



Newham London

Newham Safeguarding Adults Board

Safeguarding Adults Annual Report

April 2015 - March 2016

Safeguarding Adults Annual Report

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Message from the Independent Chair Catherine Jeffrey

The recent Care Act legislation has firmly put Safeguarding Adult Boards (SAB) on a similar statutory footing to that of Children's Safeguarding Boards. This annual report is therefore now a required public document setting out for all Newham residents a full account of the work of the SAB and its partner agencies.

It contains detailed reports and key statistics relating to safeguarding activity across Newham and highlights the new challenges for the SAB. It also demonstrates the many positive achievements seen in Newham this year.

This year has continued to see an increase

in the number of safeguarding concerns and the sources of these referrals. On a positive note, this indicates an improved awareness of safeguarding concerns from residents and staff. However, the SAB and all the agencies across Newham must continue to develop and refresh long-term strategies for the prevention of abuse as well as ways to improve the effective assessment of risks.

Serious self-neglect and hoarding, which is a challenging and complex area, forced marriages and the threat of radicalisation of vulnerable people are some of the additional categories of safeguarding arising from the Care Act. These have required developing multi-agency protocols for effective ways of dealing with these new and complex situations where vulnerable



people are at serious risk of harm. In these areas the work of the SAB is pivotal as success depends on effective partnership working across the whole health and social care spectrum.

The monitoring of safeguarding performance by the SAB helps to ensure the delivery of safe and high quality care to Newham residents in all the various care settings including care homes, hospitals and domiciliary care, as well as the wider community. As the independent chair, I have a key role in challenging and holding agencies to account to ensure their continued commitment to properly resource the delivery of safe and good care, particularly during this period of major organisational change and financial pressures. An important aspect of my remit is to ensure that links and relationships with partners remain strong.

The SAB has supported the national Making Safeguarding Personal initiative, a training scheme which aims to deliver better quality safeguarding interventions by ensuring staff are trained to consult and engage with people about their desired outcomes throughout the safeguarding process.

This year the SAB listened to feedback from customers and our advocacy partners, and this is an area that I hope will continue to develop as part of the SAB annual review. The clear message from these discussions, interviews and surveys is that all customers want to be integrally involved and empowered in all aspects of care planning, resulting in better outcomes for all

The SAB regularly monitors activity arising from the Mental Capacity Act and the

Deprivation of Liberty Safeguards (DOLS), and Newham has in place positive action to address these important new challenges. There is further information on these developments in this report.

It is a priority that the SAB develops as a learning organisation particularly through the analysis of Safeguarding Adults Reviews (SARs). This process ensures that all serious cases are subject to rigorous independent scrutiny to identify areas for improvement.

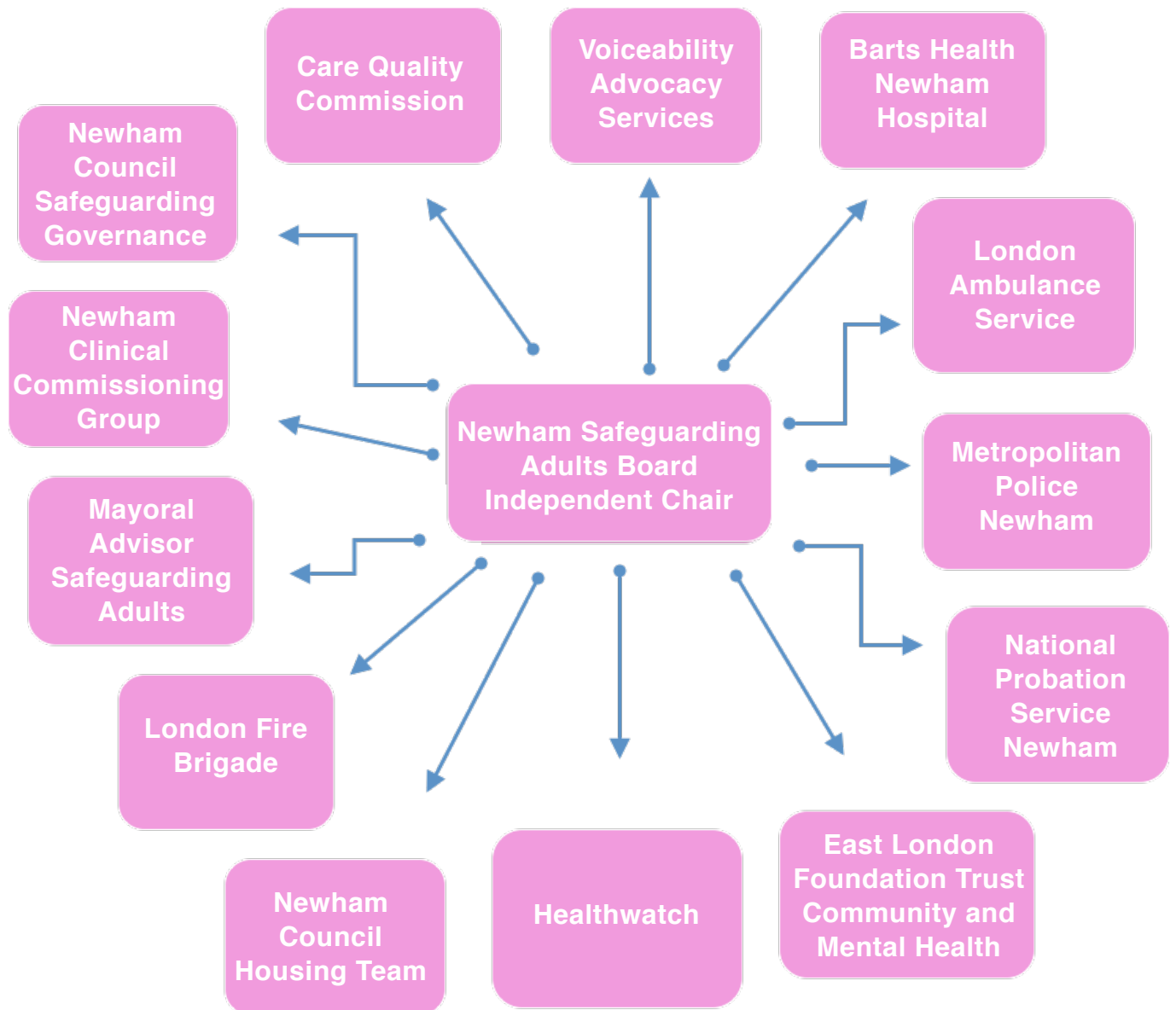
Newham SAB remains committed to staff and member training. I hope that the new programme of training will help to deliver good practice, increase community awareness of safeguarding issues and improve inter-agency communication.

SARs in Newham and throughout the country underline that too often the most vulnerable suffer not as a result of deliberate cruelty but because of injuries or neglect caused by delayed assessment of risk, slowness in agencies taking action, lack of clarity in deciding which agency is taking the lead, or the breakdown in communication between agencies at a critical point in care planning.

Coming to the end of my time as the Chair I have seen many improvements in Newham's safeguarding training and processes, however we all need to stay vigilant and ready to challenge poor practice.

Finally, I very much welcome and recommend this annual report and would like to thank all of those involved with the SAB for their hard work and continued commitment to this crucial area of work.

