



Newham London

Safeguarding Adults Annual Report

April 2014 – March 2015

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Message from the Independent Chair

Achievements and challenges over the last 12 months

The implementation of the Care Act legislation in April 2015 has now established Safeguarding Adults Boards (SAB) on the same statutory footing as Children's Boards. This Act marks a key milestone by formalising the protection framework for adults and specifying the mandatory work to be undertaken by Adult Safeguarding Boards each year. Boards are now required to:

- publish their annual plans
- consult with their local communities and Healthwatch on the priorities for the annual plans
- review and report on the effectiveness of the Board's work

- monitor their performance and that of partner agencies in delivering safe services
- undertake and publish safeguarding serious case reviews.

I am able to report as Chair of Newham that the Board has undertaken and delivered on all of the above requirements for this year.

It is a priority that the Board and the partner agencies develop as learning organisations particularly through the review and analysis of Serious Case Reviews. Transparency and openness are essential in this process. The Board's aim is to ensure serious untoward incidents are subject to independent rigorous analysis and that service users are involved in this process.

This annual report includes important analysis of the key statistics relating to safeguarding activity



Safeguarding Adults Annual Report

in Newham across all the partner agencies. This year has continued to see an increase in the number of safeguarding alerts and the sources from where these referrals are made. This indicates the improvement in the public awareness of safeguarding concerns, but also means that too often vulnerable people are still the target of abuse or neglect.

All agencies delivering health and social care provision in Newham face ongoing challenges to improving risk assessment, preventing neglect and institutional abuse and improving the quality and levels of staff awareness and training. Very positive work is being carried out as part of the national training initiative in 'Making Safeguarding Personal'. This aims to deliver better quality safeguarding interventions by ensuring staff are committed and trained to involve, consult and engage people in what outcomes they want, throughout the safeguarding process.

The Board and partner agencies have undertaken consultation with users of services with the aim of listening to their experiences and understanding their perspectives. The clear message from these feedback discussions, interviews and surveys is that users want to be more integrally involved and empowered in all aspects of their care planning, including the safeguarding process. This is an important area of development and is included as a key priority in the Boards work plan.

During the year, using a nationally developed monitoring process, Newham SAB (NSAB) has reviewed the effectiveness of all the partner agencies safeguarding processes by requiring them to account and detail their commitment to the delivery of safe and good care. This process of evaluation and review will continue to be a feature of the SAB work in future years and the outcomes have been used to prioritise

the Board's annual work plan and three year strategy.

Adult protection continues to be a focus in the national arena because of the disturbing examples of institutional abuse, poor care and neglect in some hospitals and care homes in other parts of the country. The reports and reviews have contained important lessons for all providers and staff to be ever vigilant in their delivery of care.

For NSAB these cases are timely reminders of the importance of our role in the oversight of organisational care:

- The Winterbourne multi-agency working group reports to the Board on its review of long-term out of borough placements and on the plans for the future safe and effective local care for vulnerable younger adults.
- The Mental Capacity Act and the Deprivation of Liberty Standards (DOLS) continues to present real challenges to all local providers. Authorities throughout England have seen a very significant increase in the number of DOLS referrals over the last year and it is to Newham's credit that it has allocated additional resources to help address this important new challenge. There is more information about this work in this report.

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

Finally, as Independent Chair 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 commitment to this crucial area of work.

Safeguarding Adults Board

Chaired by: Catherine Jeffrey since July 2009

Representatives from:

- **Newham Council**
- **Newham Healthwatch (formerly Links)**
- **NHS Newham Clinical Commissioning Group (NCCG)**
- **East London Foundation NHS Trust (ELFT)**
- **Care Quality Commission (CQC)**
- **Newham Probation Service**
- **Newham Public Protection Unit (Metropolitan Police Service)**
- **London Fire Brigade Newham**
- **Barts Health (formerly Newham University Hospital Trust)**
- **Safeguarding Adults Team**
- **Newham Council Legal Services Division**
- **London Ambulance Service (LAS)**

The Partnership Board promotes, informs and supports 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. NSAB has an Independent Chair to lead the partnership Board. The chair will participate in the review of the Board, its membership and terms of reference in the year ahead.

Working groups that support the SAB

The sub-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.

The Serious Case Review Panel

The Serious Case Review (SCR) Panel comprises representatives from the SAB and provides oversight and scrutiny of any ongoing serious case reviews. There were no SCRs during this year.

The panel met four times during the year to oversee the work and actions in relation to a previous serious case review in 2013, 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 the Winterbourne View Serious Case Review and Concordat, and most recently from the Francis Report into the issues arising at Mid Staffordshire NHS Trust.

Learning and Development Task and Finish Group

The Learning and Development Task and Finish Group was set up in 2014-15 to look at how individual partner organisations ensure their staff are skilled in delivering adult safeguarding practice and to provide the Partnership Board assurance of their respective workforce competence.

The Task and Finish Group included representatives from the London Borough of Newham, NHS Newham Clinical Commissioning Group, Barts Health, East London Foundation Trust, Metropolitan Police and the London Fire Brigade. It met twice and also issued a questionnaire.

It considered how staff are supported in their roles through induction, training and supervision and how this linked with national frameworks and standards. It also looked at the resources currently available, opportunities to share best practice and common areas for workforce development.

Recommendations were made to the Board and these will be taken forward during 2015-16. These include the development of the following:

- Newham Safeguarding Learning Resource for staff and the wider community, which will provide quick and easy access to good quality information. This will be co-produced with input from frontline workers and community organisations to ensure it meets their learning needs.
- Peer Learning Forum where staff, initially from partner organisations, can come together and share their experience and expertise on a key theme.



- Focused workshops for staff in specific care settings, such as nursing and residential homes.
- Standardised approach to assuring the Safeguarding Adults Partnership Board of respective organisations' workforce competency.

The Task and Finish Group will also be looking at how we can strengthen our links with the community in raising safeguarding awareness.

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

Children and Adults Joint Strategic Working Group

This group was established last year to link the work of the Newham Adult and Children's Safeguarding Boards.

Information on safeguarding training is now shared across Adults and Children's Services which is 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 NCCG's 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.

Winterbourne Multi-Agency Assurances Group

This was set up following the publication of the Government's report into the failings at Winterbourne View. The role of this group is to review local practice and implement the government's recommendations. It has responsibility for the implementation of the Concordat (the high level multi-agency commitment to change). The group is attended by the Independent Chair of SAB and other SAB representatives.

During 2014/15 NCCG, Newham Council and ELFT have continued to work closely in partnership to support those living in Assessment and Treatment Units (ATUs) to be

discharged. A number of community-based, bespoke arrangements have been created to put in place person-centred, tailor made support.

We have a successful track record of discharges – one that goes against the London-wide and national picture of more people being admitted in to ATUs than being discharged. We continue to work very closely with these individuals and their families. Progress is fed back to the SAB quarterly.

Keep Safe Community Safety Scheme

This is a reference group whose aim is to provide places of safety where people can go for help if they have been a victim of crime or anti-social behaviour when out and about in the community.

The Keep Safe group has met during the year and is committed to the scheme continuing in Newham. Going forward the group will work more with Community Neighbourhoods and link workers. During 2015 there are plans to start a focus group based around 'Being Safe'.

Review of the year

The emphasis for 2014/15 was the preparation for the Care Act 2014, which became law on 1 April 2015. The Care Act sets out the requirement to place all SABs on a statutory footing. Newham and its SAB have been working to the requirements set out in the Care Act.

Key requirements and duties:

- The local authority must make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect.
- Local authorities will be responsible for establishing and running SABs.
- Boards must coordinate and ensure the effectiveness of each member group.
- The local authority, Clinical Commissioning Group and chief officer of police must be core members (Boards have the power to determine other appropriate members).
- The Board must publish a strategic plan each financial year setting out how it will protect people at risk of harm and what each member is to do to implement the strategy.
- At the end of the financial year the Board must publish an annual report on its achievements, members' activities and findings from any Safeguarding Reviews during that period.
- It must consult the local Healthwatch and involve the community in preparing the strategy.

The Care Act officially came into effect on 1 April 2015 and work was in place during the year, driven by the National Government Consultation, to prepare for this.

Throughout the latter half of 2014 and early 2015, workshops were held to explain to

all staff how the Care Act will impact on safeguarding service delivery. A key driver for safeguarding work under the Care Act is the requirement to make safeguarding work more personalised. Newham was a pilot borough for Making Safeguarding Personal (MSP). MSP is a programme to ensure we had person-centred, outcomes-focused responses to adult safeguarding.

The programme was led by the Local Government Association (LGA) safeguarding adults programme and by the Association of Directors of Adult Social Services (ADASS). It was undertaken with funding from the Department of Health and the Local Government Association.

A number of partners and academics also supported us with the work.

For Newham, the key focus 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. To support this objective further during 2014 Newham worked with its advocacy partner Voiceability, and volunteered to become one of their Action Learning Sites. The aim of this pilot was to improve the take up of advocacy services in safeguarding investigations. Advocacy colleagues in Voiceability 'buddied up' with staff from across adult social care and provided weekly telephone contact to discuss safeguarding cases where advocacy could be used to improve the involvement and understanding of the safeguarding journey for the customer.

In March 2015, in preparation for the Care Act, safeguarding adults' forms and procedures

were updated to ensure greater participation from customers and carers, to enable their views and input to be heard throughout. These mechanisms are being embedded into practice to ensure social workers clarify how customers who go through the safeguarding process feel about the experience and how they are safer as a result.

MSP also includes recording those desired outcomes and seeing how far they have been achieved. The financial year up to 31 March 2015 saw other local and national challenges, which have impacted significantly upon safeguarding adults' arrangements in Newham. Nearly all of our partners have been required to make continued reductions in spending, while at the same time ensuring that the council's key priorities around Safer Newham are maintained.

The merging of Newham University Hospital Trust with nearby Whipps Cross, Barts and the Royal London Hospitals to create the Barts Health NHS Trust continues to see the transformation of acute services in East London, which are still being embedded. During 2015 the Safeguarding Governance team met with health and social care colleagues in Waltham Forest

and Tower Hamlets to develop consistency in the safeguarding pathways. This work will continue to ensure that the role of safeguarding adults in hospital settings is acknowledged, and where actual or potential abuse is identified that cases are referred on appropriately.

