timescales but the complexity of cases will also have an impact.

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

Action and Result	
Increased Monitoring	124
Adult Removed	14
Moved to Increased care	25
Management of Finances	7
No Action Taken	151
Action ended at strategy meeting	254
Restriction /management of alleged abuser.	13

### Board Challenge:

- With the emphasis on providing support to vulnerable adults in order to enable them to remain within their own home environment, the HSAB 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 solution, so the monitoring of repeat referrals will help identify failure to find long term solutions.

### Care Establishments

There are currently 39 Residential and Nursing Homes; 30 Domiciliary Care Agencies and 6 Day Opportunities, 26 Learning Disability (LD) Homes, 9 LD Day Opportunities, 3 Extra Care provisions and 18 LD Supported Living establishments, which are monitored by the Quality Team.

During 2015-16 the Local Authority Quality Team suspended the local use of 9 establishments for various periods of time whilst the initial identified

concerns were remedied or in 3 cases the supplier left the market.

This provides assurance that complaints against establishments are being dealt with appropriately.

### Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS)

The application of MCA and DOLS has remained a major focus of the SAB. Highlighted in last year's annual report was the Supreme Court Judgment in March 2014 has continued to significantly impact on the number of applications during 2015/16.

MCA DOLS Authorisations	
2014/15	383
2015/16	560

The end of year position (for 2015/2016) was approximately 560 referrals. Up to March 2014 there were 25-30 referrals. This increased in 2014/2015 to 345. There are a couple of areas that adult services are bringing in additional capacity. This will assist adult services with assessments, the organisation progress and assurance. Training has been done with social workers and NELFT to increase the number of BIA assessors. There are currently 25 internal BIA assessors across NELFT and social care.

BIA assessment can take between 5-8 hours to complete which includes significant planning and co-ordination.

The local authority Cabinet has agreed growth for 2016/2017 to enable the service to bring in more BIA assessor on a permanent basis.

Every DoLs that has been authorised needs to be reviewed. This takes the same amount of time as the original assessment.

Adult Social Care service is mindful of individuals that do not reside in residential/ nursing homes or hospitals. Court of protection has recently introduced a fast track process to deal with people who are not in those setting.

### Board Challenge:

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



## 4) HSAB GOVERNANCE & STRUCTURE

### Governance

The HSAB is chaired by an Independent Chair; the appointment was made by a panel which was chaired by the Chief Executive. The Independent Chair holds meetings with the Lead Member for Adult Safeguarding, the Chief Executive and the Director of Adults. The purpose of each meeting is to hold the Independent Chair to account for the effectiveness of the HSAB and to provide space to ensure open and honest discourse between the Director of Adult Services and the Independent Chair regarding the service activity as it relates to adult's safeguarding within Havering.

The three statutory partners are represented at the HSAB at an appropriate level and actively participate within the business of the Board. The SAB also consists of members of non-statutory agencies.

There has been difficulty in securing/maintaining regular attendance from NHS England. The impact of this has meant strategic insight into NHS England priorities and direction of travel from Board discussion. The structure of Havering's SAB was reviewed during 2015 in order to strengthen governance processes to support the Board to manage business priorities more effectively as the Board's responsibilities increased.

### Structure

#### Executive Board

The Executive Board is chaired by the Independent chair; it has a small membership consisting of the strategic leads from all statutory partners and holds ultimate responsibility for the effectiveness of the multi-agency safeguarding offer to children and young people in Havering.

The Executive Board formally agrees:

- ☐ Business priorities of the board and the business plan
- ☐ The annual report
- ☐ Final overview reports and recommendations from SARs

- ☐ Action plans to respond to SCR/LR recommendations
- ☐ Actions to respond to Board risks and the responsible working group/partner organisation to progress the actions.

#### Operational Board

The Operational Board is chaired by the Independent Chair and has senior staff with links to practice within the membership. All members actively participate within the discussions and this is evidenced within minutes of meetings. The Operational Board's agenda includes both children and adult priorities to ensure that cross cutting priorities are considered by both strategic boards.

The Operational Board is in place to provide overview and scrutiny of the progress of HSCB/SAB Business plan priorities and to provide assurance to the SA/SC Executive Boards in relation to the progress of business plan objectives. Concerns that are identified by the Operational board and HSCB working groups in relation to the effectiveness of the safeguarding offer are added to the HSCB /SAB risk register, monitored by the Operational and reported to the Executive Boards.

Progress of the HSAB action plan is monitored by the Operational Board. The Operational Board drafts the Executive Board agenda to ensure that it is appropriately focused on relevant areas of business.

Operational Board minutes are circulated to Executive Board to allow for scrutiny and challenge of business activities.

Working group activity is overseen by the Operational group

- ☐ Quality and Effectiveness Working Group

The Q&E group is chaired by a member of NELFT's SMT and all organisations except CAIT are represented. All members participate fully within meetings, identifying areas of risk and areas that require further scrutiny. These are progressed by the group and also raised at the Operational/Executive level

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### ☐ Case Review Working Group

The Case Review Working group is chaired by a member of NELFT's SMT and all partner organisations are represented at the meetings.

### ☐ Community Group working group

### HSAB risk register

The HSAB risk register holds the areas identified by the Board as requiring oversight in order to progress actions quickly to reduce risks. The risk register is owned by the Executive and activity progressed through the working groups and operational board. The risk register is RAG rated to include impact of activities agreed to mitigate risk and is a standing agenda item at every HSAB group meeting and is used by the Independent chair to inform discussions held with the lead member and meetings with senior strategic leads from the partnership.

### Annual report

The HSAB publishes an annual report. The report is presented to the Havering H&WBB and Overview and Scrutiny by the Independent Chair. The report is sent electronically to MOPAC, Chief Executive and London Councils and held on the HSAB website.

### Multi-agency training programme

During this period Havering SAB conducted a training needs analysis to identify what current single agency training is being offered through the partnership in a bid to collaborate resources and reduce costs. The training sub group identified that although there were a number of similar courses on offer within each agency, the delivery of a number of their training courses was targeted at specific niche groups therefore making them available to a general safeguarding audience would not be suitable.

However, the group identified that basic introductory courses could be offered multi-agency and are currently exploring the possibility of creating an e-learning programme.

The Care Act 2014 statutory guidance was formally agreed in March 2016 and adopted within Havering. As a result the SAB held week

long multi-agency briefing sessions to introduce the new guidance to those working and supporting adults. Self-neglect was formally recognised as a category of abuse within the Care Act for the first time. As a result the Board offered two full training courses on self-neglect and hoarding which was attended by a variety of multi-agency professionals working in adult safeguarding, health and provider settings.

