

Enfield Safeguarding Adults Board

Safeguarding Adults Strategy 2015 – 2018

‘Making Safeguarding Personal in Enfield’

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Foreword from the Chair

Foreword from Councillor McGowan

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What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons and is often a crime.

Adult safeguarding applies to all adults who are over 18 years of age who have care and support needs, and who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves.

An adult with care and support needs may be:

- An older person,
- A person with a physical or learning disability or a sensory impairment,
- Someone with mental health needs, including dementia or a personality disorder,
- A person with a long-term health condition,
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living,
- A carer, providing unpaid care to a family member or friend.

Adult safeguarding applies whatever setting people live in, and regardless of whether or not they have mental capacity to make specific decisions at specific times.

An adult at risk could also include someone who does not receive community care services but because they have been abused or are at risk of being abused, they could become vulnerable. The adult may not be able to protect themselves against harm or abuse. Abuse can take many forms, including the following:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse; honour based violence
- Sexual abuse – including rape, sexual harassment, inappropriate looking or touching, subjection to pornography or sexual acts to which the adult has not consented or was pressured into consenting
- Psychological abuse – including emotional abuse, threats of harm or abandonment, humiliation, blaming, controlling, intimidation, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use coercion and deceit

- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home.
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

Other types of abuse

The **Domestic Abuse** definition includes **coercive control** which is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Hate crime - A crime motivated by racial, sexual, or other prejudice.

Female Genital Mutilation – also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons".

If you are concerned that somebody you know is being abused or you want to report abuse, please ring the adult abuse line on

020 8379 5212

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Introduction and Aims

This strategy is about preventing the abuse of some of the most vulnerable people in Enfield. It is about ensuring adults at risk are supported, their dignity is respected and they can live free from harm and abuse. We believe that everyone who works, lives and visits Enfield can contribute towards making the borough a safer place.

We (the Safeguarding Adults Board) are responsible for assuring ourselves that local safeguarding arrangements and partners act to help and protect people in Enfield. From April 1, 2015 Safeguarding Adults Boards will become statutory, which will have a positive effect on how we all work together to keep people safe.

It is often said that prevention is better than cure. We know that people are being harmed often by the very people they should trust. This strategy will help us to set out what we can do together to help stop abuse from happening in the first place.

We want to make sure that when harm does occur the care and support provided is person-centred and that adults at risk are able to maintain choice and control of their decisions. We want to enable people to resolve their circumstances, recover from abuse or neglect and realise the outcomes that they want. Where an individual might need assistance to make decisions we will ensure they have the necessary support to enable this.

People have complex lives and being safe is only one of the things they want for themselves. We believe professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

One families experience A young woman with a severe physical disability was visited daily by her mother, who provided care and support. It was found that the mother sometimes hit her daughter, which was reported by a visiting domiciliary care worker. The local authority worked with the daughter to discover what she would like to happen. It was discovered that the mother often hit out when her daughter was anxious and being aggressive towards her. Support was offered to the mother to make the caring role easier, with additional sitting services and outreach workers.

Our aims is that we work with local people and our partners to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

What the law says

Although protecting adults from abuse or neglect has been a priority for local authorities for many years, there has never been a single legal framework for adult safeguarding.

The Care Act 2014 sets out the first statutory framework for safeguarding adults and uses as its terms of reference the report of the Law Commission into adult safeguarding published in 2011.

Key elements of the Care Act are:

- To place Safeguarding Adults Partnership Boards on a statutory basis.
- Core membership of the Board needs to consist of the local authority, Clinical Commissioning Group and Police.
- Partners or organisations must provide information to the Board as requested
- Carry out Safeguarding Adult Reviews when someone with care and support need dies or is seriously injured as a result of abuse or neglect and there is concern that the local authority or its partners could have done more to protect them
- Annual Report and Strategic Plan for the Board to be published.
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required

The Local Authorities has the lead to make enquires, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed.

