

1 April 2013 – 31 March 2014

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Message from the Independent Chair

Catherine Jeffrey

This report describes the challenges and achievements of Newham Safeguarding Adults Board (SAB) over the last twelve months.

The Board's role is pivotal in delivering effective partnership working. It has the key task of monitoring safeguarding performance and to help 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 and in the wider community.

This year has seen a national training initiative to improve and develop how safeguarding is delivered: the 'Making Safeguarding Personal' work 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 that the Board has included as a key priority in its work plan.

The new Care Act legislation relating to adult protection now puts Adult Safeguarding Boards on a statutory footing, similar to Children's Safeguarding Boards. This annual report will be a required public document and will include, as this report does, the key statistics relating to safeguarding activity in Newham across all the partner agencies.



This year has continued to see an increase in the number of safeguarding alerts and the sources of these referrals, which indicates an improved awareness of safeguarding concerns but also means more work for all agencies in risk assessment and prevention.

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 Serious Case Reviews (SCRs) into these incidents have contained important lessons for all providers and staff to be ever vigilant in their delivery of care. For Newham Safeguarding Board these cases are timely reminders of the importance of our role in the oversight of organisational care.

The Winterbourne multi-agency working group in Newham continues to report on its work planning and review of long-term out of borough placements, and on the plans for future care for vulnerable younger adults. This has been a good example of focused multi-agency work to assure the Newham SAB of the quality and standard of care to this very vulnerable group of people.

March 2014 saw new developments with regards to the Mental Capacity Act and the Deprivation of Liberty Standards (DoLS). Newham has seen a significant increase in the number of DoLS referrals following this ruling and has put in place a positive action plan to address this important new challenge. There is further information on these developments in this report.

Newham SAB has also undertaken an internal review to monitor the effectiveness of its partnership working. Using a nationally developed monitoring process, all partner agencies were asked to account and detail their commitment to the delivery of safe and good care. This 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.

It is a priority that the Board develops as a learning organisation particularly through the review and analysis of SCRs. This process ensures that all serious cases are subject to independent rigorous analysis to identify key areas for improvement.

Newham SAB 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.

The Safeguarding Adults Board

Chaired by: Catherine Jeffrey since July 2009

Representatives from:

- Newham Council
- Newham Healthwatch (formerly Links)
- Clinical Commissioning Group (CCG)
- North East London and City NHS (NELC)
- East London Foundation NHS Trust (ELFT)
- Care Quality Commission
- Newham Probation Service
- Newham Public Protection Unit (Metropolitan Police Service)
- London Fire Brigade Newham
- Barts Health (formerly Newham University Hospital Trust)
- Safeguarding Adults Team
- LBN Legal Services Division
- London Ambulance service
- Age UK

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. Newham SAB 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.

The 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 mangers, frontline practitioners, commissioners, providers, and representatives from other Partnership Boards, including carers and users of services.

The Serious Case Review (SCR) Panel

The SCR Panel comprises representatives from the Newham SAB and provides oversight and scrutiny of any ongoing serious case reviews. The panel met four times this year to oversee the work and actions in relation to the ongoing serious case review, which is reported further in this report. The SCR Panel's 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.

Children and Adults Joint Strategic Working Group

This group was newly established this 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 begun to identify what quality standards need to be in place to ensure that disabled young people are effectively safeguarded.
- The group has agreed to take a joint approach to communication and produce a

poster about how to refer adults or children at risk of harm.

Joint Health Safeguarding Sub Group

During 2013/14, adult safeguarding was integrated within the CCG's governance and reporting structures. Specifically, the terms of reference of our Joint Health Safeguarding sub-group were widened to include adult safeguarding. The purpose of this sub-group is to provide strategic direction for the health contribution to safeguarding adults and to provide assurance that the CCG and all health care 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). It is attended by the Independent Chair of SAB and other SAB representatives.

This year the group has continued to work in close partnership to ensure safe discharges for those people in Assessment and Treatment Units (ATU) and has seen several successful discharges. The Winterbourne View group link in closely with the newly formed Learning Disability Strategic Network for London.

We have continued our Winterbourne Improvement Group and have a senior manager designated to work on Winterbourne Improvements. This is a partnership approach that includes users and carers, social care, health, commissioning, emergency services,

children and young people's services and providers. We are focusing on how we prevent further admissions wherever possible and how we can ensure people are supported as close to home as possible, if this is their choice.

Keep Safe Reference Group

This group is a reference group of customers, organisations, police and statutory and voluntary groups who are working to together to reduce hate crime and to improve reporting and education via a number of projects and initiatives across customer groups. Next year the group will be chaired by our VoiceAbility advocacy organisation.

Review of the Year

Making Safeguarding Personal

The main emphasis for 2013/14 has been the ongoing work around Making Safeguarding Personal (MSP). MSP is a programme which Newham volunteered to pilot; the intention being to ensure we had person-centred, outcomesfocused 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) and was undertaken with funding from the Department of Health and the LGA. 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.

Safeguarding adults' forms and procedures were updated in 2013 to ensure there is even 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. We will be introducing ways to get customer feedback during 2014 and MSP remains an exciting new development in safeguarding work.