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## SAB Sub Groups

The HSAB is supported by three sub groups:

### **Quality, Effectiveness and Audit Sub Group**

During 2015 Havering SAB reviewed its structure and the work of the subgroups. The Quality, Effectiveness and Audit group had its inaugural meeting in July 2015. It has met on four occasions 9/7/2015, 11/9/2015, 19/11/2015 and 25/01/2016.

The group is multi-agency being made up of staff from the London Borough of Havering, NELFT and BHRUT. Other organisations receive copies of minutes etc. but it is the intention of the group to expand its membership. The group would welcome attendance from other organisations and the chair will be inviting members of other services to participate in the meetings.

The groups role and purpose is to

- ☐ To monitor and evaluate the effectiveness of activities undertaken by Havering Safeguarding Adults Board (HSAB) organisations, individually and collectively, to safeguard and promote the welfare of adults in Havering and advise them on ways to improve their practice further.
- ☐ To promote high standards of safeguarding work.
- ☐ To foster a culture of continuous improvement.

During the winter of 2015/16 the Havering SAB members completed multi-agency self-assessment. The Safeguarding Adults at Risk Audit Tool had been developed by the London Chairs of Safeguarding Adults Boards network and NHS England London. It reflects statutory guidance and best practice<sup>i</sup>. The aim of this audit tool is to provide all organisations in the Borough with a consistent framework to assess monitor and/or improve their Safeguarding Adults arrangements.

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The audit tool is a two-part process:

- ☐ Completion of a self-assessment audit
- ☐ A challenge and support event.

### Community Engagement Group

A representative of YMCA Thames Gateway chairs this group. Its membership comprises of representatives from the Voluntary and Community Sector and has 11 organisations involved.

It has met on a couple of occasions and has produced an action plan for 2016-17. This has three intended outcomes:

- ☐ Public know where to go when they have a safeguarding concern
- ☐ Empowerment to challenge.
- ☐ Communication - raise awareness of the importance of acting early in cases of self-neglect to reduce the risk of unnecessary escalating need.

### Serious Case Review Group

As previously set out this group is responsible for both Adult and Children Reviews. Over the past year it has not identified any adult cases that have required a full SAR.

### HSAB Financial Contributions

HSAB is funded under arrangements set out in the Care Act. The contribution made by each member organisation is agreed locally. The member organisations' shared responsibilities for the discharge of the HSAB's functions include determining how the resources are provided to support it. Funding agreed for the past year was as follows.

Name of Agency	Contribution 14/15
Havering Council	£43,800
Police	£5,000
CCG	£10,284
BHRUT/NELFT	£1,740
NPS	£360
The London Community Rehabilitation Company LTD	£360
<b>Total</b>	<b>£51,270</b>

Funding for the board remains a challenge that will need to be addressed in the coming years if the Board is going to be able to fulfil their statutory duties.

### Staffing and support

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

## APPENDIX

### *Single agency successes and areas for further improvement*

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***This section will set out the overview by the three statutory agencies Local Authority Social Care, CCG and Police of the work achieved 2015-16 and identified risks and challenges the year 2016 to 2016. The Probation Service and NELFT have also submitted a review of their activity that is included.***

### Adult Services

**FACT SHEET** This document summarises the Top 10 Strengths and the Top 5 challenges facing Adult Services.

#### Key Strengths:

#### **FACT 1: Integration**

Adult Services already has existing and very successful partnerships within the Community Learning Disabilities Team and the Mental Health Service jointly run with NELFT. In addition the Joint Assessment and Discharge Team, run with BHRUT and Barking and Dagenham, has made a real impact on preventing delayed, unsafe discharges.

The Council and NELFT are currently on track with the *Integrated Localities Project* project to co-locate the adult social care community teams with their NELFT community health colleagues due to be completed by late spring 2016. We are confident that the new service is already improving care and support across Havering and we have developed a performance management framework for the integrated teams that measures client/patient satisfaction, staff satisfaction, activity and process measurements as well as the statutory metrics. When the co-location phase has been completed, the project will focus on reconfiguration of the adult social care workforce to make maximum available advantage of the opportunities for joint and integrated working with the community health teams to deliver the best possible outcomes for carers, patients and service users in Havering.

There are a number of services across health and social care that constitute the *Intermediate Care Pathway*; these have all been reviewed in light of developing a more integrated approach to delivering care. A range of options have been considered in terms of the commissioning of a more integrated intermediate care pathway with the recommended long term strategic option to commission the Intermediate Care pathway as a single, multi-disciplinary health and social care team across Barking and Dagenham, Havering and Redbridge.

The *Community Treatment Teams* and *Intensive Rehabilitation Service* have continued to make excellent progress. In November 2015 following the evaluation of a pilot the CTT/IRS service was mainstreamed. The service demonstrated very high patient satisfaction with over 9 out of 10 patients, 93% of patients supported at home with no need for hospital admission and an overall increase from 2,000 to 12,000 patients seen over the year. This followed extensive public consultation with widespread support to maintain the services.

The *Transforming Care Partnership* (for people with learning disabilities and autism who are in or at risk of being admitted to Assessment & Treatment Units) is a new programme that sees us working with partners from health and social care across the Barking, Havering and Redbridge footprint, and is ambitious in its scale and delivery timetable. We need to embed its principles into our front line services and commissioning activities. The TCP's ambition is to support people with complex learning disabilities who are in long stay inpatient settings, coming back to Havering, to their families, communities and support networks. Nationally it is recognised that there is still far too many people with learning disabilities in inpatient settings (such as the former Winterborne

View unit that received national attention in 2011 with the residents of the unit subject to appalling and widespread abuse).

## **Fact 2: Improved Commissioning**

Underpinning what we do, we are committed to the development of a robust joint commissioning strategy with other Council departments and partner organisations in particular with Havering Clinical Commissioning Group. We are increasingly working with residents and people with experience of services to co-design more collaborative model of commissioning, harnessing the power of local people for radically different results that benefit everyone. We need to ensure that the resident voice is used to genuinely drive changes in how and what we commission.

To meet the challenge of increased demand for care and support and reduced resources, we have developed a different approach to how we commission. Rather than always purchasing directly we are now working to shape and influence the market to ensure there is a range of high quality, affordable services available to residents. To achieve this we have developed new interactive provider forums where issues are raised and solutions are developed in partnership. We have launched 'Care Network', an online hub providing opportunities to share information with providers and gain feedback. We have recently launched Havering's co-produced market position statement laying out the direction of travel and future needs of Adult Social Care in Havering. Commissioning are shifting resources towards services that reduce or prevent problems from occurring. This is a key theme for the redesign of Havering's voluntary and community sector services.