This strategy has been developed to ensure that the requirements of the Care Act 2014 will be implemented with the support of the partnership and local communities.

Making Safeguarding Personal

In Enfield the adult at risk is the most important person in safeguarding; to be able to maintain their choice and control over their situation and have outcomes that not only make them feel safe, but contribute to their overall wellbeing.

Making Safeguarding Personal is to bring about more person-centred responses, which can be beneficial to people in safeguarding circumstances. It is about exploring with the adult at risk of abuse (and/or their representatives, advocates or Best Interest Assessors) the options that they have and what they choose to do about their situation. Our strategy is aimed at **improving outcomes**, which means asking the adult at risk what they want at the beginning and throughout the safeguarding intervention. It is important for the adult at risk and for those who support them that we ask at the end of the safeguarding process to what extent their outcomes have been achieved.

Mental Capacity Act

The Mental Capacity Act (MCA) says that a person is unable to make a particular decision if they cannot do one or more of the following four things:

- understand information given to them
- retain that information long enough to be able to make the decision
- weigh up the information available to make the decision

- communicate their decision

The Mental Capacity Act is a law about making decisions and what to do when people cannot make some decisions for themselves. When people cannot make a decision for themselves, this is called lacking capacity.

The MCA protects people's basic human right to live the lives that they choose as far as they are able. This strategy is about integrating the principles of the MCA into care planning and practice to transform the experience of adults with care and support needs.

One person's experience A young person with a learning disability and sight impairment lived in a care home where he stayed for his safety under a Deprivation of Liberty Safeguard. This young person was not allowed to access certain areas of the home during times, which London Borough of Enfield felt restricted this person's choice and control. Working with the care home the policies were changed to improve outcomes for all of those who used the service, giving them more freedom.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards are for people in a hospital or care home, who for their own safety and in their own best interests, need to receive care and treatment that may have the effect of depriving them of their liberty, but who lack the capacity to consent to these arrangements.

Deprivation of Liberty Safeguards are the way to give people the protection they need when they are being cared for or treated in ways that deprive them of their liberty.

The deprivation of a person's liberty is a serious matter and should not happen unless it is absolutely necessary. These safeguards have been created to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities.

Enfield's strategy has been developed to ensure not only compliancy with the DoLS, but that we can go further to prevent abuse and harm through identifying those who lack capacity and may be at risk.

Advocacy

The local authority must involve people in their assessments and in planning and checking their care and support.

If people find it difficult to be involved and there is no-one else to speak for them, the local authority must find that person an independent advocate.

Safeguarding Adults in Enfield

What is Safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent abuse and stop the experience of abuse or neglect.

Why a local strategy?

Safeguarding is everyone's business and a local strategy is key to supporting our work with local people and with partners to ensure that adults who may be at risk are:

- safe and able to protect themselves from abuse and neglect;
- treated fairly and with dignity and respect;
- protected when they need to be;
- able to easily get the support, protection and services that they need;
- and support people who may be at risk of harming others

Our strategy sets out where we want to get to and how we can evidence that we have achieved these aims.

The Safeguarding Principles

The Care and Support Statutory Guidance issued under the Care Act 2014 sets out six principles. These principles help us as a Board to set out how we will work together and with adults at risk of abuse.

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

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

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

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

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

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

Protection – Support and representation for those in greatest need.

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

Partnership – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

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

Accountability – Accountability and transparency in delivering safeguarding.

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

How we will get there

These 6 principles form the basis of our safeguarding adults strategy action plan, in which we set ourselves, the partnership and community specific actions to prevent and respond to abuse. Our strategy action plan can be found in Appendix A.

The Safeguarding Adults Board will agree annual action plans and as required. New tasks identified throughout the delivery of this strategy will be included.

Working with local people and our partners

Safeguarding is everyone's business. There are a number of organisations in Enfield which work to stop abuse from happening in the first place and working with adults at risk when abuse does occur.