The quarterly SAB meetings saw strong and sustained attendance levels, which has supported the Board's capacity to steer its strategic direction and achieve its priorities for the year. The Board has clear objectives contained in its Safeguarding Adults Strategic Plan and an agreed strategy for achieving these.

The Strategic Plan was updated in May 2014 when the Safeguarding Adults Board held an event with SAB partners to review and update the plan and to ensure the Board was ready to meet its key requirements. The SAB commissioned an independent facilitator to support with the event and to ensure there was an impartial and objective overview of its arrangements.

The key drivers for change were MSP and the requirements of the Care Act, with the priority



being consideration to ensure Newham's citizens can live safely and free from harm. The key principles underpinning this were based on the following measures and linked to the Care Act:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

Despite the many challenges, the SAB had its busiest year yet. The safeguarding team saw a small increase in referrals received, but in line with many other authorities noted a slight plateauing of alerts received.

The Adults Transformation Programme delivered a model of care based on more effective use of universal service provision in Newham that enables people to create their own sustainable solutions to their social care needs. This model of care is targeted on prevention and enablement, maximising choice and control, whilst ensuring vulnerable people requiring on-going support are assisted to determine their own solutions from a more responsive market place. While these changes are embedding, the Safeguarding team continues to meet regularly with colleagues to triage existing safeguarding cases in order to assess the duration of each case, the risks involved and any future planning issues.

Funding arrangements for the Safeguarding Adults Board

Newham Council currently funds the Safeguarding Adults Governance Team at an annual cost of £322,600. 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 for a minimum financial contribution of £6,000 per annum to support the costs of the Board.

Breakdown of expenditure

Independent Chair and costs
£9,500
Annual report, events & other publicity
£6,000
SAB coordination and admin
£79,000
Safeguarding training
£47,000

TOTAL
£141,500

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 one 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 Newham Network Telecare Services for their support in providing this cover during the evenings, weekends and bank holidays.

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

www.newham.gov.uk/adultsocialcare

Serious Case Reviews

During 2014/15 there were no new serious case reviews (SCR) undertaken. The SCR Panel met to monitor progress of the SCRs undertaken previously to ensure the learning from these was embedded. The SCR panel also heard updates from the police on an ongoing police investigation into the death of a patient in a local psychiatric clinic. The case will be reported upon in next year's annual report.



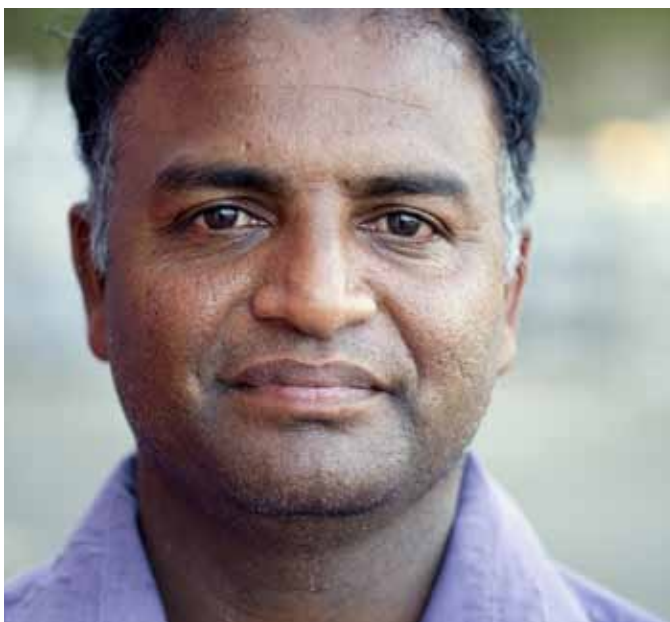
Review of Mental Capacity/Deprivation of Liberty Safeguards (DOLS) issues

The Supreme Court ruling in March 2014 (Cheshire West) has led to a significant increase in deprivation of liberty referrals in Newham as in the rest of the country. A deprivation of

liberty is now identified as occurring when an individual who lacks capacity is under continuous supervision and control and is not free to leave. With the reduction in the threshold for a deprivation of liberty authorisation, a greater majority of the DOLS requests are being authorised:

Full year April 2013 / March 2014		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL 2014/15
DOLS requests received	100	71	86	143	132	432
DOLS requests authorised	68	67	79	128	116	390
DOLS requests rejected	32	4	7	15	16	42
Total number of service users subject to DOLS	27	71	125	211	261	261

- 414 of the referrals received in the last year were completed within the required legal timescales. The breaches (all but one were of a few days only) occurred due to difficulties with other local authorities' Independent Mental Capacity Advisors services, sickness of Best Interest Assessors (BIAs) and administrative oversights leading to delayed reports.
- These figures represent an increase of over 400% in comparison with the previous year, when a total of 100 referrals were received.
- Eleven of the DOLS rejected in the last quarter were done so on the basis that no deprivation of liberty was occurring. These were all patients who were discharged from hospital whilst subject to an urgent authorisation before the assessments were completed. The annual total in this category was 24.
- Five of quarter four's DOLS were rejected on the basis that the service user had capacity to make decisions about their care. The annual total in this category was 16.



- Although there were none in the final quarter, during the year two DOLS requests were rejected because the service user was admitted to hospital under the Mental Health Act.

Mental Health Assessors

Newham has 14 Mental Health Assessors who can be called upon to undertake mental health and eligibility assessments for a fee of £150 per service user assessed. 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.

Best Interests Assessors

Newham currently has 27 BIAs, including three agency workers. The BIAs carry out assessments mainly in their own time for a payment of £150 per service user assessed. Some BIAs are prepared to complete up to three or four assessments per month, others only want to undertake this work every few months. Willingness to undertake this work outside of normal office hours is now a criteria for selection for this training. Ten social workers have recently completed this training with a further two more booked for a course in September. The selection process for workers to undertake BIA training later in 2015 has started.

A full-time locum BIA started on 26 January 2015. She is able to undertake around 20 assessments per month and focuses on urgent and out of London assessments. Two permanent senior practitioner BIAs were appointed following interviews on 28 May 2015. As well as undertaking assessments

these full time BIAs will also be able to support staff making applications to the Court of Protection for deprivations of liberty in community settings and can assist in liaison with independent mental capacity advocates and other advocacy services.

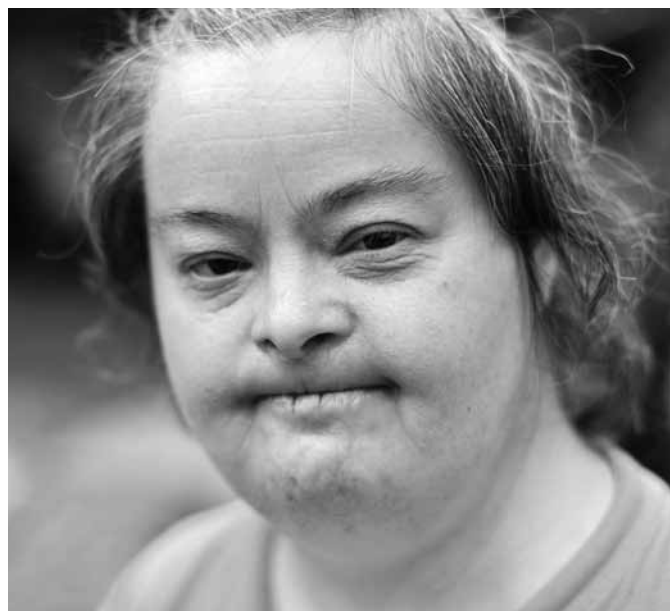
Administrative support

Since its inception, the Mental Capacity Act Deprivation of Liberty Safeguards service has been staffed by a practice manager and a MCA DOLS support officer. The four-fold increase in DOLS referrals has placed significant demands on the administrative capacity. The addition of a second support worker post in October 2014 eased these pressures. The locum worker in this position was successful in the interviews for the permanent post in May 2015. However, even with two support workers the service continues to find the demands of the complex DOLS administrative process challenging.

MCA DOLS referrals

The last year has seen a four-fold increase in DOLS referrals in Newham. The local authority, as the MCA DOLS supervisory body for service users funded by Newham Council or NCCG, is now receiving DOLS requests from a full range of establishments including general acute hospitals, learning disabilities residential units, older people's care homes and mental health units.

Although the majority of these are in Newham a sizeable proportion are for service users who, for various reasons, are outside of the borough. The Care Quality Commission (CQC) is specifically including MCA DOLS compliance in their inspection regime. This is undoubtedly



having a significant impact on the number of referrals. The number of hospital requests are increasing as staff in these settings now have a better understanding of DOLS. Specialist staff have been appointed in ELFT and Barts Health to oversee and facilitate DOLS referrals. However, the total number of DOLS referrals received in the last year is around 50% less than originally anticipated and would appear not to represent the total number of customers in care commissioned by Newham who lack capacity and are being cared for in ways which deprive them of their liberty.

Current figures indicate that the council has around 160 customers placed outside of Newham in other London boroughs, and around 100 customers in care homes outside of London. No figures are available for customers who are 100% health-funded in care homes and private and specialist hospitals. Non-compliance with MCA DOLS requirements may lead to Court of Protection challenges from relatives or care homes in relation to possible illegal deprivations of liberty.

Numbers of referrals are predicted to rise significantly in the coming year as awareness of the DOLS requirement increases and many of the existing authorisations come up for renewal.

MCA DOLS documentation

ADASS and the Department of Health have reviewed the MCA DOLS forms. These have been modified and the number of forms reduced from 31 to 13. The new forms, combining several assessments in one document, are now being used. Care homes seem to find the new documents easier to complete. Assessors and scrutinisers agree that the new forms, although still lengthy, have a more logical sequence and produce clearer, more comprehensive reports.

Department of Health Deprivation of Liberty Returns

MCA DOLS support officer Brenda Bedminster has worked closely with the Performance Team to complete the complex annual Department of Health Deprivation of Liberty Returns. These were submitted within the required timescale.