## **Fact 3: Assistive technology (AT)**

There is currently a review of AT services within ASC as the Service had seen a rapid increase in the number of referrals leading to significant budget pressures. Whilst we celebrate the success of our Assistive Technology service, Adult Social Care is committed to ensuring that people, who receive the service, are actually using it as it has been designed to be used to ensure that we are able to stay within the budget available. We are therefore reviewing our policy (covering eligibility) and want to make sure people who need AT continue to have access to it. A number of people have had AT without adult social care involvement, so our review is covering only those people where adult social care is involved in supporting them to remain at home as independently as possible.

## **Fact 4: Work with health**

There is a strong history of successful collaborative working across health and social care in Barking and Dagenham, Havering and Redbridge, with an emerging track record of true partnership working leading to real improvements for our local population. This is driven by the BHR Integrated Care Coalition (ICC) which was established in May 2012 to bring together the lead organisations in our health and social care economy to support the commissioning of integrated care. The ICC states their purpose as "Improving outcomes for local people through best value health and social care in partnership with the community". The Coalition has led development of a significant number of transformational programmes which have contributed to one of the most dramatic improvements in the country as the benefits of our partnership working and strengthening of community and primary care services have been realised. Some of these programmes include: The Joint Assessment and Discharge Team, Community Treatment Team, Intensive Rehab Service and Community Health and Social Care Services Integration. This builds on a strong platform of personalising social care services across the three Local Authorities.

However, the benefits of partnership working in its current form will not address the numerous population challenges that BHR is facing now, and the implications of this in the future. Our close relationship and experience has given the BHR partners confidence to bid to be a pilot-site for London to consider Devolution through an Accountable Care Organisation (ACO). We are developing a business case to explore whether an ACO could help us to bring about the improvements we need, faster and more effectively, and are doing this as part of a wider piece looking at our vision and priorities for health and social care for the next five years. This work will be completed in the summer of 2016 and the decision to go ahead with the ACO proposal will have to be taken by each partner organisation's governing body – for the council this will be Cabinet and Full Council. In addition, since the last Better Care Fund submission, the ICC has driven the agenda for change still further; with successful bids to become Prime Minister Challenge Fund and Vanguard Urgent and Emergency Care pilot sites.

#### **Fact 5: Work with other parts of the council**

Adult Social Care is currently working with Learning and Achievement in developing the new 'Preparation for Adulthood' service, which will look at how we can improve the way our children and young people transition into adulthood, supporting them with attaining the right life skills to enjoy rich and fulfilling lives as adults.

ASC Commissioning Team have also worked with partners in Housing to design and build a new housing scheme consisting of seven one bedroom self-contained properties (houses and flats) and one staff flat. These properties were built with the express purpose of providing housing for clients with learning disabilities. This project has increased local specialised provision; operates as a 'move on' service in order to promote independence, and meets the housing needs of vulnerable adults and to ensure that services deliver in line with the new statutory framework. The project was a key co-production opportunity and underpinned the purpose of ASC Commissioning.

#### **Fact 6: Improved Safeguarding**

In the aftermath of the Mid Staffordshire and Winterbourne View scandals, the Care Act 2014 has created an opportunity to bring in more robust safeguarding duties. The Care Act put Safeguarding on a legal footing and requires local authorities to make enquiries, or ask others to make enquiries:

- When they think an adult with care and support needs may be at risk of abuse or neglect.
- To find out what, if any, action may be needed.
- This applies whether or not the authority is actually providing any care and support services to that adult.
- Housing and other partners can undertake enquiries when requested.

The Care Act is a major change in practice - a move away from the process-led, tick box culture to a person-centred social work approach which achieves the outcomes that people want. Practice must focus on the person, which accounts for the possibility that individuals can change their mind on what outcomes they want through the course of the intervention.

Adults Service has recently appointed a new Service Manager to lead the Safeguarding Team through these changes and to implement new working practices.

### **Fact 7: Improved work with carers**

Our shared vision for carers in Havering is that carers will be universally recognised and valued as being fundamental to strong families and stable communities, and respected as expert partners in care. We will support carers to maintain their own health and wellbeing and to achieve a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen. With this in mind, Adults Services have co-produced with carers a Joint Havering Carers Strategy 2016-2019. The official launch of the Strategy will be during Carers Week 2016 (June).

There has been great progress to date including:

- Introduction of the Jointly produced Havering Carers Information Booklet. The booklet provides carers with an overview of a range of services and support in Havering, including how to access a carers assessment and local voluntary and community sector support and contact details.
- In June 2015, we introduced the Havering Carers information e-bulletin, a quarterly electronic publication, which receives input from Council services, the Havering CCG and community and voluntary partners.
- We have now re-launched the Havering Carers Register including to produce new sign up forms and we are circulating them across Havering. We expect to see an increase in the number of carers signing up to the Havering Carers Register in 2016 to 2017. Over 750 carers are currently signed up to the Havering Carers Register.
- Redesigned the Carers Forum. A new Havering Carers Forum flyer has been produced to provide people with the dates of the meetings well in advance. In February 2016, 85% of carers said that they found the Carers Forum very helpful/helpful to them. Voluntary and Community Sector service representatives are regularly participating.
- Carers Personal Budgets were introduced in April 2015 and a Resource Allocation System for calculating an indicative budget for carers was introduced in June 2015. To date, over 50 eligible carers have opted to take up a Carers Personal Budget.



## **Key Challenges:**

### **Challenge 1: Demographic changes**

Demand for services will rise in the future, and at a greater rate than in previous years. This is, in part, due to Havering's ageing population and the changing demographic profile of the Borough. Demand for front-line services is increasing at an unprecedented rate. The impact of demographic changes has led to increased cost pressures, with a particular increase in demand for homecare and supported living. A cross-cutting Strategy has been developed for Havering and the biggest change will involve identifying, prioritising, tackling and mitigating the main root causes of demand. There is a commitment to being truly innovative and will prioritise early help, intervention and prevention (EHI&P). This will lessen the burden on more expensive statutory services such as social care.

Of the pilots in Tranche One, ASC are leading on a Social Isolation Pilot. Social isolation has so far been identified as the single biggest root cause of demand for services. The first such pilot is looking to develop a locality based approach to addressing social isolation that can be adopted by both health and social care as a referral mechanism into wider community resources, and includes how we can make best use of technology to keep people connected. On the latter we successfully bid to become a 'Visbuzz' pilot site, with simple voice and video enabled devices to be trialled with people are or at risk of becoming socially isolated, to enable them to stay connected with family, friends and professionals.