The local authority is the lead for making enquiries. They have a duty to work with adults at risk to help keep them safe where abuse is alleged. The local authority often work with people who offer health social care support, such as community nurses, GPs, social workers, psychologists and personal assistants; they can help to identify people who are at risk of being abused and often if a service is not maintaining the safety and well-being of people.

Social Services and Health Commissioners (like contracts managers) are responsible for planning, paying and commissioning services; providers in turn have a responsibility to provide safe and high quality care and support. As employers they should make sure they do not give jobs to people who might hurt or abuse. They carry out checks, (for example Disclosure and Barring Service (DBS) checks) to find out whether new staff have abused people in the past.

Some kinds of abuse are also crimes (for example sexual abuse, domestic abuse, stealing). These things should be reported to the police, who may carry out an investigation. The police have powers to initiate specific protective actions which may apply, such as Domestic Violence Protection Orders (DVPO). It is important that other options are available to people including restorative justice. This gives the person who has been abused the chance to tell their abuser the real impact of their action, to get answers to their questions and to give the person who has harmed the opportunity to explain why they carried out the abuse and the chance to repair the harm.

The Care Quality Commission (CQC) and Healthwatch are responsible for inspecting services. Their job is to make sure that services offer good, safe care and support.

Safeguarding Adult Board in Enfield has the main objective of assuring itself that local arrangements and partners act to help and protect adults at risk in its area from abuse.

Consulting with local people

Working with our local communities is important to help make sure everyone can access help and support if they are at risk and they can recognise abuse and report this. Often friends and family are good at noticing when people might have been abused or are in services where they are not safe. People who live, work and study in Enfield are important partners in helping to raise awareness, knowing how to protect people and how to report abuse. We actively seek views of service users or their representatives to ensure we hear what their views and experiences are, what we do well and where we can make improvements.

It's important that people feel listened to and are able to state what outcomes they want from the outset of any safeguarding processes and that they are involved throughout.

We want to make sure:

- People are aware of safeguarding and know what to do if they have a concern or need help
- Recognise abuse when it takes place
- Know who to contact in case of abuse
- Feel listened to and are able to say what they want
- Are involved and maintain choice and control
- People are communicated with clearly
- People are aware of risks and maintain choice and control over their circumstances
- People feel and are safer as a result of safeguarding action being taken

How we will measure our success

The Safeguarding Adults Board, along with partners and local people, has accomplished many actions which have strengthened the care and support to adults at risk experiencing abuse. But, we continue to look for innovative ways to improve on the safeguarding services we provide. Our strategy will be reviewed and updated annually through the course of 2015-2018.

1. We will measure our success by:
2. Demonstrating people can access support at the earliest time to reduce or prevent the risk of harm (prevention)
3. Where it is identified that people are isolated and lonely and potentially at risk, regular contact is made and a welfare assessment conducted (prevention)
4. Demonstrating work with people at risk of harming others (protection)
5. Demonstrating that everyone is supported to make decisions about keeping themselves safe (proportionate)
6. Ensuring Cabinet, Board and Executive level engagement across the partners in safeguarding adults (partnership)
7. Demonstrating that people are supported to achieve their outcomes (empowerment)
8. Demonstrating that the Safeguarding Adults Board fulfils its statutory responsibility (accountability)

9. Publishing our strategy and annual action plans (accountability)

Success means that we deliver on our action plans, we continue to work in partnership to achieve them, and we demonstrate that arrangements are in place to help prevent abuse so that people feel safer.