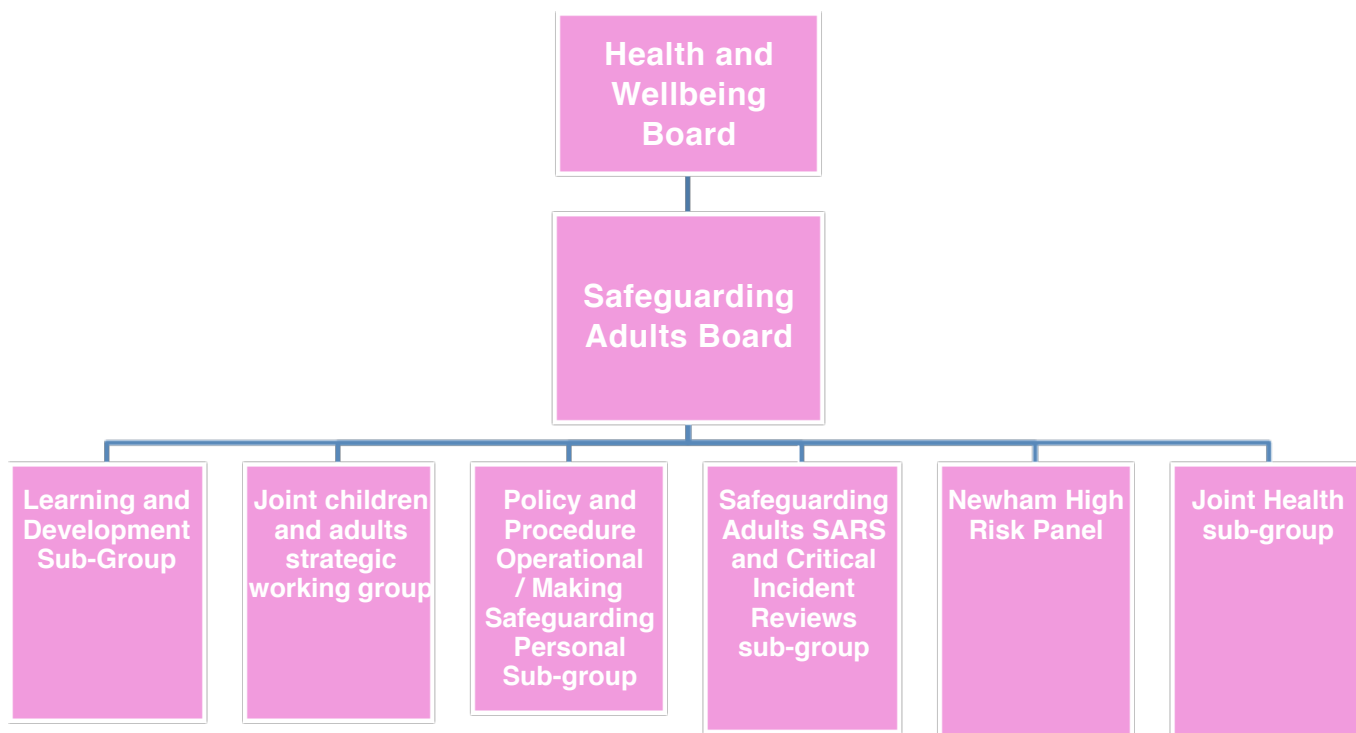
Newham Safeguarding Adults Board



The Partnership Board promotes, informs and supports the work to safeguard adults in Newham. It does this by ensuring that safeguarding adults is a theme that is strategically driven, adequately represented across the borough and included in strategic thinking, documents and plans. The partnership and multi-agency approach

to safeguarding adults is essential for arrangements to be effective in terms of information sharing, pooling expertise and the coordination of interventions. The SAB has an Independent Chair to lead the partnership board. The Chair participates in the review of the board, its membership and terms of reference for the year ahead.

Newham Safeguarding Adults governance and structure



Working Groups that support the SAB

Working Groups have been established to carry out specific functions identified by the Board to meet its priorities and/or emerging priorities. The membership of the Working Groups reflects the expertise required and involves operational managers, frontline practitioners, commissioners, providers and representatives from other Partnership Boards, including carers and users of services.

Learning and Development Task and Finish Group

The Group includes representatives from the London Borough of Newham, NHS Newham Clinical Commissioning Group, Barts Health Trust, East London Foundation

Trust and the London Fire Brigade.

The Group meets on a monthly basis and was set up by the Board to deliver a range of learning and development interventions to support staff and the wider community in Newham regarding good safeguarding practice.

During the last 12 months, the Group has:

- Developed the Newham Safeguarding Learning Resource, which provides quick and easy access to useful information including links to national and local resources, new leaflets, and local news. This has been co-produced with input from front line workers and community organisations and can be found at www.newham.gov.uk/safeguardingadults

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- Supported the delivery of workshops on:
 - forced marriage and people with learning disabilities
 - Prevent: working together to reduce the risk of radicalisation for people with learning disabilities
 - self-neglect and hoarding
 - modern slavery/human trafficking.

Further information is given in the training section of this report.

- Set up the terms of reference for a Peer Learning Forum where staff can come together and share their experience and expertise on a key theme. A programme of work will be developed over the coming months.

Moving forward, the Group will be developing factsheets on key topics such as the Mental Capacity Act (MCA), Best Interest

Assessments (BIAs), self-neglect and hoarding. It is reviewing the tools available to support safeguarding competencies at all staff levels and developing tools to support Board assurance on the quality and impact of training. The Group is also taking forward proposals to pilot community based safeguarding champions with a lead community group.

If you would like to be involved or find out more about the work of this Group, please contact Claudia.Shrimplin@newham.gov.uk

The Safeguarding Adults Review Panel

The Safeguarding Adults Review Panel comprises representatives from the SAB and provides oversight and scrutiny of any ongoing safeguarding adults reviews and critical incidents. There have been two SARs this year.



The Panel met four times this year to oversee work and actions in relation to this, and to monitor the case of GW whose case went to trial in April 2015. Its other role has been to review the recommendations arising from critical incidents and 'near misses' where there is learning to be gained.

Children and Adults Joint Strategic Working Group

This Working Group was established two years ago to link the work of the Newham Adult and Children's Safeguarding Boards. Achievements to date include:

- Information on safeguarding training is now shared across Adults and Children's services, promoting joint working and reducing duplication and costs.
- The Group has agreed quality standards to ensure that disabled young people are effectively safeguarded.
- As part of the Group's joint approach to communication, a poster about how to refer adults or children at risk of harm has been produced and circulated to partners and public buildings.

Joint Health Safeguarding Sub-Group

Adult safeguarding is fully integrated within Newham Clinical Commissioning Group's (NCCG) governance and reporting structures. The Joint Health Safeguarding Sub-Group meets every two months and is attended by commissioners, providers, council representatives and voluntary sector agencies. Its purpose is to provide strategic direction for the health contribution to safeguarding adults and to provide

assurance that NCCG and all healthcare providers are effectively discharging their duties to safeguard vulnerable adults.

Review of the Year

The emphasis for the SAB in 2015/16 has been on embedding requirements outlined in the Care Act, which became law on 1 April 2015.

The strategic plan was updated in May 2015 when the SAB held an event with partners to review the plan and ensure the Board was ready to meet its key requirements. The SAB commissioned an independent facilitator to ensure there was an impartial and objective overview of its arrangements.

The overarching role and purpose of the SAB is to:

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

Six key principles that underpin all adult safeguarding work

The following six key principles are embedded in the Care and Support statutory guidance. They apply to all sectors and settings and underpin all inter-authority safeguarding adults work:

Empowerment: People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention: It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality: The least intrusive response appropriate to the risk presented.

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection: Support and representation for those in greatest need.

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability: Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."

Making Safeguarding Personal

Central to the Care Act is the requirement to make safeguarding work more personalised. Newham was a pilot borough for Making Safeguarding Personal (MSP) in 2014 and it built on these findings and those of the other pilot councils to embed MSP into core safeguarding business during 2015.

The principle behind MSP is to ensure we have person centred, outcome focused approaches to adult safeguarding. This means that there is much greater emphasis on involving people in the safeguarding enquiry, promoting them to be in control of the process, offering advocacy for those who have difficulty understanding the process and asking them what they want to happen

For Newham, the key focus during 2015-16 has been on developing and re-establishing the skills to support effective conversations to gain a real understanding of what people wish to achieve when they go through the safeguarding process.

Funding Arrangements for the Safeguarding Adults Board

Newham Council currently funds the Safeguarding Adults Board and Governance arrangements at an annual cost of £292,400. We have estimated that the total costs of running the Board and training programme are £141,500 per annum. Whilst partner agencies give their time and commitment to the work of the Board we have asked statutory partners for a minimum financial contribution of £6,000 per annum to support the costs of the Board.

Breakdown of financial contributions received for this financial period:

- Newham Clinical Commissioning Group - £6,000
- Metropolitan Police Service - £5,000
- Newham Council's Housing team - £6,000
- NHS Barts Health Trust - £6,000
- London Fire Brigade - £1,000

TOTAL
£24,000

Engagement with Customers

There continues to be a strong emphasis on user involvement throughout every step of the safeguarding process, and service user views are listened to.

The dedicated telephone number (020 3373 0440) continues to be in use for customers to report abuse at any time of the day or night and its usage is increasing. Our continued thanks to staff at the Newham Network for their support in providing this cover during the evenings, weekends and bank holidays.

The London Borough of Newham have updated their Information Advice and Guidance website, which gives customers and carers clear information on a range of services and how to access these, including safeguarding adults. The website can be found at:

www.newham.gov.uk/adultsocialcare

Review of learning and development activities

This year saw the continuation of a comprehensive programme of courses underpinned by the National Safeguarding Competencies. These courses are open to staff across all local statutory and partner social care organisations with the majority of delegates hailing from the council or local private, voluntary and independent sector partners. The courses and a breakdown of attendance are shown in the table below.