The financial year up to 31 March 2014 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, whilst at the same time ensure 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 Barts Health NHS Trust continues to see the transformation of acute services in East London, which are still being embedded. During this year the Safeguarding Governance team have 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 that cases are referred on appropriately where actual or potential abuse is identified.

NHS Newham has seen other radical changes in the way in which local health services are commissioned and delivered through the newly formed Clinical Commissioning Group (CCG), which came in to effect in April 2013. Newham CCG has taken over responsibility for planning and commissioning a range of health services, including Secondary Care, Community and Mental Health Services for Newham residents and visitors to the Borough.

The aim of the CCG in Newham is to work in partnership with the local community and local health and social care stakeholders to understand local health needs.

Among the key national drivers for safeguarding adults this year have been the Care Bill which received Royal Assent in May 2014 and became the Care Act.

The Care Act sets out the requirement to place all SABs on a statutory footing. It is useful that Newham and its SAB has already been working to the requirements set out in the Care Act. The key requirements and duties include:

• The local authority must make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, being abused or neglected.



• Local authorities will be responsible for establishing and running Safeguarding Adults Boards.

Boards must coordinate and ensure the effectiveness of members' activities.

- The local authority, CCG 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' activity and findings from any Safeguarding Reviews during that period.
- It must consult with the local Healthwatch and involve the community in preparing the strategy.

The Care Act will officially come into effect on 1 April 2015 and work has been in place during the year driven by the National Government Consultation on the regulations and guidance

that were published, and outlines the detail around how the Care Act reforms will need to be implemented. This will be a major focus for 2014/15.

The quarterly SAB meetings have seen 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 2013. The key drivers for change were Making Safeguarding Personal and the requirements of the Care Act, with the priority being consideration to ensure Newham's citizens can live safely and free from harm. To this end an extended SAB took place in May 2013 to agree these along with considerations for how the Board can measure its own effectiveness. The key principles underpinning this was based on the following measures and linked to the Care Act:

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

Despite the many challenges, the Safeguarding Adults Board has had its busiest year yet. The safeguarding team has seen a small increase in referrals received, but in line with many other authorities has seen a slight plateauing of alerts received.

The Adults Transformation Programme has 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 ongoing support are assisted to determine their own solutions from a more responsive market place. Whilst these changes are embedding, the Safeguarding team continues to meet regularly with colleagues to triage existing safeguarding cases to assess the duration of each case, as well as the risk and future planning needed to ensure that these are dealt with smoothly.

Funding Arrangements for the Safeguarding Adults Partnership Board

Newham Council currently funds the Safeguarding Adults Team at an annual cost of $\pounds 255,000$. We have estimated that the total costs of running the board are an additional $\pounds 36,000$ per annum. Partner agencies give their time and commitment to the work of the Board but in the past we asked for a financial contribution of $\pounds 6,000$ per annum to support the costs of the Board.

Breakdown of expenditure

| Independent Chair | £7,500 |
|---------------------------------|---------|
| SCR | £5,000 |
| Annual report & other publicity | £6,000 |
| SAPB Admin costs | £7,000 |
| Training | £10,500 |
| | |
| | £36,000 |

Engagement with Customers

There continues to be a strong emphasis on service 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 Telecare for their support in providing this cover during the evenings, weekends and bank holidays.

In September 2013 we held another successful Financial Resilience event in which customers and carers were invited to hear advice and information from a range of professionals and experts on managing and protecting finances, mental capacity issues, court of protection and making wills. This was the second such event, following on the success and interest in the one held in 2012. During the event there was an opportunity for customers and carers to speak directly with solicitors, advocates, safeguarding adults and mental capacity leads.

Newham Council launched its new 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:

www.newham.gov.uk/safeguardingadults

Customers and their carers or advocates have regularly attended the Risk Enablement Panel and we continue to see greater participation of customers, their families, and/or advocates at strategy meetings.

Serious Case Reviews

During 2013/14 there were no new serious case reviews undertaken. The SCR Panel has been monitoring progress of the three SCRs undertaken during the previous year.

Review of Mental Capacity/Deprivation of Liberty Safeguards Issues

Below is an extract of the key activities for Mental Capacity and Deprivation of Liberty Safeguards (DoLS) during 2013/14. The full report is available separately from Cathy Newcombe.

Deprivation of Liberty Requests 2013/2014

| | Q1 | Q2 | Q3 | Q 4 | Total |
|---|----|----|----|------------|-------|
| Standard Deprivation of Liberty requests received | 24 | 28 | 21 | 27 | 100 |
| of which - also included an urgent authorisation | 6 | 2 | 4 | 7 | 19 |
| DOLS requests authorised | 16 | 19 | 11 | 22 | 68 |
| DOLS requests rejected | 8 | 9 | 10 | 5 | 32 |
| Total number of service users subject to DOLS | 27 | 28 | 21 | 27 | 27 |

- All assessments were completed within the required legal timescales.
- These figures represent a 25% increase in comparison with the previous year, when a total of 80 referrals were received.
- Four of the DoLS rejected in the last quarter were done so on the basis that no deprivation of liberty was occurring.
- One of the DoLS was rejected on the basis that the mental health requirement was no longer met. This care home resident had been previously subject to a DoLS authorisation, but her mental health had improved significantly by the time she was assessed. As she continues to ask to leave the care home her social worker is exploring supported accommodation for her.
- General hospital DoLS referrals remain low: one was received during the last quarter.