The coming year

As noted, 2014/15 saw a four-fold increase in the number of DOLS referrals received by Newham. BIAs, mental health assessors, MCA DOLS support officers and DOLS panel chairs have worked hard to ensure that these were responded to appropriately and within the required timescales. Although there were some breaches nearly all met the deadlines and those that did not were, in the main, only a few days late in going to panel. Unlike the

majority of other boroughs Newham has never instigated a DOLS waiting list. However, as has been noted, the final annual figure is only half the 700-800 initially anticipated.

In 2015/16 the MCA DOLS service agreed to:

- work with care managers in Adult Social Care to develop a more proactive approach to DOLS applications, identifying when these may be needed prior to finalising placements in care homes and ensuring that potential deprivations of liberty are always addressed in reviews. Training and workshops will be provided on this topic
- assist care managers to identify customers in supported living who may need a court authorised deprivation of liberty and advise them on completing the required documentation. It is noted that to date there have not been any applications to the Court of Protection for service users in this situation
- continue to provide workshops and DOLS advice sessions for care homes, hospitals and other providers
- survey carers' and relatives' experience of DOLS and review and revise the documentation they are provided with in light of their feedback
- provide required feedback to the Department of Health on the local implementation of DOLS, with a focus on best practice and the positive impact of the safeguards for service users
- select 12 workers to complete BIA training by late 2015/early 2016.

Key achievements from partnership services

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

East London NHS Foundation Trust

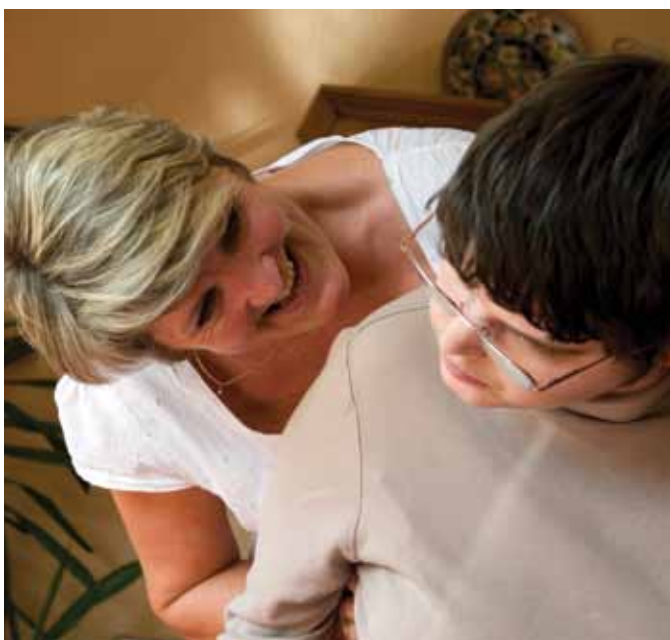
How East London Foundation Trust has demonstrated that people's lives are improved as a result of safeguarding:

- Quarterly reporting to Trust Committee.
- Implementing Level 2 training.
- Routine enquiry into domestic violence and abuse.
- Updating Trust safeguarding policies.
- Developing Trust strategy.
- Mental Capacity assessments documented.
- Information posters and leaflets produced and distributed.
- Monitoring of outcomes required by service users.
- Benchmarking exercise.
- Preparation for implementation of the Care Act.

- Trust Committee receives quarterly reports highlighting strategic level safeguarding adult issues.
- Innovative training on routine enquiries delivered and evaluated (very successful), with more to be delivered in 2015/16.
- Leaflets and posters produced.
- Benchmarking achieved via the SAAF report for NHS England.
- Diogenes Training delivered and more planned in the autumn.
- Monthly Safeguarding Adult Forum.

Challenges for the Trust in achieving outcomes

- Reporting on service user outcomes.
- Achieving 85% compliance Level 2 training including WRAP.
- Development of reporting tool on Rio.



London Ambulance Service

How London Ambulance Service has demonstrated that people's lives are improved as a result of safeguarding:

The London Ambulance Service (LAS) is aligned to 64 Adult and Child Safeguarding Boards within the operational area. The Trust endeavours to maintain relationships with all these Boards when requested.

Due to having 64 Boards across London the Trust uses local management (safeguarding leads) on stations to attend Board and safeguarding meetings.

Safeguarding Adults Annual Report

The Trust has safeguarding action plans for both children and adults which are reviewed by the Safeguarding Committee.

The Trust has an obligation to inform the Local Authority Designated Officer of concerns or allegations regarding the Trust's staff in relation to children and the Safeguarding Adults Manager where the concern relates to adults. This has occurred on seven occasions during 2014-2015, with most incidents related to issues not involving patients.

There have been no referrals to Disclosure and Barring Service as a result of safeguarding.

Challenges

There is a risk that the Trust is unable to meet the obligation of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to manage the increased workload, notably MARAC (Multi-Agency Risk Assessment Conference) requests for information.

There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.

Due to our inability to link safeguarding referrals and identify previous referrals made to social services, this will impact on our ability to escalate any continued safeguarding concerns identified. This will also affect the Trust's reputation.

There is a risk that the Trust is unable to provide assurance to the CQC and other agencies that it is compliant with safeguarding training requirements for clinical and non-clinical staff. There is a risk that the Trust is unable to meet statutory requirements of providing safeguarding supervision by trained professionals. This will result

in an impact on staff welfare and performance and the Trust will not be compliant with the Childrens and Adults Acts pertaining to safeguarding.

The Trust is unable to provide assurance to Department of Health that all staff have received the required Prevent training. This is due to a requirement for all staff within the Trust as well as only having one Prevent Health WRAP trainer. This risk has now been passed to the deputy director of operations (the lead for Prevent).

London Fire Brigade

Safeguarding priorities identified for the London Fire Brigade were to:

- provide safeguarding training to frontline operational staff to ensure consistency of the public-facing approach to safeguarding issues
- ensure internal consistency in how safeguarding issues are handled
- introduce a secure system to communicate information electronically.

Local priorities were to:

- promote the safeguarding adults agenda
- ensure partners continue to embed the Home Fire Safety Visit (HFSV) referral form within their own practices
- ensure information sharing and confidentiality with partner agencies as part of the High Risk Residents sub-group.

Priorities were achieved by:

- provision of computer-based training packages on safeguarding to all frontline staff
- reviewing safeguarding internal process
- introducing a secure electronic communication system (Egress)



- ongoing safeguarding training with Newham Council.

Organisationally our safeguarding priorities for 2015-16 are to:

- ensure that all London Fire & Emergency Planning Authority personnel receive training in safeguarding
- develop and introduce a new safeguarding database to ensure that all safeguarding data is held securely in a single place.

Locally our safeguarding priorities for 2015-16 are to:

- ensure partners continue to embed the Home Fire Safety Visit (HFSV) referral form within their own practices
- work with Newham Council and partners to address the issue of hoarders in the borough and try to reduce the risks associated with this
- continue to take advantage of the Newham Council partnership offer of safeguarding familiarisation sessions being provided to frontline staff.

NHS Newham Clinical Commissioning Group

Key priorities for NHS Newham Clinical Commissioning Group (NCCG)

- Develop a response to the requirements of the Care Act 2014 and consider what resources are required to meet these.
- Review the Safeguarding Adults Policy and update it in line with national guidance and best practice.
- Develop safeguarding quality indicators for acute, community health and mental health providers.
- Work with Newham Council to create a quality assurance matrix for care and nursing homes.
- Work with Newham Council to increase awareness of and engage more closely with the local Prevent counter-terrorism strategy.
- Support GP member practices to access suitable resources for learning and development and develop a training programme for NCCG staff.
- Promote the commitment to safeguarding adults on the NCCG website and include signposting for website visitors to make referrals if they have a concern about the abuse or neglect of a vulnerable adult.

Key areas of progress and achievements in relation to these priorities (and others which may have emerged during the year) with evidence of improved outcomes:

- A report on the assessment of the impact of the Care Act 2014 was presented to and approved by the NCCG Board in February 2015.
- A training needs analysis was carried out that identified which staff groups require which level of training.
- A gap analysis of staff, skills and knowledge

was completed that identified shortfalls in these areas and actions to address these.

- NCCG Board Development Group training session on adult safeguarding led by NHS England took place in February 2015. This included training on Prevent.
- Worked jointly with neighbouring CCGs to agree adult safeguarding quality indicators for acute, community health and mental health providers.
- A quality assurance matrix for care and nursing homes was developed in conjunction with Newham Council.

Remaining challenges and issues for NCCG and issues to be addressed

- The review of the Safeguarding Adults Policy was delayed so that the revised policy could take on board the provisions of the Care Act 2014 and the statutory guidance. It was also decided to draft a separate Safeguarding Through Commissioning Policy and for both policies to cover both children and adults.
- Newham Community Resilience Team have not yet progressed joint action with Newham Council to promote the strategy.
- The NCCG Board has agreed in principle to appoint a Board Lead for Adult Safeguarding.
- Holding acute, community health and mental health providers to account through an adult safeguarding dashboard.

Significant local issues relating to safeguarding adults

- NCCG commissioned a one year pilot programme which started in August 2014, to deliver domestic abuse awareness to

GP member practices. This enabled NCCG to meet one of the recommendations in a 2014 domestic homicide review for a domestic abuse awareness campaign aimed at increasing the numbers of women accessing help.

- The Care Act 2014 requires the appointment of a Designated Adult Safeguarding Manager – the functions of this post are being undertaken by the Adult Safeguarding Lead.

Safeguarding adults priorities for 2015/16

- Review the Safeguarding Adults Policy and develop a joint Children's and Adults Safeguarding Policy.
- Develop a joint Children and Adults Safeguarding Through Commissioning Policy.
- Continued support, where appropriate, and dissemination of information to NCCG member practices.
- Organise a Prevent awareness event for GP member practices.
- Evaluate the GP domestic abuse awareness pilot programme and consider options for extending the project.
- Appoint a Board Lead for Adult Safeguarding.
- Jointly develop with SAB partners a Learning & Development Good Practice Adult Safeguarding Resource.
- Continuing to hold acute, community health and mental health providers to account for adult safeguarding matters that arise through local intelligence or dashboard submissions.