Table 1: Total attendance of courses by organisation

Total attendance by organisation						
Course title	Total courses	Newham Council	Private, voluntary or independent	Mental Health	Health	Partners
Awareness of the Mental Capacity Act 2005	4	30	11	13	0	0
Implementing the Mental Capacity Act 2005	4	12	6	0	0	0
Good Practice in Safeguarding Adults: The Newham Perspective	19	51	189	9	21	0
Safeguarding Adults: Completing an Effective Enquiry	2	16	1	0	1	2
Managing Safeguarding Adult Meetings	1	1	0	6	4	0
Safeguarding Adults: The Role of the Manager in Provider Organisations	2	2	29	0	1	0
Safeguarding Adults: Whistleblowing for Managers	3	8	21	0	16	0
Safeguarding Adults: Whistleblowing for Frontline Workers	4	10	19	0	0	0

This year was not typical of previous years in that demand for some programmes was significantly less, resulting in the cancellation of 10 courses throughout the year.

Evaluation

Both delegate and trainer evaluations indicated that courses were well received across the whole programme.

Conferences

In addition to the core programme, two highly successful half-day conferences took place. These were:

- Forced Marriage and People with Learning Disabilities
- Radicalisation and People with Learning Disabilities

Both events were planned and delivered in conjunction with a wide range of local and national experts. Presentations were excellent and stimulated a lot of discussion about current practice.

Forced Marriage and People with Learning Disabilities

Newham Council's Adults Services were fortunate to receive support and funding from Respond (a national charity for people with learning disabilities who have been subject to abuse) to develop a programme of events to raise awareness of the issue of forced marriage and learning disabilities within our local communities. This has increased relevance with the introduction of legislation against forced marriage.

The first of these events focused on professionals and the roles that they play in supporting people with learning disabilities to develop friends and relationships and exercise choice. It considered the need to intervene from a safeguarding perspective and the role that the Police and Home Office may play in the prevention of a crime.

Some of the key messages were about early intervention, particularly in supporting both the person with a learning disability

and their family carers to develop a healthy transition from childhood to adulthood with the choices that this will bring. Similarly, there is a need to identify situations quickly where more intense work may be required to prevent forced marriages occurring and the need to involve a range of agencies and organisations in working together on this.

For the future there will be projects developed within our community settings and groups to raise awareness of this issue together with customers and family carers.

Radicalisation and Learning Disabilities

This conference was organised by Newham Council through partnership funding with NHS England and involved a range of local and national speakers who considered why it is that people with learning disabilities are being targeted by radical groups.

Locally there have been several high profile cases in which people with learning disabilities have been befriended and encouraged to take part in illegal activities. The conference considered the roles of different local organisations in minimising the risk of radicalisation and, in particular, the role of the Prevent Strategy Team.

Table 2: Attendance for LD courses and SH Learning Event

Course title	Total attendance by organisation				
	LBN	PVI	Mental Health	Health	Partners
Forced Marriages and Learning Disabilities Conference	18	10	0	9	4
Radicalisation and Learning Disabilities	22	3	0	7	6
Safeguarding Adults Review: Learning Event for case SH (see next page)	15	0	4	4	5

Safeguarding Adults Reviews

Section 44 of the Care Act describes the new statutory duties placed upon the local authority and its partners to review safeguarding cases where death or serious injury has occurred and where there may be multi-agency learning to be gained from the review of actions taken. During 2015/16 there were three new safeguarding adults reviews (SARs) undertaken and the SAB monitored the events arising from the death of a patient in a local private psychiatric hospital.

Concluded Case 1: SH

SH was an elderly gentleman with dementia who went missing from his home and was found drowned one month later. Police actions later taken identified SH on CCTV walking on the day he fell into the water and it emerged that he had been picked up wandering by police in Paddington earlier in the day and taken to the local A&E department where SH later walked out unobserved.

The SAR focused on the chronology of known events and actions taken by agencies.

Actions taken:

- Review of Police actions taken, which spanned two London boroughs and British Transport Police coordinated by the College of Policing.
- A structured de-brief report compiled by Warwickshire and West Mercia Police in September 2015.
- A 10-point plan produced with recommendations for Police.
- Serious Incident Report by St Mary's Paddington, shared with Barts Health.
- Multi-agency learning event coordinated by the SAB to disseminate wider learning in February 2016.

New SAR not yet concluded: PB

A SAR has been commenced for PB, a man with learning disabilities who died in hospital in 2014 following a period of ill health. An independent reviewer has been commissioned to review actions taken and the case is expected to conclude in summer 2016. The findings will be published in next year's annual report.

New SAR not yet concluded: KS

A SAR has been commenced for KS, a man who died at home in December 2015 following a period of ill health and a recent discharge from hospital following a six-week stay. The key agencies contributing to this SAR are Barts Health, London Borough of Newham and MPS Newham. These and other agencies are currently reviewing actions taken and the case is expected to conclude in autumn 2016. The findings will be published in next year's annual report.

During the year the SARs panel heard back from Police on the case of GW, a young woman who died in 2012 while an in-patient at a local private psychiatric hospital. It was agreed with police colleagues early on in the investigation that the case would not go to a serious case review. Instead a robust police enquiry ensued.

In April 2015 the case went to trial and two members of staff were found not guilty of neglect. Both members of staff were, however, dismissed from the organisation for misconduct. There has been ongoing work with colleagues at the private hospital to ensure the learning arising from this case has been incorporated into practice.



Review of Mental Capacity/Deprivation of Liberty Safeguards (DOLS)

2015-16 saw an increase of over 100 per cent in the number of DOLS requests received by London Borough of Newham. This has presented challenges in allocating to BIAs and in scrutinising, processing and presenting reports to DOLS panels within the required timescale. Due to these pressures the DOLS service is currently operating a waiting list. Routine cases may have to wait for up to four weeks for allocation. Priority is given to urgent DOLS requests, cases where the service user objects to their care plan, where any form of restraint is used or where family members have concerns, and to repeat DOLS applications. There are currently about 30 DOLS referrals on the waiting list.

Although this increase in the number of DOLS requests can be seen quarter by quarter, the proportion of requests not authorised has increased in comparison to those authorised. This trend can be explained by the increase in the number of referrals from acute hospital services: 385 requests were received from the local NHS Trust during the year, with only 22 per cent authorised. This is because a significant number were discharged, died or moved to another hospital before assessments could be finalised and reports presented to the DOLS panels. Newham Council and Barts Health Safeguarding and MCA lead are working together to get a common understanding of these referrals.

Table 3: Deprivation of Liberty requests

	Full year 2013-14	Full year 2014-15	April-June 2015	July-Sept 2015	Oct-Dec 2015	Jan-March 2016	Full year 2015-16
DOLS requests received	100	432	203	227	233	276	939
DOLS requests authorised	68	390	140	157	135	132	564
DOLS requests not authorised	32	42	56	70	98	107	331

Table 4: Reasons for DOLS application refusals (2015-16)

Assessment criteria not met: failed mental health, eligibility or mental capacity assessments.	70
Change of circumstance: discharged or transferred.	203
Death of service user during the course of the assessment process.	58

- Individual service users with a DOLS application in the year: **767**
- DOLS requests outstanding at the end of this period: **44**

Mental Health Assessors

Newham has 22 mental health assessors who can be called upon to undertake mental health and eligibility assessments for a fee of £150 per service user. The number of London-based mental health assessors has increased as a result of additional training. However, it can be difficult to identify suitable assessors for service users placed outside of the capital, which increases the administration time further.

Best Interests Assessors

Newham currently has 41 Best Interest Assessors (BIAs). The BIAs carry out assessments, mainly in their own time, for a payment of £150 per service user. Willingness to undertake this work in their own time is now a criteria for selection for this training. Twelve workers undertook BIA training during 2015/16 and all passed the course. Two are East London Foundation Trust workers, funded by a grant from NHS England. Ten more workers have been identified for BIA training, due to take place during the next academic year.

Two permanent Senior Practitioner BIAs are now employed by the Safeguarding Governance Team. As well as undertaking assessments and scrutinising reports, these full time BIAs support staff making applications to the Court of Protection for deprivations of liberty in community settings. They also liaise with care homes, hospitals, independent mental capacity advocates and other advocacy services. They also work with the Practice Manager to facilitate understanding and implementation of the Mental Capacity Act (MCA) across Adult Social Care and health and residential care

settings. There is also regular input to the University of East London BIA course.

Administrative Support

The four-fold increase in DOLS referrals placed significant demands on administrative capacity. An additional support officer post was created in October 2014 with a third support officer post established in January 2016.

Relevant Person's Representatives (RPRs)

All service users subject to a Deprivation of Liberty authorisation are required to have a representative to keep in regular contact with them, liaise with the care home/hospital, monitor the authorisation and apply for a DOLS review or to the Court of Protection if appropriate. In the majority of cases, this role is taken on by a family member.