Best Interests Assessors

Newham currently has 24 practising best interests assessors (BIAs). Three of the BIAs are employed by East London Foundation Trust (ELFT) and 21 work for London Borough of Newham. BIAs are now paid £150 per service user assessed, on the understanding that the majority of the work involved in this process is carried out in their own time.

Nine workers commenced best interests assessors training courses in the last few months. All are approved mental health professionals (AMHPs) or workers with expertise in the field of learning disability. These new workers have increased the 'pool' of BIAs able to undertake DoLS assessments. Having attended the BIA training courses they are able to assist in developing understanding and awareness of the deprivation of liberty safeguards in Adult Services.

Recent Significant Developments: Mental Capacity Act and DoLS

March 2014 saw two major developments with regards to the Mental Capacity Act and the Deprivation of Liberty Safeguards. On 13th March the House of Lords published their report on the scrutiny of the Mental Capacity Act (MCA). The report found that although an important piece of legislation the MCA is not well implemented because it is poorly understood by both professionals and the public. There is a need to embed the principles of the MCA in all aspects of health and social care. The Committee recommends that an independent body be given responsibility for overseeing and monitoring the Act's implementation. In addition, the Committee recommends that the DoLS be replaced by a simplified, more straightforward process.

March 2014 also saw the publication of the Supreme Court judgement on three significant cases. The Court has ruled that the question to be considered in deciding on whether or not a deprivation of liberty is occurring is whether the individual is under continuous supervision and control and is not free to leave. The individual's compliance or lack of objection, the relative normality of the placement and the purpose behind it are all irrelevant to this objective assessment. This overturns the previous Appeal Court ruling which took account of whether or not the individual objected to the arrangements for treatment and/or care.

The Department of Health has advised that all staff working with vulnerable adults need to familiarise themselves with the provisions of the MCA, in particularly the five principles and specifically the 'least restrictive' principle. There should always be consideration as to whether a care or treatment plan for someone who lacks capacity amounts to a deprivation of their liberty. Existing care plans for individuals who lack capacity should be reviewed in the light of the Supreme Court ruling. When a potential deprivation of liberty is identified all steps should be taken to explore alternative, less restrictive options for providing care. But when a deprivation of liberty is unavoidable this MUST be authorised. Although the deprivation of liberty safeguards can be applied in a care home or a hospital any deprivation of liberty in a supported living setting or a private home must be referred to the Court of Protection.

Newham Action Plan

Newham, along with the rest of the country, is seeing a significant increase in the number of DoLS referrals following this ruling. The following action plan has been devised:

- Newham BIAs have been updated on the Supreme Court ruling.
- Briefings and information have been circulated to Adult Social Care staff.
- A briefing on the Supreme Court ruling has

been included in the Newham Providers bulletin. This will be on the agenda at the Strategic Providers Forum 24th April.

- Practice manager has liaised with Newham University Hospital and East London Foundation Trust MCA leads to discuss implications of the ruling.
- The DoLS team has started to review all the previous DoLS decisions where requests for authorisations were turned down on the basis that no deprivation of liberty was occurring. Priority is being given to those most like the Supreme Court cases, i.e. learning disability with one-to-one support. Providers are being invited to resubmit standard requests for DoLS.
- A number of MCA training sessions have been organised for the next few months. Training providers have been asked to give specific attention to the Supreme Court ruling and the House of Lords report.
- Two MCA forums for staff on this topic are planned for May.
- The Practice Manager will provide briefings and workshops in care home and hospital settings making clear the need for consideration of less restrictive options before resorting to DoLS.

A scoping exercise is collating information on the numbers of customers in care homes, supporting living settings and in family homes likely to fall within the definition of being deprived of their liberty. There will be further discussion with senior managers and the Newham legal department regarding those cases which will need an application to the Court of Protection.

Plans for the coming months

 MCA DoLS project to audit the experiences of service users subject to deprivation of liberty authorisation by contacting their DoLS representatives. • SAB has received a small grant from the Department of Health to develop awareness and understanding of the implementation of the MCA.

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 has your organisation demonstrated that people's lives are improved as a result of safeguarding?

What has your organisation achieved?

- SAB attendance: There has been 100% attendance by Trust representatives at the Newham Safeguarding Adults Board and subgroup meetings.
- Communication: The Trust intranet site was revised to make information more easily available for staff.
- Training: The Trust Level 1 compliance figure remained over 80% throughout the year and was 81% by the end of Quarter four for this year. There will be an action in the Trust Work Plan 2014/15 to complete Level 2 courses designed and delivered for Safeguarding Adults Managers and Champions.
- Service user involvement: There continues to be a service user representative at the Trust Safeguarding Committee. Service users have accessed the safeguarding adults and domestic violence and abuse training and there is a modified version in place which is delivered to all volunteers employed by the Trust.
- Policies: The Trust Safeguarding Vulnerable Adults at Risk policy and procedures was

revised in December 2013 to reflect national changes following on from Francis Report and Winterbourne investigation into wards for people with learning disabilities. The first Allegation against Trust staff guidance was produced. This will be used in safeguarding training for HR staff.