### **Challenge 2: Market capacity**

The change in demography has led to real challenges in the local home care market providers with a number of issues leading to capacity issues. Demand is increasing in both hours per customer and a market that is struggling, with external drivers due to increased regulations and the new national minimum wage. The number of clients has steadily increased, coupled with the increasing size (and complexity) of care packages, this has meant the actual cost of packages has increased significantly. Adult Services have been working with providers and need to challenge ourselves and them in establishing a different kind of relationship, including co-producing with them the model for the future. On average, 11,000 hours of homecare are delivered each week to Havering funded residents, delivered by 26 homecare providers. Homecare providers are struggling to meet the demand for homecare due to problems with recruiting and retaining staff in Havering, and this is a national problem. This is backed up by Skills for Care data which shows that Havering has a staff turnover rate of 35.9% in the care sector, as at January 2015 which is significantly higher than the turnover rate for London which was 21.7%.

In addition, there are 39 care homes in Havering that support older people with a total capacity of 1615 beds. On average the Council funded placements fill 34% of these beds. The remaining beds are filled by people who fund their own care, placements from other Councils and vacancies (14%). Therefore, in Havering, the Council is not the main purchaser of care home beds.

### **Challenge 3: Stretched and challenged health economy**

BHR Queen's and King George Hospitals continue to be on "special measures" following the CQC (Care Quality Commission) inspection outcome in 2013, with areas of concern identified around clinical safety in A&E (including performance) and across inpatient services. Whilst CQC has seen evidence of improvement in the hospitals, BHRUT remains on special measures, and we continue to support them with their improvement plan. BHR system has a total estimated funding gap of over £400m and our current plans will not fully address this. We have a marked distance from capitation at organisation level and further Public Health Grant reductions need to be managed long with the demand and demographic pressures emerging in parts of the social care market (home care). Activity from the hospital increased to unprecedented levels throughout 2015/16 with resulting budget and performance pressures for adult social care, and this looks set to continue in 2016/17. Our Acute hospital trust provider (BHRUT) has:

- High non-elective admissions rate (41% emergency admissions as a percent of total admissions vs 35% England, 33% London)
- High occupancy levels (94.7% vs England average 86.9%)
- Planned care performance and efficiency challenges

All three BHR CCGs have higher than average inpatient spend for over 75s.

### **Challenge 4: Workforce**

Adult Social Care is in the midst of the biggest change since the 1990 NHS & Community Care Act. The Care Act 2014, the first phase of which was introduced from 1 April 2015 has led to substantial change and challenge. Sadly, this has also led to a regional and national crisis in the recruitment and retention of qualified social workers. This crisis has seen the growth of social work agencies offering higher salaries, resulting in an increased turnover of staff in the adult social care workforce and creating some instability. Given this, there has never been a more critical time to review Havering's approach to the recruitment, retention, development and support of its social care workforce. We want Havering Adult Social Care to be an employer of choice for social care staff. We need to ensure our workforce feels confident, is supported to have the right skills, have resilience, and feel motivated and committed to the work they do for Havering residents.

Working with the Principal Social Worker, across the service we need to continue to embed changes to how we practice, focusing on peoples outcomes, rather than process. A Workforce Development Strategy 2014-17 has been developed to increase training and development opportunities for staff and to begin more focus recruitment efforts.

### **Challenge 5: Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (DoLS), (as set out in the Mental Capacity Act 2005) gives adult social care the statutory duty to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Where someone is being restricted due to, for example, health and safety issues if the person was not supervised, adult social care must undertake a 'best interest assessment' of that person to satisfy ourselves that the deprivation is necessary and is being actioned in a safe and correct way. We must ensure that this is only done when it is in the best interests of the person and there is no other way to look after them.

A Supreme Court ruling in 2014 in the cases of Cheshire West v. P&Q, effectively lowered the threshold for what constitutes deprivation of liberty in care settings. In doing so, it significantly increased the number of people requiring assessment for protection under the DoLS scheme. The ruling has driven a significant increase in the number of referrals for DoLS and has placed a major strain on best interest assessors (BIAs). To combat this Adult Services have trained up a significant number of additional BIAs and are managing the increase within the Safeguarding Service and wider teams. In 2013/14 there were only 33 referrals; following the ruling in 2014/15 there were 370 and to date in 2015/16 there have been 568.

## Barking, Havering Redbridge CCG's

BHRCCG's is a commissioner of local health services. As part of this function it has responsibilities to ensure that local commissioned services fulfil contractual requirements in the areas of quality & safeguarding.

### Review of Safeguarding Activity 2015-2016

☐ **What has your organisation done in terms of your own agency safeguarding priorities?**

Ensuring safeguarding adults is embedded with the development and addition of Safeguarding Standards within contracts. Proactive approach to safeguarding by conducting quality and assurance monitoring visits to commissioned services.

Development of a Nursing Home Strategy in order to gather various elements of soft intelligence to translate into measured levels of risk. Allowing us to plan the appropriate levels of response and monitoring within an early warning system.

☐ **How has your agency utilised the views of adults and carers to improve services?**

Seeking of feedback from people at risk of abuse via locality patient forum groups.

**How has the organisation contributed to the Havering SAB Vision statement:**

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

Leading on the Transforming Care Programme (TCP), reviewing community resources to support effective transition from out-patient to community services and securing reductions in the levels of community to provided services for people with Learning Disabilities.

Appropriate challenge of providers through reporting and analysis of safeguarding concerns and Route Cause Analysis (RCA) in ensuring proportionate responses in terms of quality improvement and outcomes for users of services.

Clear organisational safeguarding structures and governance arrangements.

Designated Nurse – Adult Safeguarding appointed to strengthen BHR CCG's commitment to adult safeguarding agendas including MCA/DoLS and PREVENT.

**How has the organisation supported practitioners to understand and embed the six principles of safeguarding (Care Act 2014 updated 2015)**

## EMPOWERMENT

### Key Achievements/Successes

Ensuring safeguarding adults is embedded with the development and addition of Safeguarding Standards within contracts. Proactive approach to safeguarding by conducting quality and assurance monitoring visits to commissioned services.

Seeking of feedback from people at risk of abuse via locality patient forum groups.

Development of a Nursing Home Strategy in order to gather various elements of soft intelligence to translate into measured levels of risk. Allowing us to plan the appropriate levels of response and monitoring within an early warning system.

## **PREVENTION**

### **Key Achievements/Successes**

Leading on the Transforming Care Programme (TCP), reviewing community resources to support effective transition from out-patient to community services and securing reductions in the levels of community to provided services for people with Learning Disabilities.

Regular concise reports presented to the Governing Body on high risk safeguarding and quality concerns within the local health economy.