If a person has no relative able to act as a representative a referral is made to an Independent Mental Capacity Advocate (IMCA) service for a paid DOLS representative. Whilst in Newham the local IMCA provider, VoiceAbility, are able to undertake this role as part of their contract, it is becoming increasingly difficult to identify providers to assist with this function in other parts of London and elsewhere in the country.

Although Newham will 'spot purchase' this service, other IMCA providers inform us that their services are so stretched by the increase in demand that they are unable to assist. This is leaving a number of vulnerable service users (currently around 20) subject to a DOLS authorisation with no one to advocate on their behalf.



The future of the Deprivation of Liberty Safeguards

In 2015 the Law Commission was asked to review the Deprivation of Liberty Safeguards (DOLS). Their initial report concluded that the existing DOLS scheme is too complex and has failed to deliver improved outcomes. It is not designed to deal with the number of people currently considered to be deprived of their liberty. The original proposal was to replace DOLS with a new system to be called 'Protective Care'.

Following a consultation exercise, the Law Commission decided that a new scheme should focus solely on ensuring that those deprived of their liberty have appropriate and proportionate safeguards and "should not seek to go as widely as the protective care scheme". A priority is to reduce the administrative burden and associated costs of complying with the DOLS by providing the maximum benefit for the minimum cost. The Law Commission, therefore, now propose:

- A more streamlined and flexible scheme will be introduced with the responsibility for establishing deprivation of liberty shifted to the commissioner (local authority/NHS) and not the provider. The body directly responsible for the proposed deprivation of liberty would need to provide evidence to support its case.
- The commissioner will in many cases be able to rely on existing assessments of capacity and best interests. Where assessments, plans and reviews have been undertaken under the Care Act 2014, those can be used as part of the DOLS rather than separate processes taking place. This will avoid unnecessary duplication of work.
- The Supervisory Body role will be abolished. Instead the authorisation to deprive liberty derives from the commissioning body itself. It is unclear how this will operate.

- The Mental Capacity Act will be amended to ensure there is sufficient consideration of the necessity of removing the individual from their home. The necessary assessments will need to be taken before any move to institutional care takes place, and should give greater priority to the individual's wishes and feelings when a best interests decision is being made.
- All those deprived of their liberty would be eligible for safeguards including advocacy. They will also have the right to challenge the deprivation of liberty.
- A yet to be defined group of people will receive additional independent oversight of the deprivation of their liberty by an Approved Mental Capacity Professional (AMCP). It is envisaged that they will be the people subject to greater infringement of their rights, in particular their rights to private and family life under Article 8 of the ECHR. The role of the AMCP will be to agree or not agree to the proposed deprivation of liberty. The role of the AMCP would not extend to ongoing reviews and the monitoring of cases.
- The new scheme will apply in any setting where a deprivation of liberty for the purposes of Article 5 of the ECHR may occur, including hospitals, care homes, supported living, Shared Lives accommodation, domestic and private settings.
- If a person who lacks capacity is admitted to hospital for physical healthcare, the NHS body will authorise the deprivation of liberty. However, the new scheme will not be used to detain people for mental health assessment and treatment in psychiatric and other hospitals. Their admission should be on the basis of the existing powers of the Mental Health Act (MHA). This is likely to lead to an increase in detentions under Section 3 of the MHA and therefore to more people being eligible for Section 117 aftercare.
- The Law Commission proposes that the Coroners and Justice Act 2009 should be amended to remove the new scheme from the definition of state detention.
- No final decision has been made as to whether a First-tier Tribunal should review cases under its new scheme, thereby replacing the role of the Court of Protection.
- The Law Commission plans to present a detailed report of their proposals to parliament at the end of 2016. The earliest date for any changes in the legislation is late 2017. In the meantime the current system will continue. From the Law Commission's recommendations it is probable that any new scheme will require 'conversion' training to equip current BIAs to undertake a revised role as AMCPs. In addition to this, care managers will have additional responsibilities for ensuring that deprivations of liberty are dealt with appropriately under the new scheme.

Achievements and challenges of partner services

This year some of our partners have kindly provided us with an update of their key achievements in relation to safeguarding activity.

NHS Newham Clinical Commissioning Group (NCCG)

Achievements

1. Addressed all the aspects outlined in the Gap Analysis and is now Care Act compliant in its systems, processes, policies and procedures. This was a SAB requirement.
2. Continues to work with key partners on the Transformation Programme for people with learning disabilities.
3. Continues to contribute to Domestic Homicide Reviews (DHR).
4. NCCG has also continued to support in the investigation of Section 42 enquiries in conjunction with Newham Council and other key agencies, and to support GP member practices in undertaking Section 42 enquires on behalf of the council.
5. Continues to be an active member of the Safeguarding Adults Board, Domestic Violence Partnership Board and sub-groups, such as Safeguarding Learning and Task Group Board, Safeguarding Adult Reviews (SARs) and DHRs.
6. Continues to work alongside Newham Council in supporting care homes and nurses where there has been Care Quality Commission (CQC) special measures implemented.

Challenges

1. The Adult Safeguarding Lead needs to work more closely with partner agencies to promote risk assessment processes relating to domestic violence. This will include the following: Multi-Agency Risk Assessment Conference (MARAC), Domestic Abuse, Stalking and Honour Based Violence (DASH), Coordinated Action Against Domestic Abuse (CAADA) and Multi-Agency Protection Arrangements (MAPPA).
2. Working with SAB members to address training needs of staff within the health economy and to ensure that key individuals have access to this.

Priorities

1. Recruit GP Board Lead to ensure that safeguarding matters relating to GP member practices are represented at the SAB.
2. Review the progress against the Self Assessment Framework (SAF) for providers, to ensure that they remain compliant with the requirements of the Care Act.
3. Monitor mental health services within NCCG and ensure that there are closer working links between the council, East London Foundation Trust (ELFT) mental health teams and NCCG Adult Safeguarding Lead to monitor patients with mental health problems.
4. Ensure there is closer joint working with the NCCG, ELFT and Newham Council in relation to learning disabilities as part of the transformation in care programme.
5. Continue working jointly with the council on dementia care and care homes, and to provide support in relation to Section 42 enquiries within care homes and continuing care.
6. Ensure that the Prevent agenda is embedded within NCCG, GP member practices and providers by providing support to implement this in conjunction with the council, and ensure that NCCG is able to monitor Prevent activities within the health economy through Channel (part of the Prevent Strategy Team).

Metropolitan Police Service

Achievements

1. In partnership with Newham Council we launched and developed the High Risk Panel which has been successful in achieving several positive interventions, including a hoarding case and an elderly man who was the victim of financial abuse.
2. We have set the standard for future learning contained within the review of SH. We held a two-day multi-agency review, conducted independently by the College of Policing. Partners found this invaluable. Many lessons have been carried forward and included within Met Police policy.
3. We have worked closely with mental health units in Newham to reduce levels of assaults either by patients or staff. Through enhanced partnership working

we have achieved joint working protocols and designated points of contact, providing increased protection and reassurance within those communities. Both patients and staff have been given a voice in how we progress investigations. This has significantly reduced levels of assaults and criminal damage at these locations.

Challenges

1. The level of adult Merlin reports is a constant issue, given that there are occasions when they outstrip children's Merlin reports. The challenge is to reduce demand. One obvious solution is the work that could be undertaken within an integrated child and adult Multi-Agency Safeguarding Hub (MASH).
2. Communication pathways between partner agencies are not so clearly defined in adults when compared to children's services. This can lead to misunderstanding across agencies.
3. Overcoming prejudice through training: The police service is not unique in that there are a minority of staff who believe that having a mental health issue equates to "not having capacity". This can result in poor decision making. Perhaps we need to conduct some multi-agency training that dispels myths and deals with facts around mental health and capacity in particular.

East London NHS Foundation Trust

Achievements

1. Focus on increasing awareness of domestic violence through training, awareness raising events and individual team initiatives.
2. Involvement in the MARAC, Multi-Agency Public Protection Arrangements (MAPPA) and Adult at Risk panels.
3. Working with Met Police on the Prevent strategy, providing training for staff across the in-patient and community teams and raising awareness.
4. Focus on MCA and DOLS training and awareness-raising for all staff, capacity assessments becoming routine, increased scrutiny on MHA and consideration of DOLS.

5. Focus on Safeguarding Adults on in-patient units, further training planned and identification of an in-patient lead to provide additional support and guidance (not yet in place).
6. Series of learning events from Serious Incidents looking at safeguarding where relevant to the incident.
7. Raised awareness of self-neglect and hoarding cases, priority for urgent response.
8. Planned liaison with London Fire Brigade to identify vulnerable service users and plan support.
9. The Learning Disabilities (LD) Team have been trained in Prevent.