Challenges for 2014/15

• Qualitative information on incident outcomes.

Priorities for 2014/15

- Develop Level 2 & 3 training.
- Case audits across services.

Metropolitan Police Service (MPS) Newham

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

What has your organisation achieved?

In conjunction with the MPS-wide drive to incorporate the safeguarding of vulnerable adults within the existing child-oriented Multi Agency Safeguarding Hub (MASH) system, a process has been developed whereby this is dealt with through the existing MASH desk. Thus, since 1 April 2014, around 120 vulnerable adults have been brought to the attention of MPS Newham via the Merlin system, of which approximately 10% have been referred onwards for further attention.

To recognise the additional work that this will inevitably bring, the MASH desk has been augmented by one extra detective constable. The management model has also been re-aligned to emphasise increased supervision of that unit by a dedicated detective inspector whose responsibilities include the whole Public Protection Portfolio: MASH, Jigsaw, and Missing Persons.

Safeguarding Priorities

- To hold people causing abuse accountable for their actions.
- Where criminal proceedings are deemed inappropriate, to work with partnership agencies to identify courses of action.
- The MPS Newham to concentrate on the correct identification and recording of incidents/offences.
- The MPS should look towards training both at a local and pan-London level with central support for any local initiatives.
- Training needs to include all staff, including investigators and patrol officers.
- Multi-Agency Safeguarding Hub (MASH).

London Fire Brigade Newham

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

The London Fire Brigade (LFB) aims to assist partner agencies in raising the safeguarding agenda both within our own service and the community, ensuring that the needs of the vulnerable are considered and met at all times. Particular attention is to be paid to those most in need of our services, but who may not be in a position to ask for it due to age, disability, deprivation or other factors.

Achievements for 2013/14

- Continued seat on the Newham Safeguarding Adult Board.
- Potentially vulnerable residents referred to local authority partners for further investigations.
- Continued seat on a the High Risk Residents sub-group.

• LFB borough Station Managers have all attended LBN Safeguarding training.

Challenges for 2014/15

• To continue to support multi-agency priorities and ensure personnel and resources are available to assist partners.

LFB priorities within Newham for the coming year are to ensure that those adults most vulnerable from the risk of serious injury or death as a result of fire and who are most in need of our services receive appropriate advice/support.

We will also ensure we:

- Maintain a seat on the SAB.
- 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.

Clinical Commissioning Group

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

Newham Clinical Commissioning Group (CCG) is a healthcare commissioning organisation authorised as a statutory body in April 2013. The following priorities were identified for 2013/14:

- Developing relationships with partners and participating in joint working arrangements at a strategic level.
- Creating a governance and reporting structure for adult safeguarding. This followed from an

internal governance review of all our committee and programme board structures.

- There is limited awareness of adult safeguarding issues and responsibilities among both our staff and member GP practices. The provision of basic information and advice about keeping safe and what constitutes abuse of vulnerable adults was identified as a priority.
- The need to work closely with Newham Council to ensure that we made an effective joint response to the Winterbourne View Review Concordat Programme of Actions for people with a learning disability or autism and behaviour that challenges.

Key areas of progress and achievements

- Newham CCG has maintained commitment to partnership working and has provided both clinical and strategic representation at Newham SAB meetings throughout 2013/14.
- Information and guidance on safeguarding adults was made available to CCG staff and member practices on the CCG intranet. Training has been promoted to GPs and practice staff through the Newham council multi-agency safeguarding adult training programme.
- Examples of joint working on the Winterbourne View Review Concordat.

Programme of actions include:

- Development of a pathway and guidelines to assist the resettlement of patients into the community from assessment and treatment units.
- Expanded advocacy provision out of borough to facilitate enhanced and seamless transition for people returning to Newham.

Challenges for 2014/15

- The Adult Safeguarding Lead post is a new position filled on an interim basis. These arrangements will be reviewed in the light of the statutory responsibilities placed on all CCGs by the Care Act (2014).
- While NHS England is responsible for the commissioning of primary care and Health Education England for healthcare professional education and training, there is no provision for the funding or commissioning of safeguarding training for GP practice staff.
- GPs are not statutory members of Serious Case Review and Domestic Homicide Review panels. However, panel chairs have an expectation that GPs contribute to the review process where appropriate and that Individual Management Review (IMR) reports of their involvement with patients who are the subject of the review are provided. It is unclear who is responsible for writing IMRs in these circumstances, however Newham CCG will continue to support practices by offering to write IMRs on their behalf.