The Benchmarking and analysis of internal processes following introduction of The Care Act.

Extensive participation in local quality and surveillance forums with appropriate follow-up of concerns.

## **PROPORTIONALITY**

### **Key Achievements/Successes**

Appropriate challenge of providers through reporting and analysis of safeguarding concerns and Route Cause Analysis (RCA) in ensuring proportionate responses in terms of quality improvement and outcomes for users of services.

Developing processes for the early identification of emerging risks through an effective partnership approach to safeguarding concerns.

A regular and proactive approach to Safeguarding Adult Review (SAR) meetings.

Lead agency for the Performance & Assurance sub-group.

## **PROTECTION**

### **Key Achievements/Successes**

Clear organisational safeguarding structures and governance arrangements.

Designated Nurse – Adult Safeguarding appointed to strengthen BHR CCG's commitment to adult safeguarding agendas including MCA/DoLS and PREVENT. Effective review of provider policies and procedures relating to adult safeguarding, MCA/DoLS to provide assurance of effective, legal and robust responses to concerns.

Assessed as having areas of good/outstanding practice following a safeguarding "Deep Dive". CQC using work seen as an identifier of good practice for other commissioning services.

## **PARTNERSHIP**

### **Key Achievements/Successes**

Active engagement and proactive attendance and the local SAB.

Development of a Transforming Care Pathway Board that has input through user voices, taking a system-wide approach to effective transition.

Effective integrated work-streams between internal child-protection and adult safeguarding functions.

## **ACCOUNTABILITY**

Key Achievements/Successes

Effective internal “safer recruitment” practices.

Strengthening accountability of providers to ensure their own “safer recruitment” processes.

Appropriate challenge of adherence with regulation of commissioned services through CQRM, quality and surveillance visits.

### **Your long and short term risks and priorities**

- ☐ Empowerment of those individuals having care provided through individualised budgets or personal assistants in relation to keeping themselves safe and understanding their own vulnerabilities.
- ☐ Development and communication of a single, whole health economy approach to adult safeguarding; including acute, community, private and third sector agencies.
- ☐ Effective collection and analysis of SAB-wide safeguarding adult’s data dashboard containing valuable knowledge to assure improvements are made where required and areas of good practice identified.

### **Example of Effective/Emerging Practice (can be a sentence or two.)**

Joint work with Designated Nurses for Safeguarding Children in cases where child protection concerns are identified with children moving towards transformation into adult services.

## **Metropolitan Police Havering**

### **Brief summary of service as it relates to Safeguarding Adults**

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.

Havering officers provide a 24/7, 365 days a year service to the people of London. We have Emergency Response Teams augmented by Safer Neighbourhood Teams and the more specialist services provided by the Community Safety Unit (CSU).

The CSU’s remit is the more protracted, complex and serious crime allegations. Supported through Multi Agency Partners.

Havering has London’s first fully integrated MASH, staffed by 1 Police Sergeant, 2 PCs and 4 support staff (all part-time equating to 2.3 members of staff).

Havering Police provide the initial RAG rating and disseminate cases to partners for action, addressing fast time actions and mitigating risk.

The MASH deal with about 400 Merlin enquiries and 75 Adults Coming to Notice referrals each week.

## **2. Review of Safeguarding Activity 2015-2016**

### **What has your organisation done in terms of your own agency safeguarding priorities?**

Havering Police are an active participant on the Adult Safeguarding Board.

Havering has adopted operational safeguarding toolkits which reflect the Care Act requirements as approved by the commissioners policy forum in Autumn 2015. Havering Mash conduct risk

assessment and research of potential adult safeguarding incidents that are identified through front line business.

**How has your agency utilised the views of adults and carers to improve services?**

Staff within Havering borough are utilising the LSCB training on various safeguarding topics.

The MPS has corporate structures with rank specific areas of responsibility for the recording and management of incidents.

Police have a formal process for the investigation of complaints providing unsatisfied service users with a conduit for airing complaints. Havering Police are also key partners in statutory and non-statutory serious case reviews. Key decisions and identified failings can be disseminated within the organisation both locally and pan London.

**3. How has the organisation contributed to the Havering SAB Vision statement:**

The MPS have introduced operational safeguarding toolkits.

Frontline staff have received mandatory training on the vulnerable assessment framework.

Additional training is being rolled out for all staff who work under the MPS umbrella.

Havering staff attend LSAB strategic and operational meetings to ensure the statutory requirements are met in support of the vision.

**4. How has the organisation supported practitioners to understand and embed the six principles of safeguarding (Care Act 2014 updated 2015)**

- Empowerment: adults are encouraged to make their own decisions and are provided with support and information
- Prevention: Strategies developed to prevent abuse and neglect
- Proportionate: Least intrusive response is made to balance with level of risk
- Protection: Adults offered ways to protect themselves, and a co-ordinated response to adult safeguarding given
- Partnership: Local solutions reached through partner collaboration
- Accountability: Accountability and transparency in delivering a safeguarding response

The MPS gather, risk assess and refer relevant information. Havering Police do not have any services of support and rely on our partners to follow up on referral provided.

Front line officers have all received mandatory training on the Vulnerability Assessment Framework. This enables officers attending every call to assess the vulnerability of victims, witnesses and suspects. Details of vulnerabilities identified are recorded on Cris and Merlin records.

All Merlins are subsequently reviewed in line with the MPS Mash protocols and where appropriate levels of risk are identified information is shared with Havering Adult Social Services.

## **5. Your long and short term risks and priorities**

The short term risk is the backlog of referrals awaiting research within the Police Mash. The organisational risk both short and long term is the vulnerability of a victim, witness or suspect not being identified by the initial responding officers/supervisors, leading to serious neglect or death of an adult where MPS information has not been shared through the Mash protocols.

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

Havering Police identified a significant backlog in referrals both child and adult of up to 300. This is currently sitting at 11 adults awaiting research. This has been managed through an additional police officer post being put into Mash.

Officers have also attended briefings on serious case reviews (Family Z) Details of which have been disseminated within the organisation.

## **7. Example of Effective/Emerging Practice (can be a sentence or two.)**

Havering Mash identified that the quality of referrals was becoming generic and lacked information requiring remedial action within the Mash. A training package was devised and delivered to all Havering staff which has seen an improvement in the quality of referrals. This has contributed to the reduction in outstanding referrals through the reduction of remedial activities of the MASH staff.

The introduction of a daily referral review at the MASH has ensured shared understanding of the reason for referrals and also expectation management here by the time taken and amount that can be achieved with a referral.

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

Officer completing the report: Helen Davie Specialist Safeguarding Adults Advisor and Helen Bowman Clinical Lead Safeguarding Adults.