Challenges

1. Reporting on service user outcomes.
2. Achieving compliance with Level 2 training including WRAP training (Workshop on Radicalisation And Prevention).
3. Development of reporting tool on Rio.

London Ambulance Service

Achievements

1. A named senior manager is now in place, with safeguarding as part of their portfolio. This enables a presence at safeguarding boards and attendance at case reviews when required. This also means that there is a single point of contact.
2. The named senior manager also attends other borough SABs which enables best practice working.
3. The level of referrals for safeguarding are good: 143 referrals were made from

London Ambulance Service (LAS), along with 232 welfare referrals. Against other boroughs in London, this is not an outlier (April 2015-March 2016 data).

Challenges

1. The level of feedback that LAS receives following safeguarding referrals needs to improve. With the same data as mentioned above, only one case was fed back to LAS with an outcome. If feedback levels could improve, this would improve the standard of referrals received, and would also help frontline staff know that their referrals do make a difference.

London Fire Brigade

Achievements

1. Despite the London Fire Brigade's (LFB) non-statutory status on the SAB, it has demonstrated its commitment to safeguarding by making an offer of a £1,000 voluntary contribution to the Board (to be shared with children's safeguarding board). In order to access this funding, Newham Council was required to sign a Memorandum of Understanding agreeing to improve the lives of vulnerable persons within the borough by:
 - making appropriate safeguarding referrals when a concern is raised by the Brigade
 - agreeing to consider case conferences on particular cases following a fatal fire
 - agreeing to make referrals of vulnerable persons to the Brigade to carry out Home Fire Safety Visits.
2. All LFB Borough Commanders across London have received training in relation to safeguarding policy and protocol this year, this is so all Borough Commanders can step in to deal with safeguarding issues on a consistent basis should the local Borough Commander not be available. To follow on from this, the LFB is in the process of reviewing and publishing the Safeguarding Adults policy in line with the London multi-agency adult safeguarding policy and procedures and the Care Act. This will be available to all staff via the intranet.
3. All watch-based personnel have received internal training on our current safeguarding protocols during 2015-16. The Brigade has commissioned a new training package to be rolled out to all staff in 2016 which will comply with both the Care Act and London multi-agency policy and procedures. In the interim, Tony

Pape (Newham Council) has visited personnel at fire stations across the Borough and has kindly given safeguarding familiarisation seminars to those staff.

Challenges

1. There has been some trouble accessing the appropriate route for raising out of hours safeguarding referrals to fit in with our own pan-London procedures. We are required to send a report via email, but on different occasions the email address has not been recognised or we have been advised to use a website portal (which is not appropriate for LFB needs). Contact details are now correct but a review is advised so that out of hours council staff are aware of LFB's requirements.
2. For the most part, referrals to the council's Safeguarding team are dealt with swiftly and LFB get a response to inform us of this. However, LFB were recently asked for a report to follow up a case referred in June 2015, and this case was previously flagged as not dealt with when crews happened to re-visit the resident. It might be useful not just to get a reply to say the case will be dealt with, but also an update at a later date so that we know how. Even if this is not possible, perhaps some form of internal council audit to ensure that cases are dealt with and not just acknowledged.
3. Given that partner organisations are the most likely group to come into contact with vulnerable people, very few referrals for home fire safety visits (HFSVs) were received from partners. We have very few resources with which to undertake HFSVs and are only able to undertake approximately 2,600 per year. Vulnerable people are the most likely group to die or get injured in a fire, but their location is usually unknown until they have a fire. Therefore, it is vitally important that partners assist us with referrals to the most vulnerable people.

Healthwatch Newham

Achievements

1. Identification of dedicated board member.
2. Completion of seven 'enter and view' visits (over the past two years) in local nursing homes, maternity services at Newham University Hospital and in patient acute psychiatric services.
3. Monitoring and reporting of access issues for residents to health services.

Challenges

1. Three different service managers within the past two years resulted in difficulty in developing a strategic plan.
2. Resignation of four Board members and Chair and election of new Board members and Chairperson resulted in difficulty in agreeing strategic objectives.
3. A contract has been recently awarded to a new Healthwatch provider and they are in the process of induction and introductions.

Newham Safeguarding Children's Board

Achievements

1. Joint safeguarding awareness poster developed and disseminated across the borough and collaboration on community safeguarding events.
2. Case sampling to review safeguarding arrangements for young people transitioning to adult services.
3. Provided a forum in which to raise safeguarding practice issues – though emphasis has been more on social care than multi-agency working.
4. The business plan for 2015-17 requires a re-purposing of the group to focus on families where adult mental health, substance misuse and/or domestic abuse are present and that the group membership is updated to reflect this.

Challenges

1. Work related to parental risk factors – due to the wide remit of the group and variable attendance at meetings.
2. Work taking place outside meetings on the joint protocol for substance misuse was delayed due to provider changes.
3. Testing of safeguarding arrangements for disabled children – due to restructuring within Children and Young People's service and the Transition team.
4. Going forward, the group recommended that a focus on safeguarding is included in one of the multi-agency forums established through the SEND reforms, and that disabled children are included in each multi-agency audit cohort.

Barts Health NHS Trust

Achievements

1. Completion of the Commissioning for Quality and Innovation target to further embed the principles of the MCA in practice and demonstrate through audit an increase in assessment of capacity and application for DOLS where indicated. This included identifying and providing training to DOLS champions and face to face teaching in wards and departments of over 2,000 staff.
2. Barts undertook an external review of safeguarding arrangements. The findings from the review have supported strategy development which incorporates an enhanced training plan for staff and the development of a model that will provide safeguarding expertise on hospital sites.
3. Closer working with clinical teams in the investigation and prevention of pressure ulcers.

Challenges

1. Securing the resources to provide the level of training and support that will be required for our staff
2. Strengthening ownership and leadership for safeguarding adults to ensure good governance and assurance.
3. Developing a system of supervision and support for staff involved in safeguarding adults work to ensure good quality person centred practice.

Summary of safeguarding activity 2015-16

Every year the Board publishes information relating to the year's safeguarding adults' activity. In 2015-16, there were 1,254 safeguarding concerns raised in total (previously known as referrals). 29 per cent of these concerns led to a completed enquiry. There are 33 enquiries which started in 2015-16 which are still in progress. The volume of concerns increased by 9 per cent compared with 2014-15.

Table 5: Volume and number of concerns leading to an enquiry

Volume of Safeguarding Concerns	Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Total 15-16
Safeguarding Concerns which led to:	85	90	130	114	107	95	83	109	106	105	107	123	1,254
Section 42 safeguarding enquiries (completed)	23	22	40	29	23	22	24	26	30	21	19	19	298
Other safeguarding enquiries (completed)	13	7	12	10	3	6	1	6	1	2	2	5	68
Enquiries not yet completed	5	2	1	1	3	5	0	3	3	2	6	2	33
Abandoned enquiries	20	20	21	7	3	12	6	4	5	9	12	11	130
No further safeguarding action taken, BUT subsequent social care intervention	23	36	52	64	73	48	50	57	41	39	21	17	521
No further safeguarding action taken, NO subsequent social care intervention	1	3	4	3	2	2	2	13	26	32	47	69	204
Proportion of concerns leading to a completed enquiry	42%	32%	40%	34%	24%	29%	30%	29%	29%	22%	20%	20%	29%

Table 6 (below) shows the unique number of people who were the subject of a safeguarding concern or enquiry which was completed. Where a person has more than one completed concern or enquiry in the year, only one is counted in the table below. This is because these tables are intended to show demographic trends, not to count the volume of safeguarding activity.