Other significant issues

- During 2013/14 adult safeguarding was integrated within the CCG's governance and reporting structures. Specifically the terms of reference of our Joint Health Safeguarding sub-group were widened to include adult safeguarding. The purpose of this sub-group is to provide strategic direction for the health contribution to safeguarding adults and to provide assurance that the CCG and all health care providers are effectively discharging their duties to safeguard vulnerable adults.
- Five Domestic Homicide Reviews were commissioned in 2013/14 as a result of

domestic homicides in Newham. Resources have been secured to support GP practices to meet review recommendations about staff training and questioning of patients about domestic abuse.

Priorities for 2014/15

- Newham CCG will 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 our acute, community health and mental health providers.
- Work with London Borough of Newham to create a quality assurance matrix for care and nursing homes.
- Work with London Borough of Newham to increase awareness of and engage more closely with the local 'Prevent' counter terrorism strategy.
- Newham CCG will support member practices to access suitable resources for learning and development and develop a training programme for CCG staff.

Newham CCG will promote the commitment to safeguarding adults on the website and include signposting for website visitors to make referrals if they have a concern about the abuse or neglect of a vulnerable adult.

Newham Safeguarding Children's Board

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

Achievements for 2013/14

At the beginning of 2013, the Board approved a business plan that contained the annual priorities. Over the course of the year, almost all of these targets have been met. Key achievements for this year include:

- Multi-agency Performance Report and Audit to support continuous improvement of practice.
- Governance arrangements have been redesigned to focus on impact and outcomes.
- Missing and Child Sexual Exploitation processes established.
- Multi-agency arrangements to tackle youth violence.
- Training and services for victims of domestic violence.
- Early help offer defined and thresholds for services agreed.
- Greater participation of children and young people.
- Safeguarding children across faith and culture.
- Delivery and Impact of the NSCB Training Programme.

Much has been achieved in 2013/14 and going forward into next year the board will be focusing energy and resources on four key areas in order to ensure the safety and wellbeing of children and young people in Newham.

Priorities for 2014/15

- Improving accountability, challenge and communication to develop the effectiveness of the SAB.
- Informing, planning, monitoring and evaluating local services, including those related to specific vulnerable groups of children and young people such as:
- Disabled children.
- Children at risk from harmful practices.
- Housing and impact of Welfare Reforms.
- Parental risks: including domestic abuse, mental health and substance misuse.
- Youth Safety: including bullying, sexual exploitation, missing and gangs.
- Continuing to increase young people's engagement with the board.
- Workforce development, learning and multiagency working.

Challenges for 2014/15

- Establishing the number of local children living in homes where there is known substance misuse, mental ill-health of a parent/carer and/or domestic violence.
- All relevant data is provided by partners to compile a comprehensive NSCB Performance Report, on a quarterly basis.
- Extending the reach and capacity of the CSC and NSCB audit programme to cover the above priorities.

Barts Health NHS Trust

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

This year has been a time of transition and development for the Safeguarding team. Barts have now fully recruited to the team which is made up of a lead post Head of Safeguarding Adults, a Safeguarding Co-ordinator, a Lead Nurse for Learning Disabilities and an appointment made to lead in mental health, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards and the PREVENT Strategy. The team also has a designated administrator.

The learning disabilities post is a new post, developed in response to feedback from carers regarding the need to improve the support offered to people with learning disabilities who are admitted to hospital.

The appointment of a lead for the Mental Health Act (MHA), the MCA and DoLS occurred before the Cheshire West judgment but will support the new and increased workload deriving from that judgment as well as the Trust-wide training needs that follow from it. Since the appointment, the Trust's MHA arrangements have been consolidated, through the agreement of an SLA for MHA administration with each of our partner mental health Trusts. The post holder also has responsibility for leading a work stream relating to the use of restraint in clinical settings.

CQC Inspection and Safeguarding

The Care Quality Commission (CQC) undertook an extensive inspection of services across Barts Health throughout November 2013. One key recommendation to the safeguarding agenda is that the Trust should improve how it listens to staff and responds to their concerns. The key actions include:

- Re-affirm that bullying and harassment have no place in the organisation.
- Provide an anonymous web-based tool for staff to use to contact a director personally for help, advice or to raise concerns.
- Extend the staff partnership forum to improve engagement and hear staff views from across the Trust.
- Commission independent research to investigate and understands staff experiences in the workplace.
- Promote a safety culture in particular the visibility of managers.

Plans for 2014/15

- Training for the PREVENT initiative will be commenced in the Emergency Departments. The safeguarding children team will be involved in the organisational assessment process for PREVENT to ensure an integrated approach.
- The Statutory training books will be developed further to include information about human trafficking, Female Genital Mutilation and more detailed information about learning disabilities and the PREVENT agenda.
- The procedures in place to ensure timely and effective multi-agency working with the three main boroughs are being clarified to ensure that expectations and timeframes are understood and met.
- Work priorities will be clarified and agreed following a review of the evidence available to support achievement of the standards outlined in the Safeguarding Adults Audit Tool.
- To increase the involvement of clinical services in the integrated safeguarding assurance committee to receive regular assurance reports from them.
- To agree a sector-wide pressure ulcer reporting pathway in relation to safeguarding, via the CCGs and borough safeguarding teams.
- To agree an internal standard operating procedure for contributing to Serious Case and Domestic Homicide Reviews.
- To further develop the internal safeguarding tracker to enable more detailed data capture and analysis.