Metropolitan Police Service

Key priorities for 2014/15

- Develop a closer synergy between the work undertaken in child safeguarding and adult safeguarding.
- Raise the profile and focus of adult safeguarding in the development of a Newham High Risk Panel, in conjunction with partner agencies, and the development of a new safeguarding team.
- Reduce levels of harm associated with offending, victimisation and high risk missing persons through prevention, intervention and enforcement.

Key areas of progress

Progress includes greater awareness of adult safeguarding among staff and across agencies, leading to increased levels of referrals. This has led to increased opportunity for intervention and prevention work. Other areas of progress include:

- development of a structured learning exercise over a two day period relating to the death of a missing person
- onset of timetables and strategic plans to establish the safeguarding team and the high risk panel
- reduction of offending at the Newham Cygnet clinic and mental health unit through positive intervention, development of joint training and improved joint working practices.

Remaining challenges

The increasing levels of adult Merlins adds pressure to the MASH team when existing processes are different. The question of a

fully integrated MASH needs to be revisited by all agencies.

Significant local issues

- How we continue to deal with high risk missing persons, following the death of an 85 year old vulnerable male during a missing episode. This raises important questions across agencies about our respective ability to avoid future deaths in similar circumstances.
- Develop greater prevention activity, thereby reducing offending, victimisation, risk of harm, financial and resourcing costs. This will be driven through the safeguarding team, high risk panel and ongoing work with partner agencies.
- Develop the business case for an integrated child/adult MASH team.

Newham Safeguarding Children's Board

How has Newham Safeguarding Children's Board demonstrated that people's lives are improved as a result of safeguarding?

- Joint safeguarding awareness poster developed and disseminated across the borough and collaboration on community safeguarding events.
- Case sampling to review safeguarding arrangements for young people transitioning to adult services.
- Provided a forum in which to raise safeguarding practice issues – though the emphasis has been more on social care than multi-agency.
- The business plan for 2015-17 requires a repurposing 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.

Are any changes required to deliver this year's work plan?

- Work in relation to parental risk factors – due to the wide remit of the group and variable attendance at meetings.
- Work taking place outside meetings on the joint protocol for substance misuse was delayed due to provider changes.
- Testing of safeguarding arrangements for disabled children – due to restructuring of Children and Young People's Services (CYPS) and Transition teams.

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

How has Barts Health demonstrated that people's lives are improved as a result of safeguarding?

Barts Health was placed into special measures by the NHS Trust Development Authority in March 2015 as a result of the CQC's report of inspections at Whipps Cross Hospital in November 2014 and January 2015.

Barts Health is, and has always been, fully committed to ensuring the safety and welfare of patients, and a number of measures have now been put in place to strengthen the leadership teams and quality of care in hospitals.

Partners in health and social care have been fully involved in helping accelerate positive change which includes work to protect the rights of vulnerable service users.

To develop the model for safeguarding in place at Barts Health, a review has been commissioned - to be undertaken by external experts - of policies, procedures, capacity, resource and training strategy. The findings will provide the framework for a safeguarding summit that will involve partners and stakeholders in the development of a model for safeguarding across Barts Health.

Barts Health reports on the numbers, themes and outcomes of safeguarding enquiries within the organisation and externally to partners and regulators.

The safeguarding adults and children's teams produce an annual report which is reviewed by the Trust Board and, in addition this year, a seminar was delivered to the Trust Board to inform them about the expanding safeguarding agenda.

There was a substantial increase in the number of safeguarding incidents reported by and about services at Barts Health during 2014/15. This is likely to be a consequence of increased knowledge and awareness of adult safeguarding across the Trust and the improved reporting system put in place last year.

The two themes arising from substantiated safeguarding enquiries were:

- the quality of discharge from hospital
- concerns about care whilst using hospital transport.

These aspects of care are the focus of ongoing improvement work.

The learning from safeguarding investigations is shared via the patient safety team and the service governance structures.

Barts Health has worked with carers to co-

produce a policy which was launched during Carers Week in June 2015.

Focused improvement work has begun with partners who provide patient transport, expert nurses and others in order to reduce the incidence of pressure injuries, as well as improving the reporting of safeguarding concerns in relation to this.

Two aspects of the safeguarding agenda have grown significantly during the last year: the Prevent strategy and Deprivation of Liberty Safeguards (DOLS).

Engaging with the Prevent network is a key priority for Barts Health. The principles of the strategy are included in the Safeguarding Adults Policy and mandatory training, and the Trust is a member of the North East London Prevent Network. New training is available and the national leads for Prevent within NHS England will be providing training to 20 leaders across Barts Health in the coming year.

A lead has been appointed for MCA, DOLS, Prevent and Mental Health. Plus, over the last year, the following activity has been undertaken to ensure compliance and protection of patients:

- Developed detailed guidance, flowcharts and decision making aids for all staff, together with electronic information and resources.
- Developed a range of training packages covering the practical aspects of DOLS compliance, and updated material relating to DOLS in statutory and mandatory training booklets.
- Delivered face-to-face training on MCA/DOLS to 578 clinical and management staff, through one-to-one-coaching, ward-based teaching, whole service events and open access sessions.



- Liaised with partner organisations locally to ensure a cohesive approach.
- Commissioned high level expert training through our partner mental health organisations. Members of our safeguarding team undertook this training in September 2014.
- Developed streamlined systems for making, submitting, recording, monitoring and following up DOLS applications in line with statutory requirements.
- Worked intensively with staff in all hospitals, particularly in services treating a large number of patients without capacity, to promote the appropriate use of DOLS authorisations.

The three main priorities for developing safeguarding adults capacity and competence in the coming year are to:

- develop a training strategy that will include provision for enhanced safeguarding adults training for senior leaders.

- embed the principles of protecting adults at risk from harm. The first step in this process will be to hold a safeguarding summit at Whipps Cross Hospital, engaging national expertise and leaders to inspire and engage staff in this essential area of healthcare work.
- consolidate and extend the work that has been done this year in relation to MCA/ DOLS and, in particular, developing and implementing procedures to ensure that mental capacity is formally assessed and recorded for all patients where the patient is suffering from conditions which may compromise their ability to consent to admission and treatment.

Barts Health has contributed to the SAB development in response to the Care Act and are contributing to a wider programme of quality improvement in patient experience across the Trust, which incorporates greater focus on person-centred, individualised care.

National Probation Service (NPS)

How has NPS demonstrated that people's lives are improved as a result of safeguarding?

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

The NPS assesses and allocates all offenders, whether to the NPS or CRC. The NPS works with high or above risk of serious harm offenders sentenced to community or custodial sentences, and/or those subject to Multi-Agency Public Protection Arrangements.



The service prepares reports for courts and offers advice to sentencers', is responsible for Approved Premises, preparing parole reports and overseeing the Victim Liaison Unit.

The CRC supervises low and medium risk of serious harm offenders, runs Community Payback and delivers the majority of offender interventions. Probation services work with offenders who may present a risk of harm to an adult(s) at risk, but who may also be an adult at risk.

Achievements

The governance arrangements and structure for safeguarding adults within NPS London has been established. All clusters should have a Senior Probation Officer, single point of contact lead for safeguarding adults. Some also have practitioner leads.

Quarterly practitioner Single Point Of Contact forums are held to discuss developments. During the year these were held for both CRC

and NPS staff. However, it was decided at the February meeting to hold separate meetings going forward due to the increasing separation of the work of both organisations.

Training

Two 'Train the Trainer' events were held in 2014 to train probation staff to deliver the safeguarding adults awareness briefings. Eighteen staff have attended, with representatives from all the twelve clusters.

The awareness briefings continued to be held in 2015. Since it was developed at the end of 2013, approximately 300 staff across London have attended across 14 boroughs.

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

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

The Care Act

Key issues for probation have been ensuring staff understand the eligibility criteria for safeguarding duties to apply, and also understand the prison and local authority responsibilities for offenders in prison and Approved Premises.

Practice guidance has been developed including a series of presentations and papers on the sections which relate to probation services, for staff and managers.

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

A national probation instruction was issued in April related to adult social care, which includes probation responsibilities regarding the Care Act.

Looking forward to 2016

There are a number of initiatives which need to be pursued. These include:

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

Review of training

Review of learning and development activities

The year 2014-15 saw a huge increase in learning activities, most directly linked to the National Safeguarding Competencies.

Although planned primarily with Newham Council's adult services staff, and private and voluntary sector providers, the courses are open to any relevant organisations in the borough and remain free of charge.

Core programme

The core programme is set out below.

Course Title	Target Group	Number of courses
Good Practice and Safeguarding Adults – The Newham perspective	All staff working with adults across all relevant organisations.	25
Safeguarding Adults – The Role of the Investigator	For staff across a range of organisations that are required to take a lead role in investigating alerts and concerns.	5
Safeguarding Adults –The Role of the Manager in Provider Organisations	Managers in provider services.	5
Safeguarding Adults – Managing Safeguarding Meetings	Managers in provider services.	5
Whistle Blowing – For Managers	Managers in provider services.	4
Whistle Blowing – For Frontline workers	Frontline workers.	4
Awareness of Mental Capacity Act 2005	All.	7
Implementing the Mental Capacity Act 2005	Workers responsible for implementation of MCA.	5
QCF Award – Awareness of Mental Capacity Act 2005	Newham Council social workers and social care officers.	2

This range of courses should provide all relevant workers with the skills and knowledge required to carry out their roles effectively in relation to safeguarding our customers from harm.

In addition we have added a new area to the previous programmes: for the first time we have offered half-day workshops for both managers and frontline workers in relation to whistle blowing. This arose partly because it is an emerging issue nationally and partly because feedback from trainers delivering the basic courses consistently said that workers expressed lack of confidence in this area.

We also responded to feedback from trainers about workers' lack of awareness or lack of confidence in relation to the Mental Capacity Act 2005. Though many said they had attended training in the past they clearly struggled to apply this in practice in the classroom with case studies etc. This was noted across workers at all levels.