Table 6: Safeguarding concern by age

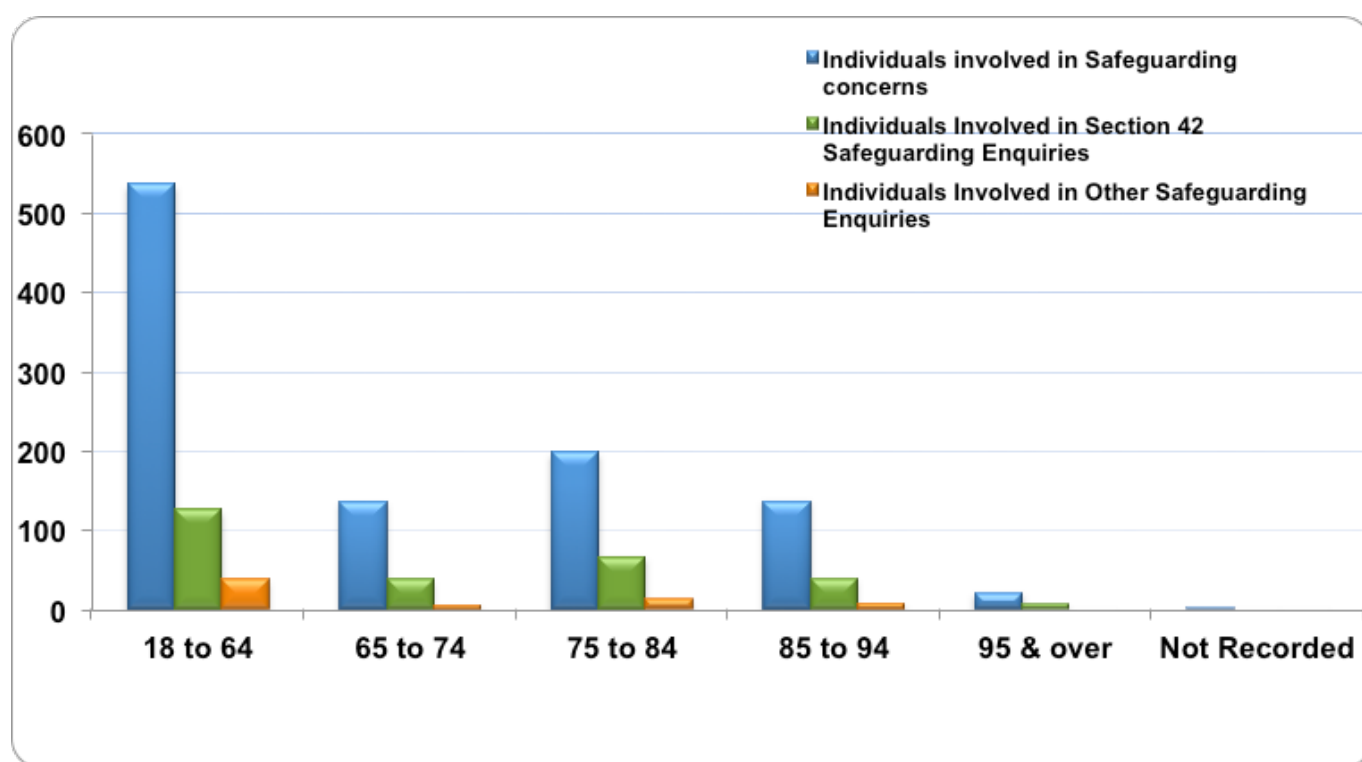
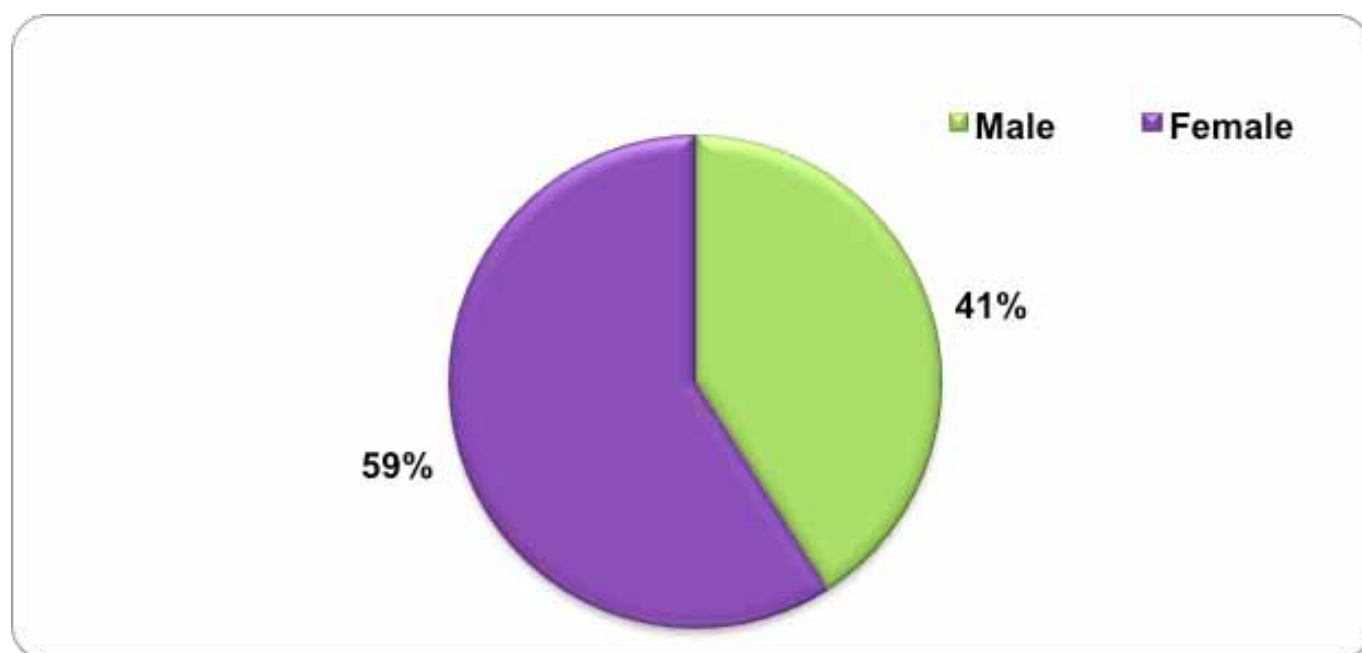


Table 7 indicates that females continue to be more likely to be the subject of a safeguarding concern, representing 59 per cent of the total in 2015-16. This trend is repeated across London and England.

Table 7: Proportion of safeguarding concerns by gender



Safeguarding Adults Annual Report

Table 8 shows the number of concerns by ethnicity. The highest reported group remains the white population, which includes people from our increasing Eastern European population. The customers in this white section tend to be aged 65 years or over. This group is likely to reduce over time as these people pass away or move out of the borough. Continued work is required to reach hidden groups of people who may be too frightened or who do not know how to report harm.

Table 8: Safeguarding referrals by ethnicity

	Individuals involved in safeguarding concerns	Individuals involved in Section 42 safeguarding enquiries	Individuals involved in other safeguarding enquiries
White	519	140	32
Eastern European	15	3	2
White British	449	121	27
White Irish	18	4	1
White Other	37	12	2
Mixed	15	6	1
Mixed Other	9	4	1
White and Asian (Mixed)	1	1	0
White and Black African (Mixed)	3	1	0
White and Black Caribbean (Mixed)	2	0	0
Asian or Asian British	215	50	19
Asian Other	44	7	5
Bangladeshi	45	13	3
Indian	74	14	8
Pakistani	49	16	3
Sri Lankan Tamil	3	0	0
Black or Black British	231	80	15
African	64	16	5
Black Other	27	12	2
Caribbean	120	49	7
Nigerian	9	1	1
Somali	11	2	0
Other Ethnic Groups	49	6	0
Arab	0	0	0
Chinese	5	0	0
Other Ethnic Group	44	6	0
Undeclared / Unknown	4	0	0
Information not yet obtained	4	0	0
Total	1,033	282	67

Table 9 highlights the primary reason for support for each individual valid at any time during 2015-16. An individual can have more than one primary reason for support during the course of a year.

The most frequently cited reasons for support include physical support, mostly among older people, followed by mental health and learning disability.