Review of Training

Training events relating to safeguarding of adults were significantly reduced during the past year, primarily because a major procurement exercise required to commission a new set of trainers proved to be protracted and time consuming. However, it was an extremely useful exercise as the local authority now has a bank of highly skilled trainers to deliver a flexible programme over the next three years, reducing the need for annual commissioning and allowing the programme to have more flexibility.

This delay meant that no trainers could be commissioned until late in the financial year so a limited range of other training activities took place using internal staff resources. These were primarily delivered in partnership with local Safeguarding Officers.

| Courses | that took | place | over the | course | of the year |
|---------|-----------|-------|----------|--------|-------------|
| 0001000 | | place | | 000130 | or the year |

| Course title | Target group | Number of courses | Attendance |
|---|---|-------------------|---|
| Good Practice & Safeguarding Adults – The Newham Perspective – a half day session | GPs | 2 | 34 GPs across 13 practices |
| Good Practice & Safeguarding Adults – The Newham Perspective – 1 day course | GP Practice Staff | 2 | |
| Good Practice & Safeguarding Adults – The Newham Perspective – 1 day course | For all staff at Anchor House | 3 | 49 from Caritas Anchor House 4 from St Mark's Community Centre |
| Taking Minutes at Safeguarding Meetings – 1 day course | Open to all relevant staff who take minutes at safeguarding meetings across Adult & CYPS | 2 | 8 from CYPS 12 from Adults Services 1 from CCG |

Though only a very limited amount of courses were commissioned through Newham council's Quality & Workforce Development Team, those that took place were consistently highly evaluated. Most delegates gave ratings of good or excellent.

Although not the usual multi-agency training programme, the courses offered did have different benefits. Primarily for single agency groups they offered the opportunity for a large number of workers from the same organisation or team to be trained at once and this, providing managers with a valuable opportunity to measure and maximise the impact of the training intervention on working practice. A greater number of workers trained at the same time should lead to a greater impact on practice and greater support for staff who can share their thoughts, ideas and concerns about safeguarding with their peers.

Incidents of lateness and late cancellation or absence are reducing now that the cancellation policy is being strictly enforced and places are being limited to no more than four per team or organisation to ensure a multi-agency audience.

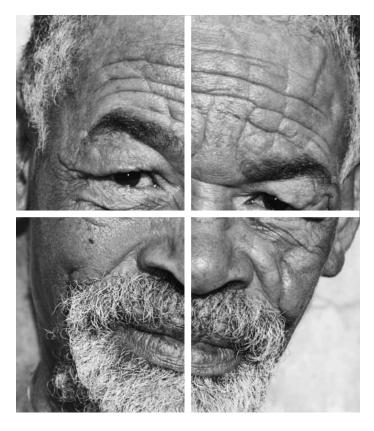
The revised programme which commenced in March 2013 and will run through to March 2016 has taken on board issues arising both locally and nationally with the following courses making up the core programme:

- Good Practice and Safeguarding Adults The Newham Perspective
- Safeguarding Adults The Role of the Investigator
- Safeguarding Adults The Role of the Manager in Provider Organisations
- Safeguarding Adults Managing Safeguarding Meetings

- Whistle Blowing Sessions for managers followed by sessions for front line staff
- Awareness of the Mental Capacity Act
- Implementing the Mental Capacity Act

All linked to national safeguarding competences, these courses will equip workers at all levels with the skills and knowledge to carry out their roles effectively in relation to safeguarding adults.

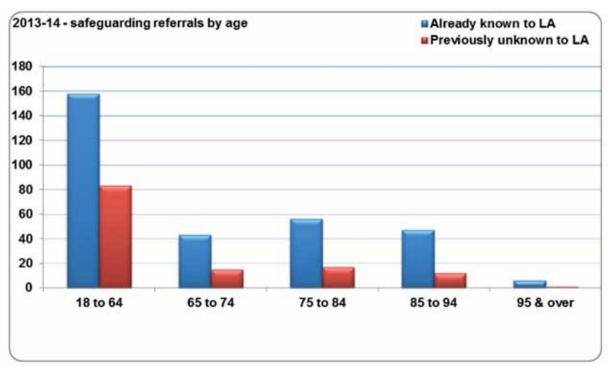
Now having a pool of cutting edge trainers to deliver the programme we are able to be more flexible with it, running more courses if demand is high, or reducing the number if necessary. Using the same small pool of trainers over a three year period also ensures consistency, familiarity with Newham's local information, procedures and processes, and a confidence that they can adapt the courses to include the changes to safeguarding that accompany national directives including the Care Act.



Summary of Safeguarding Adults Statistics

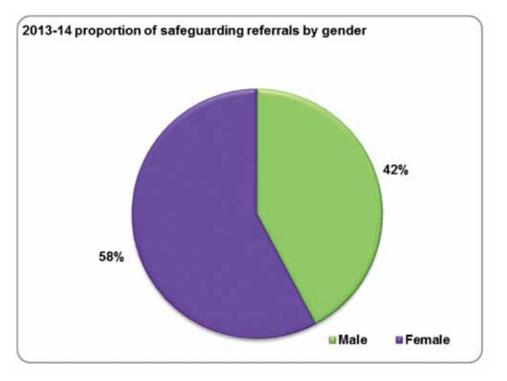
How many cases of abuse have been reported in Newham?