After consultation with the Mental Capacity Act Lead Officer it was agreed that we would offer two specific courses for social workers and social care officers which would be followed by completion of a workbook to gain evidence for a national qualification. This award then became a pre-requisite for any officer wishing to train as a BIA.

Trainers

The whole training programme was externally commissioned and a group of trainers were selected that included national specialist organisations, sole traders who were experts in this field, and law firms. In addition, members of the safeguarding adults team



attended and contributed to a selection of these events.

These trainers are on a framework that will operate for another three years. By commissioning only these companies, they have become familiar with Newham's policies, procedures and local circumstances and thus provide added value to the training.

Post Winterbourne View action learning set

We were approached by the Local Government Association (LGA) which offered to run an action learning set targeted at learning disability leads and commissioners, together with local provider organisations who play a role in providing services for people with learning disabilities with complex behavioural issues.

The aim was to promote better joint working to offer suitable living environments for people

who are currently living in assessment and treatment centres, most of which are out of borough. This should minimise the risk of inappropriate placements with poorly skilled staff and managers, which could lead to situations such as that of Winterbourne View.

Evaluation of programme

The courses were consistently highly evaluated by delegates. In addition, a selection were evaluated by the lead Quality & Workforce Development Officer for this programme, or members of the safeguarding adults team. The trainers delivering the courses also provided post-course evaluation from their perspectives.



The following themes emerged:

- Concerns around attendance including delegates signing up for courses where their roles and responsibilities gave limited opportunity to fully learn from the course.
- Concerns about how the adult safeguarding policies and procedures are embedded and understood within organisations.
- Concern about how different staff roles and responsibilities in relation to safeguarding are frequently leading to a fragmented approach that is not person-centred.
- A general lack of knowledge at all levels about whistleblowing, in particular the responsibilities of managers to create a working environment in which workers are encouraged to question and challenge the working practices of themselves and others.
- Mixed understanding of how to apply the Mental Capacity Act 2005 in their working situations.

Attendance

Although the programme is advertised extensively using email shots, Newham Council's online booking system and advertising on the safeguarding adults website pages, by far the majority of delegates are either from Newham Council or from private and voluntary sector provider services. There are far fewer delegates from health partners or other organisations in the safeguarding adults partnership. Increasingly, with economic stresses, other organisations are opting to provide their own in-house learning, through courses, e-learning and such like.

Although these may be perfectly adequate this does raise the issue of consistency across the partnership, but also limits the

natural learning that occurs with a mixed group of delegates. In a multi-agency group, delegates learn so much about each other's roles and organisations, and this is more likely to lead to a partnership approach to safeguarding whereas the latter could be quite insular.

Generally an application for a course is automatically accepted as long as it is authorised by the manager. However, drawbacks of this approach are:

- some delegates attend training that is not relevant to their role
- courses are sometimes top heavy with delegates from one organisation
- delegates who do not meet the criteria for free training are offered places.

In an effort to address these issues each application (excluding online bookings) is scrutinised to ensure that the delegate works substantially with Newham residents and that the application is relevant. No more than four applications for any multi-agency course are accepted from a single organisation.

Although the majority of courses were full or well attended, late cancellation or non-attendance continues to cause concern at a time of limited resources. Courses where it was more difficult to attract numbers were whistle blowing, particularly the sessions for managers and managing safeguarding meetings.

In both cases, the heavy workload of managers may be an issue but with the former there is concern that managers fail to see the importance of this issue or are possibly uncomfortable with it.



Applying learning to practice

Standard certificates of attendance are no longer issued for courses as they have limited value. Instead, delegates are issued with a CPD Record Of Learning Form. Once completed (and it can be completed quickly) the worker has real evidence of learning that they can discuss with their manager and use for registration purposes.

However, these are not well received by delegates and there is little evidence that they are being utilised effectively. If they were to be used regularly they would provide an extremely valuable tool to measure how the delegate is applying their learning.

Breakdown of attendance

Course Title	Number Attended
Good Practice in Safeguarding Adults	384
Role of the Investigator (two day course)	33
Role of the Manager in Provider Organisations	28
Safeguarding Adults – Whistle Blowing	207
Awareness of the Mental Capacity Act 2005	114
Implementing the Mental Capacity Act 2005	70
Post Winterbourne action learning set	8

Future plans

The programme will remain substantially similar moving forward, with the following changes:

- Greater scrutiny of application forms to ensure, as far as possible, that the right delegates are on the right course.
- Reduction in workshops on whistle blowing as take up is poor.
- Forty more places will be available for staff, in particular those in the assessment and care management teams, to complete an accredited programme in Mental Capacity Act 2005 Awareness.
- The Role of the Investigator course and the Managing Safeguarding Meetings course will reduce to 40 places for Newham's Assessment & Care Management teams & Mental Health teams only. Managers and frontline practitioners are expected to attend both courses so that each is clear of the other's role in the process and have a greater understanding of the process as a whole.
- All courses will be amended to reflect the impact of the Care Act and other policy and legislative changes.

Summary of safeguarding adults statistics

Table 1: Volume of alerts and the number leading to referral (2014-15)

Alert outcome	Quarter 1	Quarter 2	Quarter 3	Quarter 4	2014/15 YTD
No Referral	173	148	122	85	528
Referral	135	146	132	187	600
Total	308	294	254	272	1128
% of alerts leading to referral	44%	50%	52%	69%	53%

Figure 1: Safeguarding referrals by age (2014-15)

Figure 1 details referrals by age range and shows cases that were already a customer of adult social care. The graph shows that the highest numbers of referrals are for customers in the 18-64 age range who are already known to services. This is in line with Newham's demographics.

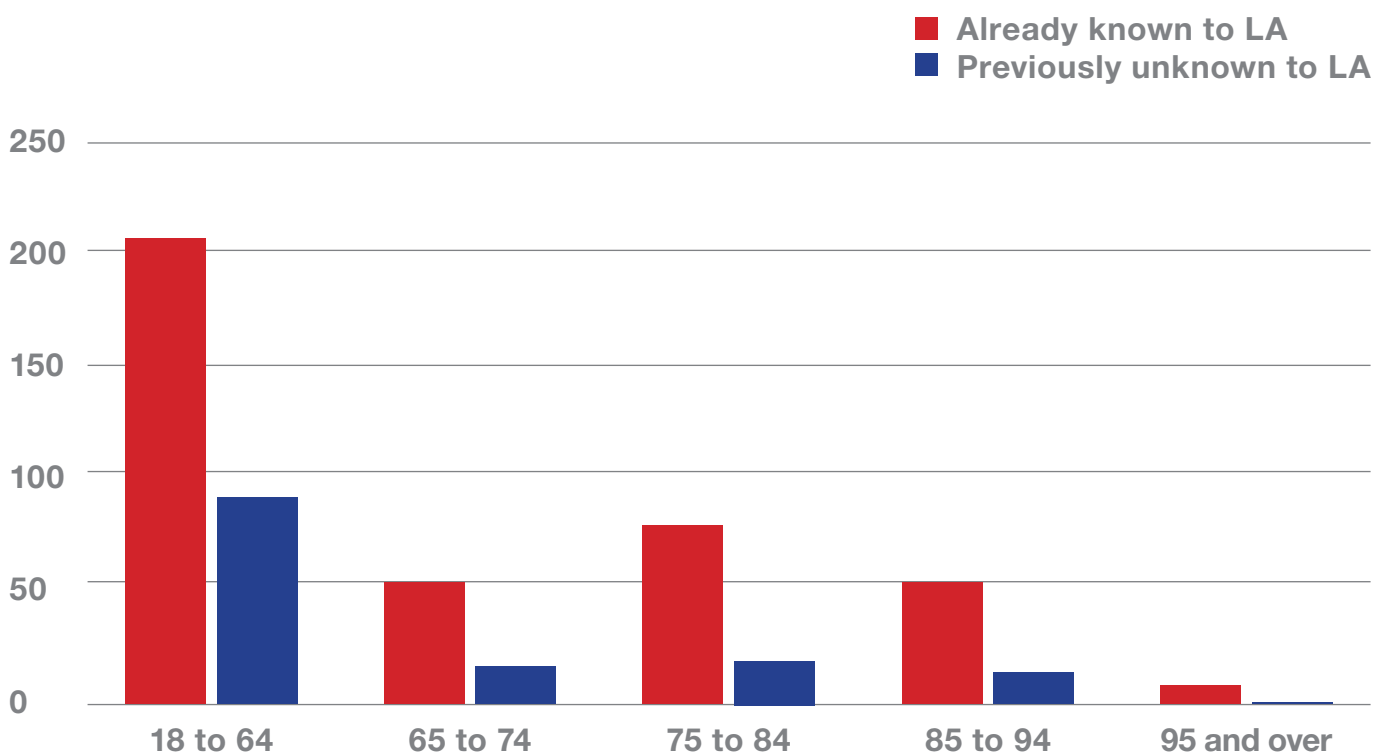


Figure 2: Proportion of safeguarding referrals by gender (2014-15)

The table below identifies the gender of customers. Females known to the council are more likely to be harmed, which is consistent with the higher support needs of this group.