Table 9: Safeguarding concern by primary reason for support

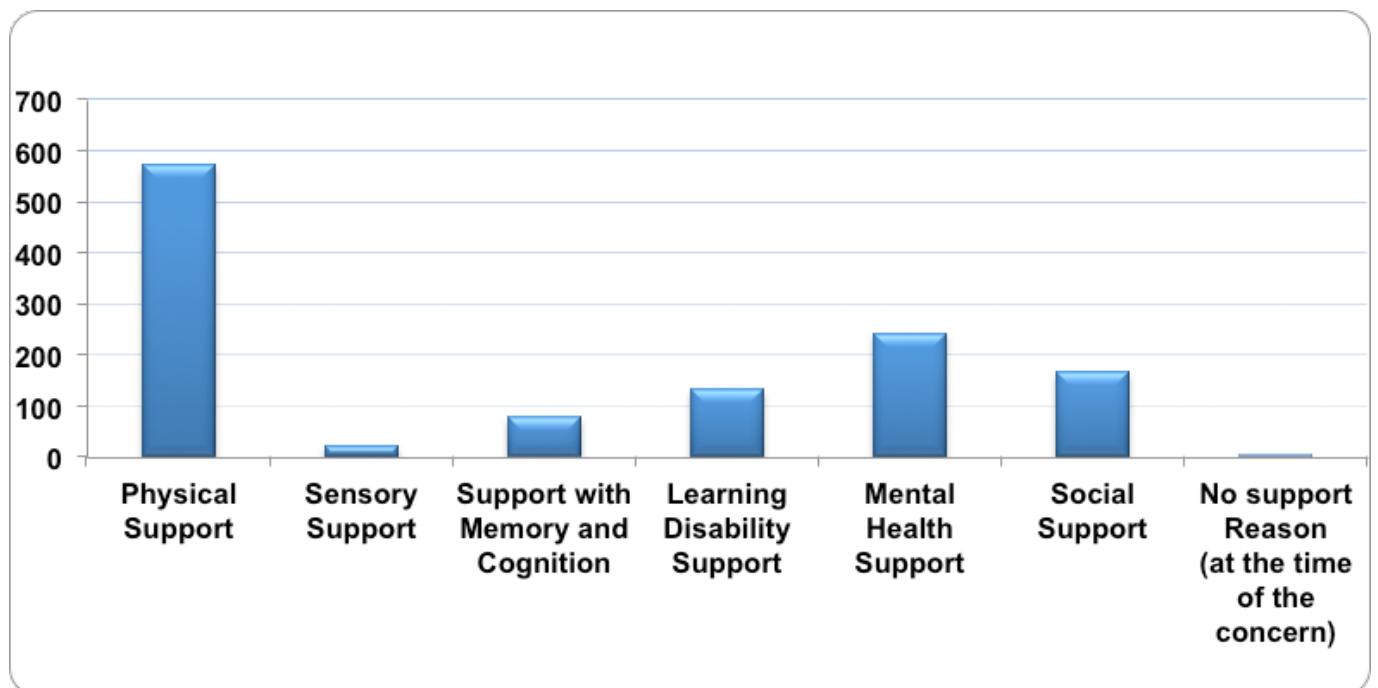


Table 10 shows the types of reported abuse on all closed concerns during 2015-16. Financial and material abuse was most commonly reported, followed by physical abuse. More than one type of abuse can be selected for each enquiry.

Table 10: Proportion of enquiries by the reason for the alleged abuse or risk factor

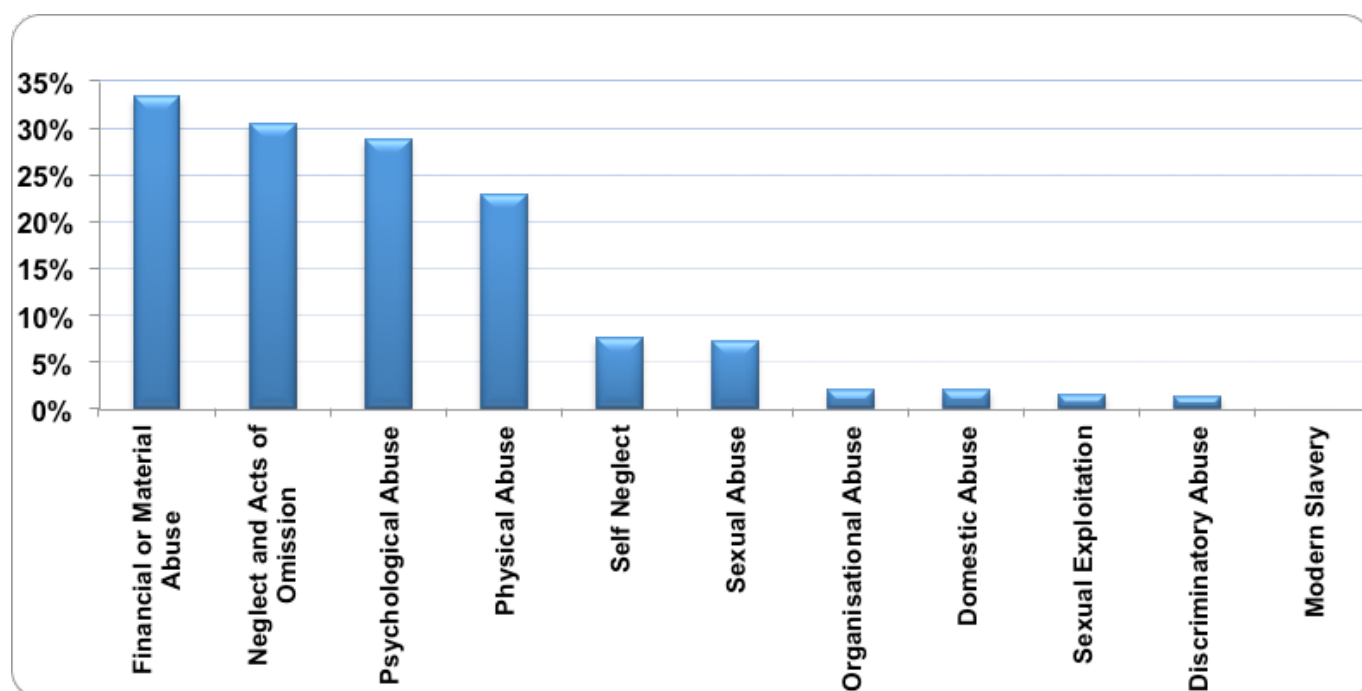


Table 11 illustrates the number of concerns concluded during the 12 month period by category of location or setting. This is to give a picture of what is believed to be happening and where potential risks might be arising. The graph shows that people are the most at risk from someone they know from within their own home. Ongoing breakdowns of the 'Other' category will be undertaken to understand where this has occurred as, on the whole, most incidences of safeguarding should fit within the key descriptors.

'Other' locations are: the alleged perpetrator's home, a public place or 'other' (not specified).

Table 11: Number of concerns by location or setting

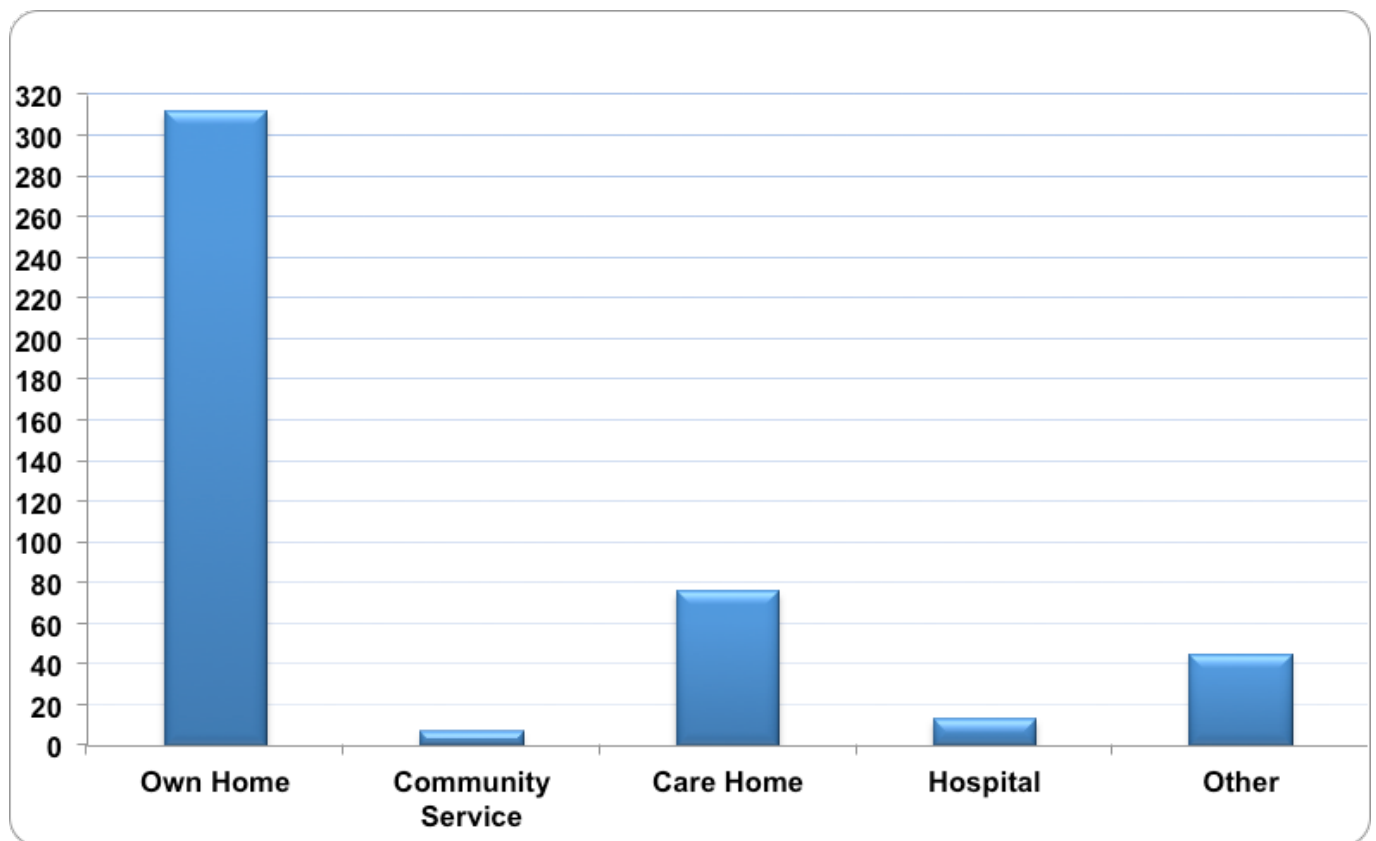


Table 12 highlights the number of people who were asked at the beginning of the enquiry what outcome they wanted to achieve as part of making safeguarding personal. This is important as it helps ensure their outcomes are achieved.