Graph 1 highlights the number of abuse cases that have passed to the referral stage. It details these by age range and if they were already a customer of adult social care. As the Graph shows, the highest numbers of referrals received are for our customers in the 18-64 age range who are already known to services. This is in line with Newham's demographics.



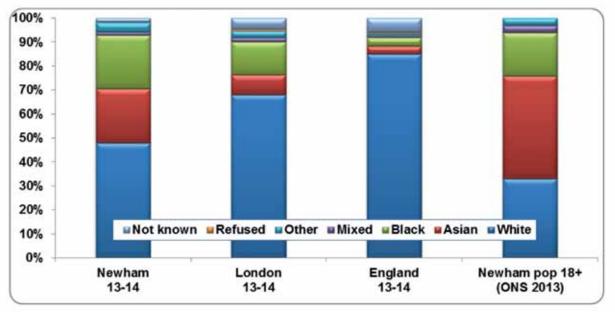


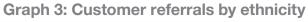
Graph 2 identifies the gender of the customers by known or unknown status. Females known to the council are more likely to be harmed, which is consistent with the higher support needs of this group.



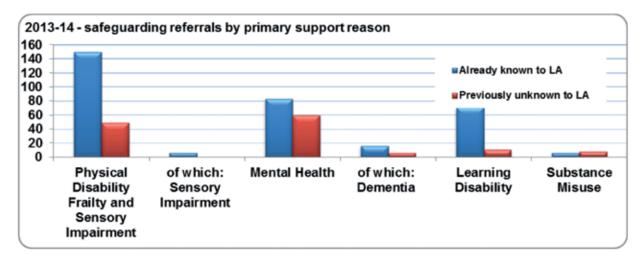
Graph 2: Gender of customer by status

Graph 3 shows the number of customer referrals by ethnicity. The highest reported group remains the white population (this descriptor includes people from our increasing Eastern European communities). The customers in this white section tend to be those from the over 65 age groups, 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.





Graph 4 details the primary reason for support. The support needs category shows the same trend observed in previous years. Those from the physical disability, frailty and sensory impairment group (which includes the majority of older people) and people with mental health problems continue to have high levels of support needs. However, compared to the general population, people with learning disabilities remain the most disproportionately likely to experience abuse.

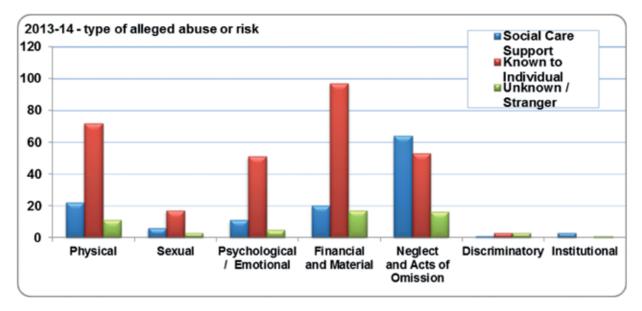


Graph 4: Primary reason for support

Graph 5 highlights the types of reported abuse on all closed referrals in the 2013/14 period. This year, incidences of neglect have risen higher than previous years where neglect, financial and physical abuse were on par with one another. This is due to increased referrals in grade 3/4 pressure ulcer alerts which are reportable.

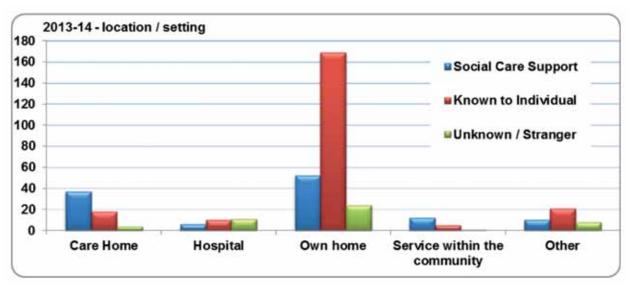
This table is also presented differently from previous years. The questions focus on the person

alleged to have harmed, and have been grouped into three. So anyone who is known to adult social care or receives a service is listed within this column, including referrals against care providers. The other two columns are broken down by people/services known to the person and those who are not known.



Graph 5: Types of abuse

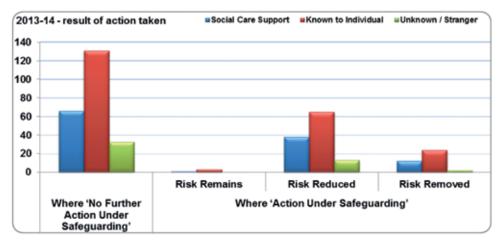
Graph 6 provides data on the number of referrals concluded during the 12 month period by category of the setting of abuse or neglect. This is to give a picture of what is believed to be happening and where potential risks might be arising. This Graph indicates that people are the most at risk from someone they know from within their own home. Ongoing breakdowns of 'Others' will be undertaken to understand where this has occurred as on the whole most incidences of safeguarding should fit within the key descriptors.