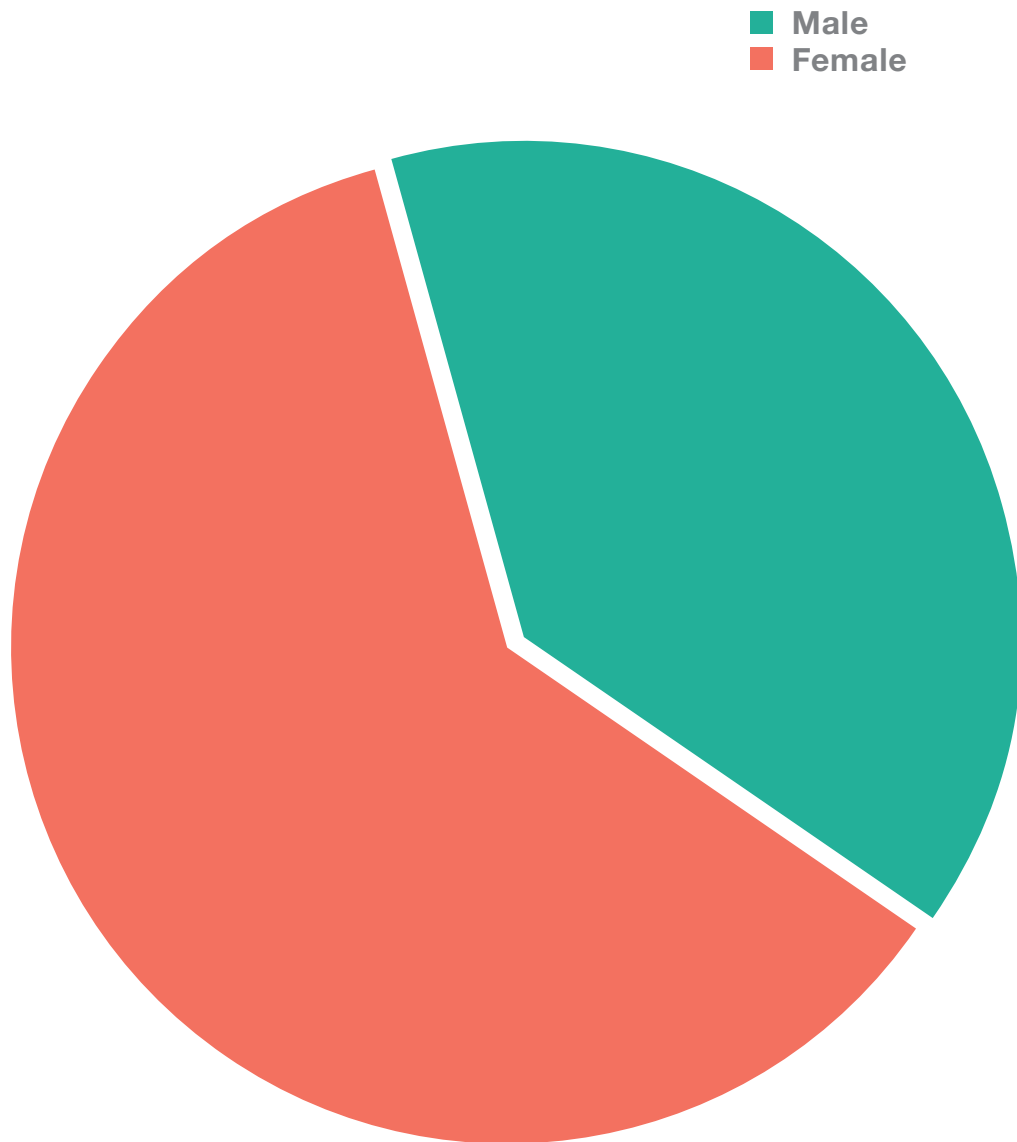


Table 2: Safeguarding referrals by ethnicity (2014-15)

Table 2 shows the number of customer referrals by ethnicity. The highest reported group remains the white population, although this descriptor includes people from our increasing Eastern European communities. The customers in this white section tend to be aged 65 or over. This group should reduce over the 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.

Ethnicity	Already known to LA	Previously unknown to LA	Total
White	175	51	226
Eastern European	5	3	8
White British	150	43	193
White Irish	7	3	10
White Other	13	2	15
Mixed	6	4	10
Mixed Other	1	4	5
White and Black African (Mixed)	3	0	3
White and Black Caribbean (Mixed)	2	0	2
Asian or Asian British	95	39	134
Bangladeshi	30	3	33
Indian	24	13	37
Pakistani	18	11	29
Sri Lankan Tamil	4	2	6
Asian Other	19	10	29

Continues overleaf

Table 2: Safeguarding referrals by ethnicity (continued)

Ethnicity	Already known to LA	Previously unknown to LA	Total
Black or Black British	94	21	115
African	32	4	36
Caribbean	49	11	60
Nigerian	2	0	2
Somali	3	4	7
Black Other	8	2	10
Other Ethnic Groups	18	10	28
Arab	1	0	1
Chinese	1	0	1
Other Ethnic Group	16	10	26
TOTAL	388	125	513

Figure 3: Safeguarding referrals by primary reason for support (2014-2015)

Figure 3 gives details of the primary support reason. The support needs category maintains the same trends from previous years. Those from the physical disability, frailty and sensory impairment group (which includes the majority of older people) and people with mental health needs continue to have the largest numbers reported. However, proportionally the largest group to be targeted are those with a learning disability.

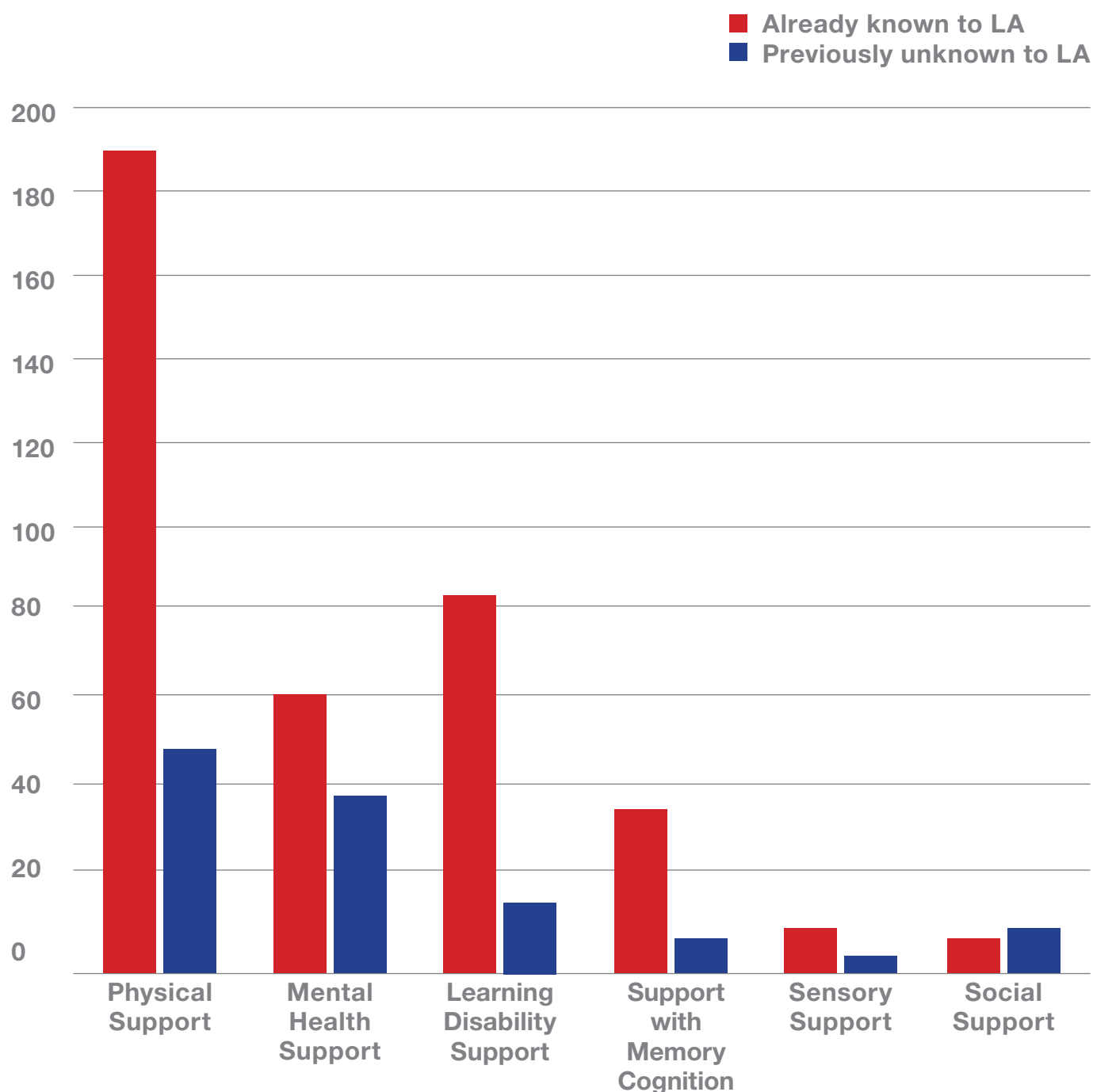


Figure 4: Type of alleged abuse (2014-15)

Figure 4 highlights the types of reported abuse on all closed referrals within this period. Financial and material abuse was most commonly reported, followed by physical abuse.