Table 12: Safeguarding enquiries where the customer was asked about their desired outcomes (by age)

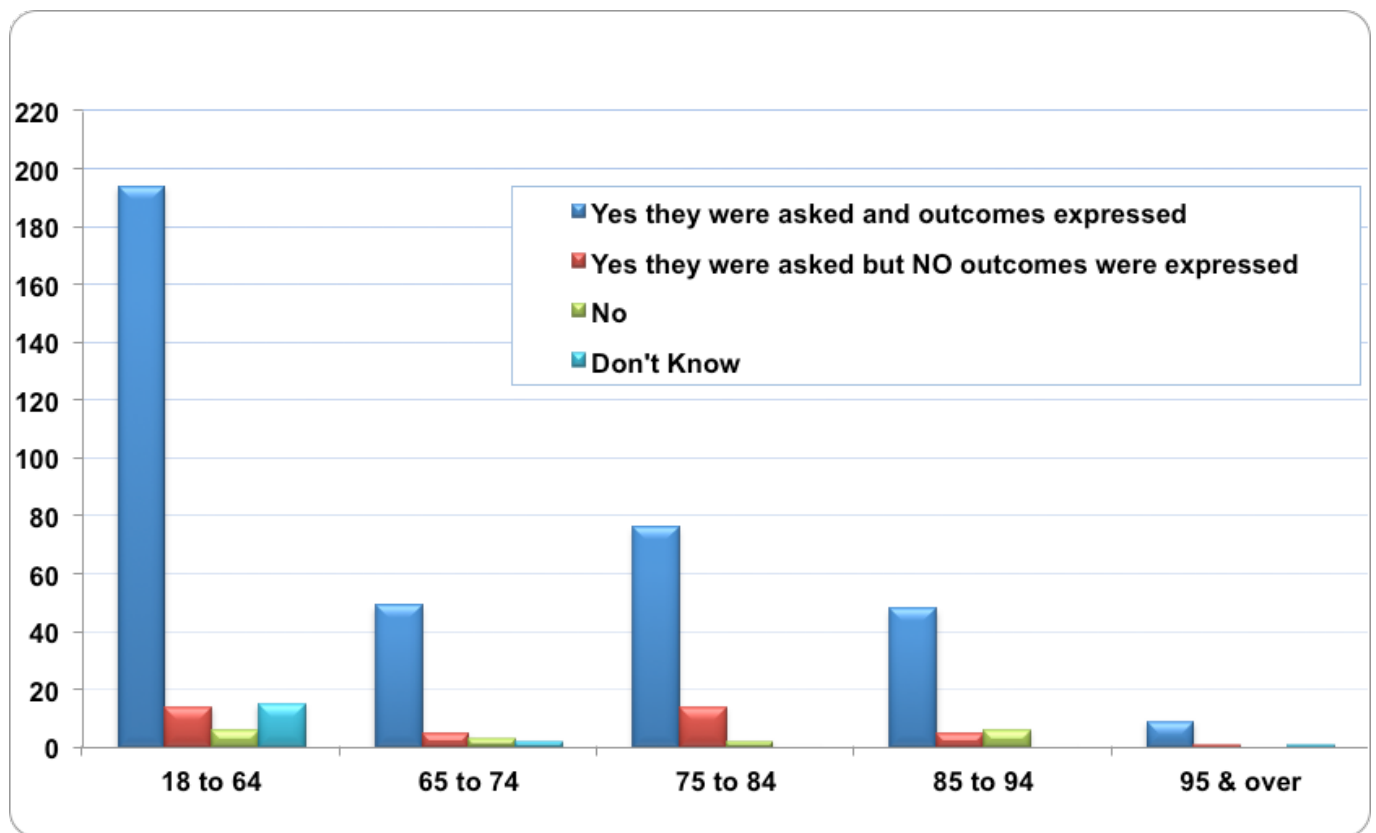


Table 13 highlights the number of enquiries according to the result of the action taken to manage the risk of abuse or neglect. The action taken should be recorded when the referral is concluded, but may include actions taken earlier in the enquiry.

Table 13: Number of enquiries by result of action taken

Was the desired outcome achieved?	18-64	65-74	75-84	85-94	94 and over	Total
Fully achieved	97	32	45	33	4	211
Partially achieved	79	11	25	11	4	130
Not achieved	18	6	5	3	1	33
Total	194	49	75	47	9	374

Safeguarding Adults
Annual Report

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Appendix: Overview of strategic priorities

Newham Safeguarding Adults Board Vision: “Keeping people safe in Newham”

<p>Statutory Responsibilities of NSAB include:</p> <ul style="list-style-type: none"> • Conduct S44 Safeguarding Adults Reviews • Publish a Strategic Plan • Oversee the SARS • Publish an Annual Report outlining what Board members have done to contribute to the Strategic Plan 	<p>NSAB function is to:</p> <ul style="list-style-type: none"> • Coordinate what is done by each person or body represented on the Board for the purposes of safeguarding, and promoting the welfare of adults in the area of the authority • Ensure the effectiveness of what is done by each such person or body for that purpose • Develop policies and procedures to safeguard adults at risk • Develop training strategies to identify and respond to abuse 	<p>NSAB Structure:</p> <ul style="list-style-type: none"> • Safeguarding Board • Newham High Risk Panel • Joint children and adults sub group • Workforce and Practice sub group • Joint Health sub group • SARS panel • Performance Policy and Procedure project groups
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<p>Strategic Priority 1 SHARING AND ENGAGING</p> <p>Share information and engage with the people of Newham.</p>	<p>Strategic Priority 2 HELPING, EMPOWERING AND SUPPORTING</p> <p>Provide quality safeguarding services when abuse or neglect is identified and put adults at risk at the centre of what we do.</p>	<p>Strategic Priority 3 PREVENTION</p> <p>Ensure agencies are working together to prevent abuse or neglect and take appropriate action when needed.</p>	<p>Strategic Priority 4 PREPARE</p> <p>Hold agencies to account for the services they provide and the effectiveness of their practice for adults at risk.</p>
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Safeguarding Adults Board Strategic Plan 2016-19

<p>What we will do:</p> <ol style="list-style-type: none"> 1. Develop a Communication and Engagement Strategy in collaboration with the community of Newham. <p>Lead -Share & Engage</p> <ol style="list-style-type: none"> 2. Inform people how to get help when abuse is identified. <p>Lead -Share & Engage</p> <ol style="list-style-type: none"> 3. Provide information about what you can expect and how you can feedback. <p>Lead - Share & Engage</p>	<p>What we will do:</p> <ol style="list-style-type: none"> 4. Embed personalisation in safeguarding services (MSP) working towards achieving the agreed outcomes for adults at risk. <p>Lead –Workforce & Practice</p> <ol style="list-style-type: none"> 5. Embed the Safeguarding Adults Competency Framework in practice and evaluate its effectiveness. <p>Lead –Workforce & Practice</p> <ol style="list-style-type: none"> 6. Monitor outcomes for adults at risk. <p>Lead –Quality & Performance</p>	<p>What we will do:</p> <ol style="list-style-type: none"> 7. Map trends and responses to the demographic needs across all partnership agencies and across the wider partnerships. <p>Lead –Workforce & Practice</p> <ol style="list-style-type: none"> 8. Raising awareness that abuse will not be tolerated and ‘Safeguarding is everyone’s business’. <p>Lead - Share & Engage</p> <ol style="list-style-type: none"> 9. Carry out Safeguarding Adults Reviews in line with the Care Act to learn lessons and prevent reoccurrence. <p>Lead –Safeguarding Review Panel</p>	<p>What we will do:</p> <ol style="list-style-type: none"> 10. Broaden the SAB Performance framework to inform and assure the Board. <p>Lead – Quality & Performance</p> <ol style="list-style-type: none"> 11. Implement robust, open and honest challenge processes at Board level to hold agencies to account for effective safeguarding practice. <p>Lead - Chair of the Board</p> <ol style="list-style-type: none"> 12. Members to undertake a self assessment to determine strengths and challenges. <p>Lead – Chair of the Board</p>
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www.newham.gov.uk/safeguardingadults

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