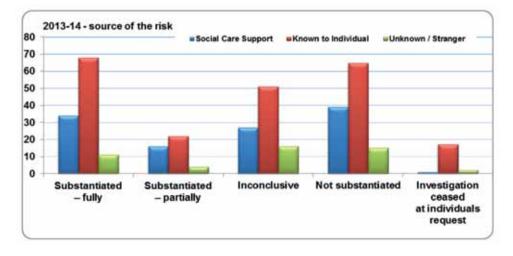


Graph 7 shows the number of referrals by the result of the action taken to support management of the risk of abuse or neglect. The action taken should be recorded at the point at which the referral is concluded, but may include actions taken earlier in the investigation. The decision about the result should reflect the views of the individual (or the person acting in their best interests where applicable) wherever possible. This is to give a picture of the effect that supportive action has had on the risk of abuse or neglect in relation to the source of the potential risk. Within this Graph just under two thirds of those concluded were no further action under safeguarding. This is higher than usual due to a large number of older cases closed prior to the triaging of alerts or because on investigation, the concerns were not found to be safeguarding.





Graph 8 highlights the number of referrals concluded during the 12 month period broken down by their conclusion. For example, it will show the number of referrals where the potential abuse or neglect was substantiated and also the number where it was unfounded. This gives a picture of the conclusions broken down by the organisation or individual believed to be the source of the risk, in order to inform the protection arrangements for the individual. On a local level this highlights that there is an almost equal number of cases where the outcome was judged to be Substantiated and Not substantiated. This variation should change over the coming years as the triaging of cases improves and the involvement of the customer in the safeguarding process becomes more user-led.

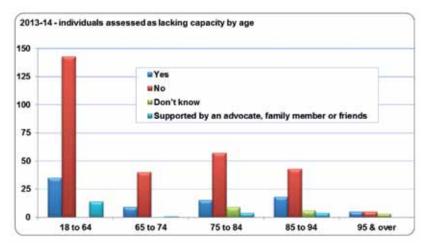


Graph 8: Number of referrals concluded during the 12 month period by conclusion

Graph 9 provides data on the number of individuals subject to safeguarding procedures who were assessed under the Mental Capacity Act (MCA) as lacking capacity to make informed choices about their safety in relation to the risk identified in the safeguarding context.

It also seeks to identify, of those individuals that have been assessed and lack mental capacity, how many had the support of an advocate. This can include an Independent Mental Health Advocate (IMHA), an Independent Mental Capacity Advocate (IMCA) or non-statutory advocate, family member or friends. It seeks only to capture the number of people who had support or representation, not the number of occasions where support or representation was given. Within Newham, the concluded referrals highlighted that most of the customers have capacity, particularly within the younger age ranges. Capacity has to be assumed unless there is a reason to doubt this or the person has an impairment of, or a disturbance in the functioning of, the mind or brain. To ensure that this information is correct the revised forms now identify capacity at the end of the process to ensure that there is accurate recording; previously this was captured at the beginning of the safeguarding process. The use of Advocacy and Independent Mental Capacity Advocates assists the board to assess the level of referrals to these services. This ensures that there is a monitoring and review function available, and that services are undertaking their legal responsibility.

Graph 9: Number of individuals subject to safeguarding procedures who were assessed under the Mental Capacity Act (MCA)



There were no serious care reviews commissioned during this financial period.

Newham SAB Strategic Priorities for 2014/15

At the point of going to print the SAB had met to discuss a strategic plan and key priorities, the summary of which is awaiting sign off.

In summary the Safeguarding Adults Board will continue to strengthen its partnership arrangements, improve its governance, business arrangements, and operational effectiveness to deliver against its priorities.

The Safeguarding Board in Newham has five key priorities which underpin its work and will be reflected in the strategic plan:

- 1. Ensuring effective leadership and governance of all safeguarding adults processes and practice.
- 2. Prevention: ensuring systems are in place to predict high risk and prevent possible abuse.
- 3. Responsiveness: ensuring a coordinated and effective response to abuse with timely outcomes.
- 4. Strengthening joint working and practice across agencies and the wider community.
- 5. Identifying emerging good practice to ensure continuous improvement.

The SAB will seek to achieve these priorities in the following ways:

- 1. By ensuring the safeguarding of vulnerable adults in Newham is the highest priority for all organisations.
- 2. Providing independent governance and audit of safeguarding practices.
- 3. Promoting, informing and supporting work to safeguarded adults in Newham across all the partnership agencies.
- 4. By developing Newham's strategic safeguarding policies, and ensuring the inclusion of these policies in the strategy documents and plans of all agencies.

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 online:

www.newham.gov.uk/safeguardingadults

Karen Bohan/ Mandy Oliver

Senior Safeguarding Advisors (Job share)

Int: 33620/37164

DDI: 0203 373 3620

Mobile: 07789923433 / 07786661747

Mail: mandy.oliver@newham.gov.uk

karen.bohan@newham.gov.uk



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