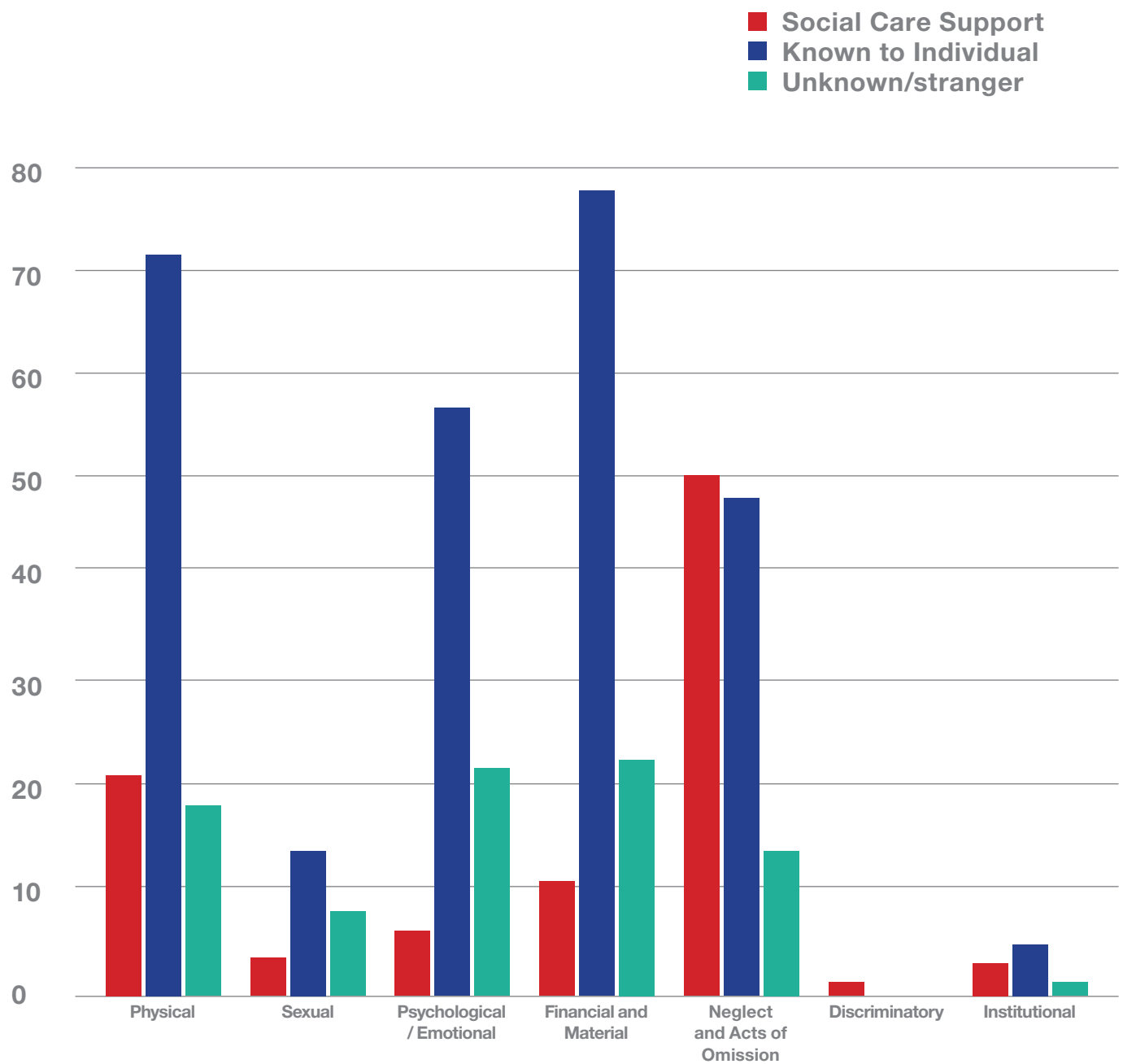


Figure 5: Referrals concluded by setting (2014-15)

Figure 5 illustrates the number of referrals concluded during the 12 month period by category of 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.

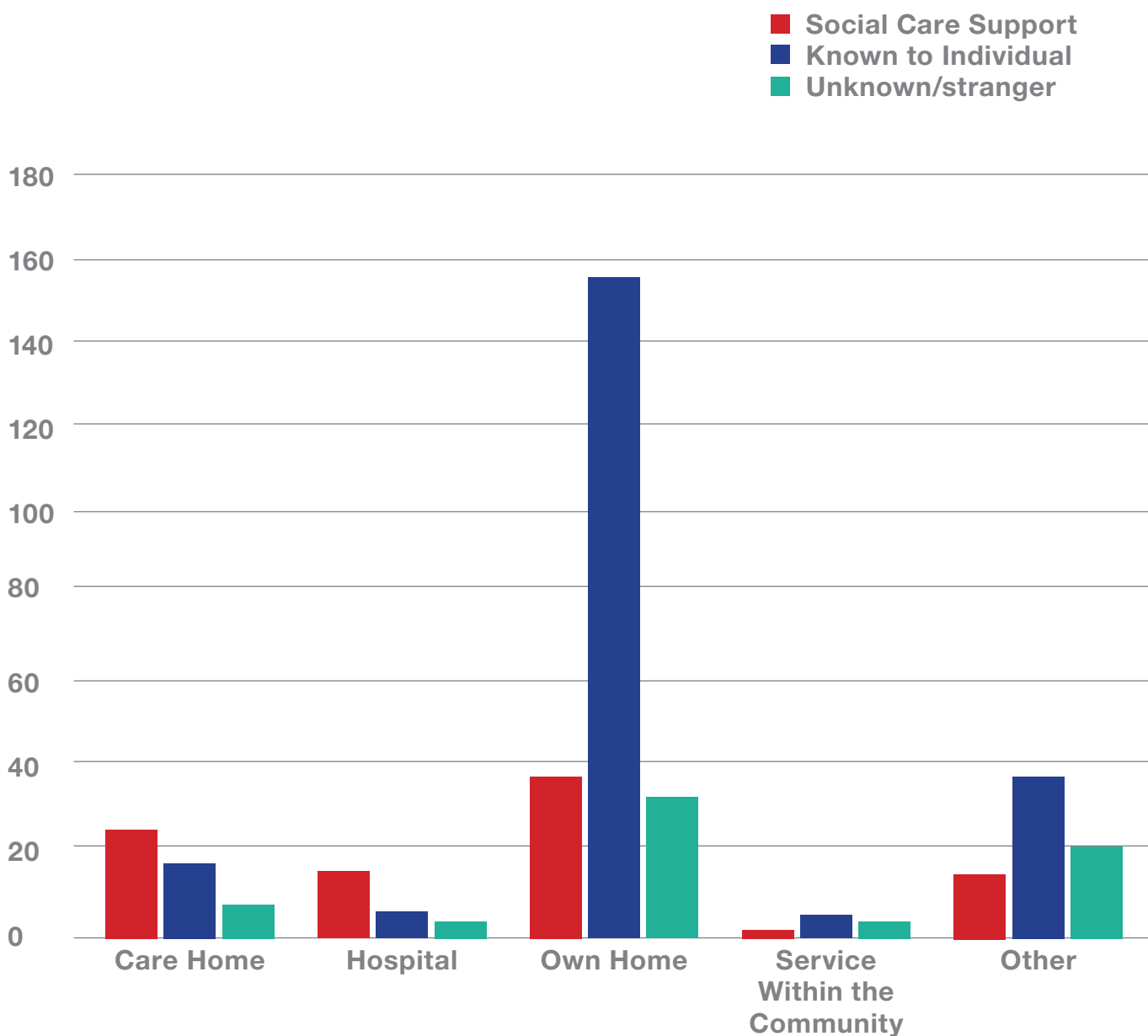


Figure 6: Number of referrals by conclusion (2014-15)

Figure 6 shows the number of referrals concluded during the 12 month period broken down by their conclusion. It illustrates the number of referrals where the potential abuse or neglect was substantiated and also the number where it was unfounded.

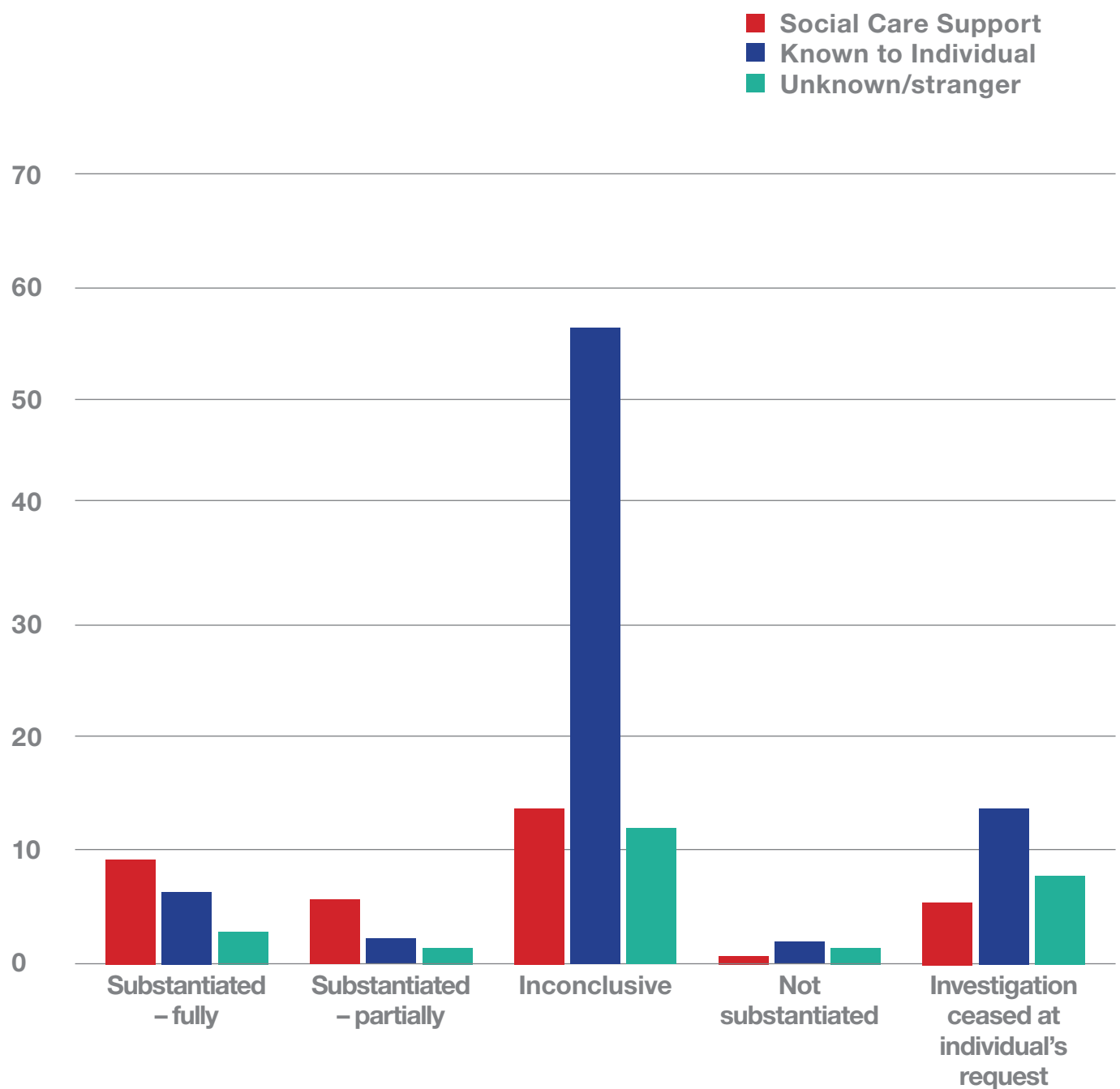


Figure 7: Number of referrals by the result of the action taken (2014-15)

Figure 7 highlights the number of referrals 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 investigation.