### **1. Brief summary of service as it relates to safeguarding adults**

Safeguarding Adults responsibilities as set out in the Care Act 2014 are to safeguard an individual over the age of 18 whom:

- Has needs for care and support;
- Is experiencing, or is at risk of, abuse or neglect ;
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This relates to NELFT because, as an NHS organisation, we come into contact with children and 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.

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; the British governments counter terrorism strategy.

NELFT has a well-resourced Safeguarding Team to support and guide frontline staff and their managers. This is actualised via a 'Duty' system with dedicated Safeguarding Adult's professionals staffing a helpline, email account and walk-in advice and guidance service for all NELFT staff. Additionally, they review safeguarding adults internal electronic incident reporting (Datix) where there is a potential safeguarding concern regarding either a Child or Child and Adult.



The team also delivers Mandatory Training regarding Safeguarding Adults, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and Counter Terrorism (Prevent/Channel). By doing so learning and themes gained from cases brought through the Duty Desk can be immediately translated into the training of frontline staff and good practice highlighted across the whole organisation.

NELFT Safeguarding Children's Team has a co-located Duty Desk for staff to discuss safeguarding concerns relating to those under the age of 18. The co-location of Adult and Children's Safeguarding Team in July 2015 now allows for a "Think Family" approach and allows enhanced screening of cross of information where there may be intergenerational abuse.

## **2. Review of Safeguarding Activity 2015-2016**

Impact from legislation and policy changes had resulted in an increase in activity in relation to MCA/DoLS, PREVENT and harmful practices i.e. PREVENT has become a mandatory training requirement. Therefore the introduction of a 1.0 WTE Safeguarding Adults Clinical Lead Team Manager and 1.0 WTE Safeguarding Adults Clinical Lead MCA, DoLS and PREVENT was part of the consultation.

## **3. How has your agency utilised the views of adults and carers to improve services?**

There is a patient centred approach to care across NELFT services demonstrated in individualised care planning and empowering approaches to management. Service user empowerment and involvement is demonstrated throughout the Safeguarding Adults, MCA and Domestic Violence, Equality and Diversity training delivered throughout the organisation.

Compliance around service user involvement in all aspects of care is monitored against the CQC Fundamental Standards outcomes and any exceptions are reported monthly. The practice Improvement team support services and deliver localised training around patient centred care.

Service user experience questionnaires extend to specific measures of patient centred care the results of which go back to teams who use them to inform improvements. All patients who access mental health and community services are sent a questionnaire about their experience of care and treatment and results are reported back into teams to improve practice.

Any proposed changes in service delivery receive input from service user forums and service users participate in trust wide recruitment days. Direct service user feedback is provided at Trust Board level and incorporated in conferences across NELFT.

## **4. How has the organisation contributed to the Havering SAB Vision statement:**

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

NELFT ensure that all staff working within the organisation have access to the appropriate advice and guidance to enable them to raise Safeguarding concerns and to keep the patient and service user at the centre of all decision making. In addition, there is an acknowledgement that support for carers and relatives is essential. Work has been undertaken to ensure that through training and awareness raising, there is increased referrals to Advocacy services including Independent mental capacity advocates (IMCAS) and Independent Domestic Violence Advocates (IDVAS).

The activity regarding making referrals is monitored by the safeguarding adult's duty desk and saw an increase of enquiries to 140 for Havering in the last quarter of 2015. Overall a total of in excess of 600 safeguarding alerts were made by NELFT across all boroughs in 2015.

**5. How has the organisation supported practitioners to understand and embed the six principles of safeguarding (Care Act 2014 updated 2015)**

The six principles of safeguarding are specifically referred to during all levels of safeguarding training delivered by the NELFT Safeguarding Adults Team.

- **Empowerment: adults are encouraged to make their own decisions and are provided with support and information.**

Within NELFT we are committed to involving patients and service users in all decisions regarding their care and treatment through the gaining of consent. As an Organisation, NELFT want to engage with patients/service users about the outcomes they want at the beginning and middle of supporting and working with them and then be able to demonstrate at the end, the extent to which those outcomes have been realised.

A Quarterly Consent audit is now undertaken by the Safeguarding Adults Team which is in line with the principles of 'Making Safeguarding Personal'. It audits against the standard that consent will be sought to raise safeguarding alert to the Local Authority in 100% of instances. There is the recognised exception: when a person is deemed to lack capacity and a best interest's decision is required, when patient/service user is acting under duress/ undue influence and when it is in the public interest or legal restrictions where a crime has or will be committed. The most recent audit findings have demonstrated that there has been significant improvement overall with Havering reaching the required standard of 100% with all referrals. Raising awareness around Domestic Abuse, historical abuse and harmful practices amongst frontline staff also supports patient and service users to feel empowered around decision making required in order to keep themselves safe.

- **Prevention: Strategies developed to prevent abuse and neglect**

In order to continue to ensure all staff within NELFT understand their roles and responsibilities in relation to safeguarding patients and service users from abuse, considerable work has been undertaken to ensure Safeguarding adults training compliance for staff working is maintained above 85%. Overall training compliance for NELFT staff working in the borough of Havering at the end of 2015, was an average of 93% across Recognition and Referral, Enhanced and Strategic delivered in accordance with staff groups.

Safeguarding training has been extended to cover Domestic abuse and Harmful practices.

Following the Counter Terrorism and Security Bill (2015) Prevent training also became mandatory for all NELFT staff in July 2015. Safeguarding adults and children's team became integrated following a service consultation in August 2015. They now both operate co-located Duty Desks, where frontline staff can directly access advice and guidance in relation to safeguarding concerns. This further embeds the "Think Family" approach and will often prevent safeguarding concerns escalating.

The specialist safeguarding advisors have initiated a high visibility campaign shadowing staff in community and inpatient settings. Staff are supported and encouraged to recognise where potential abuse may be taking place within a service user's experience and as part of the high visibility campaign service users are informally met with and invited to voice any concerns or fears they may have, particularly in relation to the care they are receiving.

- **Proportionate: Least intrusive response is made to balance with level of risk.**

NELFT staff work alongside patient, service users and their families to ensure that any interventions are proportionate to the level of risk. This is done effectively through a multidisciplinary approach and through seeking specialist advice where appropriate. A

success in relation to proportionality is the increase in appropriate application of the Deprivation of Liberty Safeguards (DoLS). There has been a significant increase in the number of authorised applications in community inpatient settings which indicates the impact of training, visibility of Specialist safeguarding and the role of the dedicated DoLS administrator which has supported the process significantly in the last year. A challenge remains in terms of sustained embedding of Mental Capacity Act and DoLS application. A success of the NELFT Safeguarding Adults Duty Desk and the high visibility of Safeguarding Clinical Advisors both in the community and in-patient settings has encouraged more effective case management and effective communication between service users, those closest to them and the services involved in their care. A challenge identified this year continues to be additional ways of capturing service user feedback specifically in relation to the safeguarding process and desired outcomes from the perspective of the service user.