- Social Care Support
- Known to Individual
- Unknown/stranger

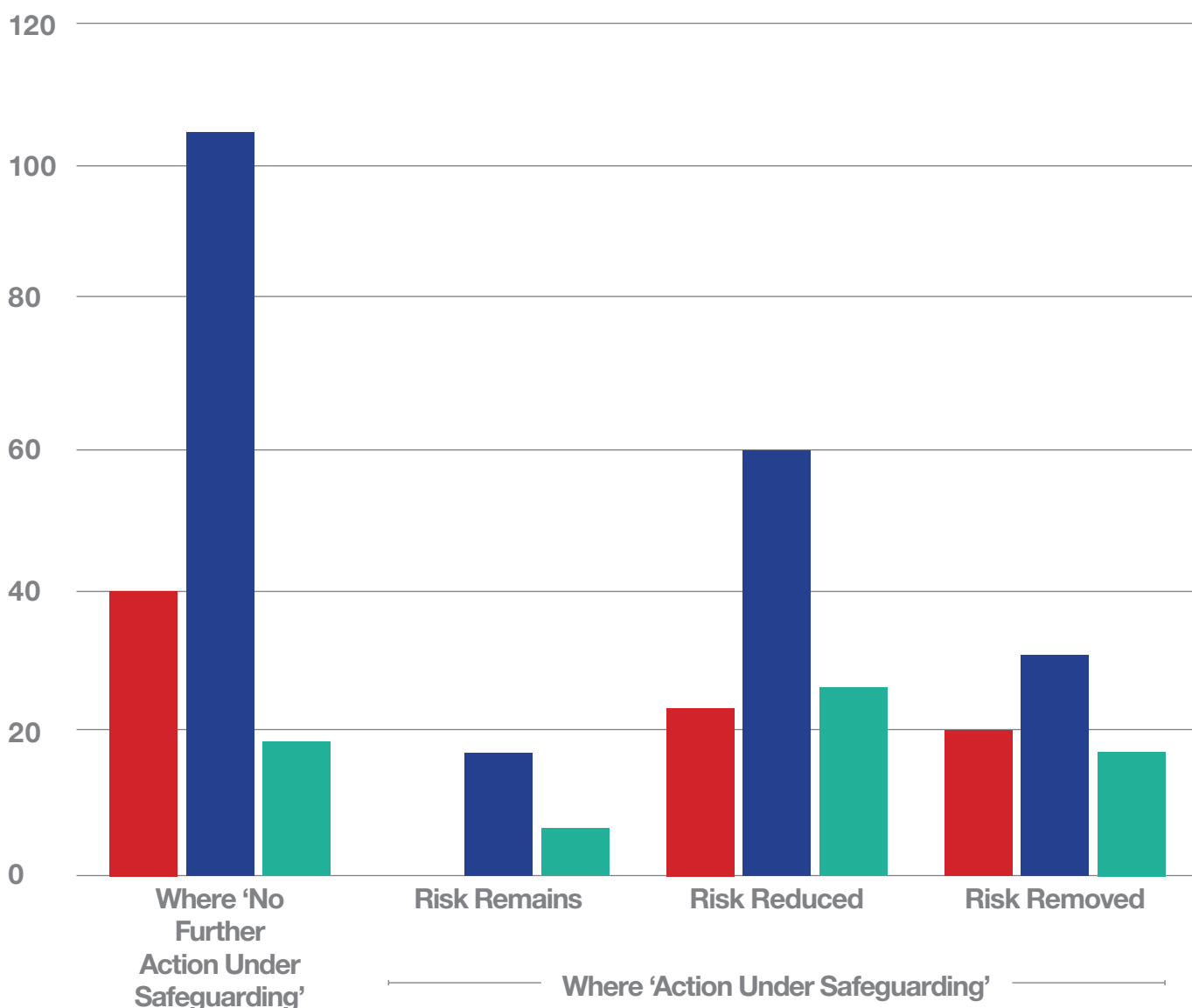
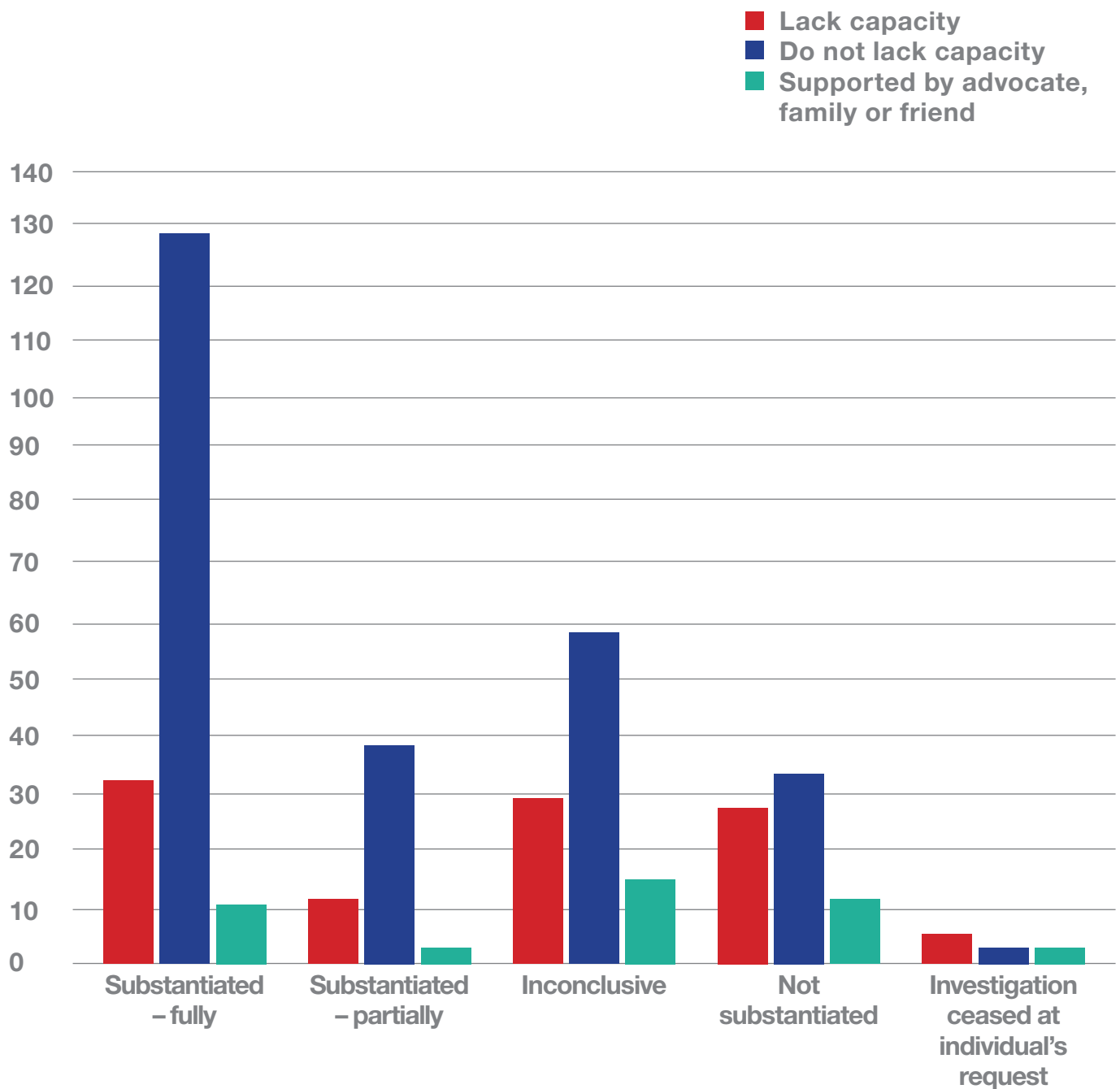


Figure 8: Number of individuals assessed as lacking capacity by age (2014-15)

Figure 8 shows that there were no safeguarding cases where the capacity was unknown. The proportion of people lacking capacity increases with age.



Strategic priorities for the 2015/16 Business Plan and timescales

1. Implementation of the Care Act

- Complete draft Strategic Plan, amend priorities and begin implementation.
- Publish Annual Plan and Strategy.
- Review training for council staff on the Care Act and new pan-London procedures.
- Monitor progress of partners in their action plans for the Care Act.
- Review the plan and report on outcomes and progress in an annual report.

2. Consultation with the wider community

- Hold wider community consultation and publicity event for safeguarding.
- Aim to ensure the wider community are aware of safeguarding adults risks and ways of alerting and preventing abuse and neglect.
- With community involvement, develop ways of working with harder to reach groups in the community including ethnic and other minority groups, specifically regarding the safeguarding prevention and risk awareness agenda involving faith groups, health and housing.

3. Accessible public information and advice on safeguarding

- All partners on SAB to audit and review their publicity on safeguarding and public information on reporting risk and concerns.
- Revise website and publicity for the council.
- Monitor feedback from community and partners on publicity.

4. Strengthen advocacy support for customers including those without capacity

- Develop an audit map of advocacy provision in Newham and ensure customers have access to these services.



- SAB to have a report from Advocacy services on use of advocacy and the impact on service provision.

5. Working with Barts Health Trust to strengthen safeguarding arrangements

- Work with Barts Health Trust to develop robust safeguarding mechanisms
- Receive regular reports on safeguarding alerts from Barts and work with the Trust on training and risk identification by staff.
- Review impact of strengthened arrangement and training.

6. Ensure all partners are meeting statutory requirements for DOLS

- Continue to receive regular reports about DOLS and reviews by MCAs.
- Identify areas of risk.
- Audit impact of DOLS work.

The Partnership Board will ensure that the work of the Board is properly resourced.

More information on definitions and a whole range of issues for all partners working in the area of adult abuse can be found on Newham Council's Information, Advice and Guidance web pages:

www.newham.gov.uk/adultsocialcare