- **Protection: Adults offered ways to protect themselves, and a co-ordinated response to adult safeguarding given.**

NELFT ensures that staff working within the organisation have access to the appropriate advice and guidance to enable them to raise Safeguarding concerns and to keep the patient and service user at the centre of all decision making. In addition there is an acknowledgement that support to carers and relatives is also essential. Work has been undertaken to ensure that through training and awareness raising there is increased referrals to Advocacy services including Independent mental capacity advocates (IMCAS) and Independent Domestic Violence Advocates (IDVAS).

Significant work has been progressed by the Lead for Domestic Abuse and Harmful practices in relation to the production of specific guidance for staff around completion of appropriate risk assessment tools to identify Domestic Abuse( DASH-RIC) indicating the need to refer to the Multi Agency Risk Assessment Conference ( MARAC). MARAC conferences across NELFT reported an increase of between 10-15% reporting of high risk cases and over 20% increased reporting of medium to low risk cases. On-going analysis suggests that the increase is partly aligned to increased awareness. Representation by NELFT practitioners at MARAC remains at 100%.

- **Partnership: Local solutions reached through partner collaboration**

NELFT continues to embrace and engage in partnership working in order to ensure the effective safeguarding of not only patient and service users but the wider community. Members of the Safeguarding team and operational staff are regular attenders of SAB subgroups which extends to chairing of the Case Review, Quality and Audit and Transition subgroups. Full contribution to the annual development days is always maintained.

NELFT hosted a self-neglect conference in the early part of 2015 which looked at learning from a previous Serious Adult Review and looked at ways to strengthen how partner agencies can work together to effectively to provide the most appropriate support and safeguarding when self-neglect occurs. Staff are trained in the principles of effective information sharing with partner agencies to facilitate the safeguarding of adults with care and support needs. Successful partnership work has taken place this year between the Prevent Lead and the Prevent engagement officers which has extended to training delivered to the safeguarding Team to increase the knowledge of staff.

- **Accountability: Accountability and transparency in delivering a safeguarding response**

NELFT continues to revise policies and procedures in line with changes in legislation, local and national guidance to ensure all staff are aware of their roles and responsibilities in relation to safeguarding. The Safeguarding Adults policy has been reviewed in line with the Care Act (2014) and Prevent, Domestic Abuse and DoLS procedures have been

implemented. NELFT participates in annual self-assessments in relation to Safeguarding to identify areas where improvement is required and set out priorities. In addition in the last year there has been more effective partnership working between the Serious Incident, Safeguarding and Complaints team and HR to ensure that any concerns relating to delivery of care are appropriately investigated and that learning is shared to prevent a similar incident occurring in the future. Where harm has occurred NELFT adheres to duty of candour being open and honest and involving service users and their relatives. Lessons learned strategy has been developed to look at the variety of ways learning can take place.

## **6. Your long and short term risks and priorities**

An identified challenge is the further embedding of the Mental Capacity Act and Deprivation of Liberty Safeguards and this is planned priority for the coming year. The challenge remains around transferring knowledge around the Mental Capacity Act (2005) into application and the support of patients and service users. NELFT Safeguarding Adults Specialist Clinical Advisors have continued to support the In-patient units across NELFT and have been providing bespoke training to staff on those units around the application of the Mental Capacity Act and Deprivation of Liberty Safeguards. Additional training has also been provided to Mental Health In-Patient Units, particularly in relation to the interface between the Mental Health Act and the Mental Capacity Act. Looking to the future, NELFT are looking into alternative ways of delivering Mental Capacity Act training.

NELFT aims to maintain 85% compliance for Prevent E-learning and face to face WRAP training, and to embed the Channel referral procedure into routine business in regards to the safeguarding of children, young people and adults.

A challenge identified this year continues to be additional ways of capturing service user feedback specifically in relation to the safeguarding process and desired outcomes from the perspective of the service user.

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

MCA and DoLS training became a mandatory requirement for qualified staff Band 5 and above in July 2016. An E-learning package has been launched and staff have the option to complete training, although there is still the provision for staff to attend face to face training if required.

Following the Counter Terrorism and Security Bill (2015), Prevent training has also become mandatory for all NELFT staff from July 2015 delivered by E-learning package and face to face to priority staff groups.

## **7. Example of Effective/Emerging Practice (can be a sentence or two.)**

After a full consultation in August 2015, the safeguarding adults and children's team became integrated and now both operate a daily duty desk where frontline staff can directly access advice and guidance in relation to safeguarding concerns. This has further embedded the think family approach and early access to advice and interventions can prevent safeguarding concerns escalating.

The specialist safeguarding advisors have initiated a high visibility campaign shadowing staff in community and inpatient settings. Staff are supported and encouraged to recognise where potential abuse may be taking place within a service user's experience and as part of the high visibility campaign service users are informally met with and invited to voice any concerns or views they may have, particularly in relation to the care they are receiving.

## National Probation Service

### **Brief summary of service as it relates to safeguarding adults**

The role of the National Probation Service (NPS) is to protect the public, support victims and reduce reoffending. It does this by:

- assessing risk and advising the courts to enable the effective sentencing and rehabilitation of all offenders;
- working in partnership with Community Rehabilitation Companies (CRCs) and other service providers; and
- directly managing those offenders in the community, and before their release from custody, who pose the highest risk of harm and who have committed the most serious crimes.

In carrying out its functions, the NPS is committed to protecting an adult's right to live in safety, free from abuse and neglect.

### **Review of Safeguarding Activity 2015-2016**

#### **What has your organisation done in terms of your own agency safeguarding priorities?**

National training for the National Probation Service on Safeguarding Adults, e-learning and classroom is being rolled out.

There is a network of Safeguarding Adult SPOCs/ leads within each cluster across the division. There are quarterly meetings for this group to discuss best practice and developments.

A reflective practice approach is encouraged through NPS London and is committed to ensuring the SEEDS (Skills for Effective, Engagement, Development and Supervision) is used across the Division. This featured in the Business Plan for 15/16.

There is a nominated lead for Safeguarding Adults in the NPS London.

Responsibilities of the NPS for Safeguarding Adults are made clear in national policy and guidance documents.

A National Policy and Guidance document has been published.

#### **How has your agency utilised the views of adults and carers to improve services?**

NPS issues an Offender Survey twice yearly to ask offender's feedback on their views of the organisation. The feedback from these surveys inform operational delivery plans and local commissioning arrangements.

A policy has been developed to ensure exit interviews are taking place so that feedback and evaluation can be used to improve the services and support provided to offenders, victims and their families.

#### **How has the organisation contributed to the Havering SAB *Vision statement*:**

The NPS is committed to:

- Making sure there is senior management recognition of the importance of safeguarding adults. To help achieve this, there is a designated senior manager who represents NPS at SAB, CSP and LSCB. The senior manager ensures that there is a

clear line of accountability within the borough for safeguarding adult work and that safeguarding is embedded within relevant local practices and processes.

- Promoting the duty to co-operate as a relevant partner under section 6 of the Care Act 2014, at both the strategic and operational level, in the exercise of functions relating to offenders in the community who have care and support needs or who are carers.

**How has the organisation supported practitioners to understand and embed the six principles of safeguarding (Care Act 2014 updated 2015)**

Empowerment: adults are encouraged to make their own decisions and are provided with support and information.

NPS issues an Offender Survey twice yearly to ask offender's feedback on their views of the organisation. The feedback from these surveys inform operational delivery plans and local commissioning arrangements.

A policy has been developed to ensure exit interviews are taking place so that feedback and evaluation can be used to improve the services and support provided to offenders, victims and their families.

Improvements are being made to the NPS case management system to more accurately record adult safeguarding concerns, so that services can be more appropriately targeted and focused based upon need and priority.

National training has been developed and an e-learning module is available for all staff. There is a one day face to face training for staff who work directly with offenders which was rolled out in February 2016. The training makes links to Prevent, safeguarding children, domestic violence and equality and diversity issues.

**Prevention: Strategies developed to prevent abuse and neglect**

NPS work directly with offenders and thus the organisational focus is upon protection of the public and reducing the risk of further offending and a reduction in harm posed.

In the past year there has been evidence of increased number of safeguarding referrals. This is linked to the delivery of mandatory safeguarding training for all staff, as well as identified local Safeguarding Adult 'champions' who attend relevant multi agency meetings and support front line colleagues to identify and escalate safeguarding concerns. 'Making Safeguarding Personal' has been incorporated into training events.

NPS has National guidance, policy and training for Domestic Violence. The Serious Organised Crime work stream is being developed within London and Nationally (which incorporates response to modern slavery).

Local engagement in MAPPA, MARAC and offender management (including enforcement of licences/Orders) highlights the organisational priority to prevent abuse and neglect from taking place.

**Proportionate: Least intrusive response is made to balance with level of risk**

NPS hold statutory responsibility to work with offenders. Delivery of interventions and protective measures are considered on a case by case basis to ensure proportionality, that the needs of the individual are met and the protection of current and potential future victims is ensured.

To ensure and monitor proportionality across the London NPS division, a Senior Manager holds central oversight and strategic lead for Safeguarding Adults. This enables learning from DHRs, SCRs, SARs, SFOs, MAPPA Serious Case Reviews to be collated centrally and shared across the London division.

Performance and data reports are regularly produced to identify resource needs and interventions that need to be commissioned locally to ensure adequate safeguarding measures can be considered and implemented as required.

Multi-agency forums such as MAPPA, MARAC and MASH are central for NPS to ensure proportionality and appropriate utilisation of resources across the cluster.

The NPS has written guidance and procedures for handling complaints and allegations against staff and this is accessible to staff. This includes whistle blowing.

**Protection: Adults offered ways to protect themselves, and a co-ordinated response to adult safeguarding given**

Safeguarding Adults is included in the existing NPS London Business Plan.

There is a network of Senior Probation Officer and practitioner safeguarding adult single points of contact (SPOCs) within each cluster/ business area.

There are a number of policy documents and processes, and some in development which reflect the organisations commitment to safeguarding adults. These include: a NPS National Partnerships Framework for Safeguarding Adults Board, June 2015. Probation Instruction 11/2015 Adult Social Care and PI 2/14 – Safeguarding of children and vulnerable adults.

Safeguarding Adults – A quick guide has been issued to all staff which reminds them of their responsibilities regarding safeguarding adults.

London NPS is currently part of a national pilot which introduces increased powers for the Head of Cluster to make licence variations and amendments as deemed appropriate. This allows for immediate intervention and protective measures in circumstances where an individual may be identified to pose, or be vulnerable to, a risk of imminent harm to others.

**Partnership: Local solutions reached through partner collaboration**

The document, 'NPS National Partnerships Framework for Safeguarding Adults Board' (June 2015), sets out the expectation that where possible a local senior manager attends the Safeguarding Adult Board. As such the Head of Cluster is identified representative at CSP, LSCB and SAB within BDH which ensures appropriate level of organisational representation and a consistent approach to facilitate joint learning and appropriate liason. This also ensures appropriate engagement and contribution towards Safeguarding Adult Reviews as required. The document also specifies that probation staff should attend Board sub groups as required and this is now fully established within the local boroughs.

The findings from Serious Further Offences, MAPPA Serious Case Reviews and other internal audits are shared where appropriate with external partners.

Local information sharing agreements are in place and there is a good understanding of local information sharing protocols.

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**Accountability: Accountability and transparency in delivering a safeguarding response**

Probation is one of the responsible authorities for Multi-Agency Public Protection Arrangements (MAPPA) and works with the police, prisons and duty to co-operate agencies in protecting adults vulnerable to abuse who are potential victims of MAPPA nominals or who are subject to MAPPA directly themselves.

**Your long and short term risks and priorities**

Within 3 months: To ensure the principles of making safeguarding personal are embedded in staff practice – Development of staff supervision to ensure that safeguarding adults is a constant agenda item for discussion.



Within 3 months: Incorporate feedback and outcomes from offender surveys into the Cluster Delivery plan to ensure that adult safeguarding consideration are imbedded and fully considered in cluster development activity during 2016-17.

Within 6 months: There is a need to review local information sharing practice to ensure that decisions regarding the management of an offender fully incorporate a multi agency approach. This will assist to prioritise preventative measures that can be considered and implemented to ensure the ongoing safeguarding of the public and individuals we have a statutory responsibility to supervise within custody and the community.

Within 6 months: Performance recording of referrals – Improvements to the NPS case management system will allow for accurate recording of adult safeguarding concerns. This will ensure that performance and data can be more robustly reviewed to ensure that referrals are being undertaken in all appropriate cases.

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**Example of Effective/Emerging Practice**

Development of NPS case management system to improve how safeguarding adult concerns are identified and recorded. This will improve accuracy of performance reports and assist to identify

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