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Key Priority 1: Empowerment

The person should feel in control and decide what they want to happen

Objective 1.1: Mental capacity assessments and the Deprivation of Liberty safeguards are carried out in compliance with new requirements under the Care Act 2014 and with regard to ensuring individuals who lack capacity have support to optimise their well-being and control.			
Action and Milestones	By when	By Whom	Progress
Provide guidance and clarity on supported decision making and how we capture this information to inform the SAB	January 2016	Lead for Policy, Practice and Procedures sub-group work	
Best Interest Assessor course for Continuing Healthcare Nurses <ul style="list-style-type: none"> ▪ Course design and dates arranged ▪ Course delivered 	Sept 2015 Jan 2016	AD Safeguarding, Enfield CCG	
An evaluation of the training program and its deliverance in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards	January 2016	Lead for Safeguarding BEH MHT	
Protocol for restraint in care is reviewed to ensure this is applied in line with legal requirements and with the least restriction to the safety and well-being of individuals	January 2016	Lead for Safeguarding BEH MHT	
To ensure adequate funding for MCA and DoLS by placing a bid with NHS England	April 2015	AD Safeguarding, Enfield CCG	

Objective 1.2: Enfield to become a gold status authority with the Local Government Association 'Making Safeguarding Personal' (MSP)			
Action and Milestones	By when	By Whom	Progress

The Safeguarding Adults Board to receive six monthly updates on the work plan being implemented in Adult Social Care to achieve gold standard level in Making Safeguarding Personal.	6 monthly, commencing Sept 2015	Head of Safeguarding Adults LBE	
SAB partners to develop an action plan on implementation of MSP; this is reviewed by partners with service user involvement on an annual basis	Commencing June 2015	All SAB partners	

Objective 1.3: To support a cultural shift and embedding of person centred safeguarding support and processes			
Action and Milestones	By when	By Whom	Progress
Set out a baseline to report progress which will measure and monitor this shift	September 2015	AD for Adult Social Care, LBE	
Training Action Plan	November 2015	Head of Learning and Development, LBE	
Interview service users to gain insight into person centred care within nursing homes via an audit	March 2016	Lead for Safeguarding, Enfield CCG	

Objective 1.4: Those who use services to have equal access to service through maximising the communication tools of the Safeguarding Adults Board partnership to raise awareness of abuse, prevention and services.			
Action and Milestones	By when	By Whom	Progress

Develop and implement a communication plan with the Service User, Carer and Patient sub-group of the SAB, which will include: <ul style="list-style-type: none"> ▪ Information for people who arrange their own care ▪ Support to carers at risk of harming or at risk of being harmed ▪ Use of all media options 	Aug 2015	SCP Group but work allocated to all SAB partners	
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Objective 1.5: Ensure all personalisation developments including risk management and the marketplace embed safeguarding adults			
Action and Milestones	By when	By Whom	Progress
Update report from Adult Social Care, LBE, on current safeguarding arrangements within marketplace Identify and set out within action plan any additional requirements for safeguarding as set out within Care Act 2014, which would impact upon personalisation and marketplace arrangements	June 2015	AD Adult Social Care, LBE	

<p>Empowerment Outcomes we expect to see and report on:</p> <p>Our safeguarding processes can demonstrate when audited that individuals or their advocates have person centred care and support</p> <p>Information is available in a wide range of formats</p> <p>Gold Standard Level in Making Safeguarding Personal is achieved</p>
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Key Priority 2: Protection

Stop abuse before it happens

Objective 2.1: For individuals in Enfield to have appropriate information on abuse and how to stop abuse before it happens			
Action and Milestones	By when	By Whom	Progress
To receive information from front line staff within partnership organisations to the SAB on any issues faced that prohibits or contributes to prevention of abuse	Current and ongoing	All SAB partners	
Target information about safeguarding services to groups in Enfield based upon demographic profile against number of alerts received (equality of access) <ul style="list-style-type: none"> ▪ Performance (LBE) to provide quarterly data on alerts against demographic profile ▪ LBE Safeguarding to arrange 1-2 targeted information sessions per quarter in response 	Quarterly	Performance and Safeguarding, LBE	
Safeguarding Adults and Children's Awareness Week	Sept 2015	Voluntary Sector Partners on SAB (with support LBE Safeguarding)	

Objective 2.2: Individuals experiencing safeguarding concerns to have access to appropriate advocacy			
Action and Milestones	By when	By Whom	Progress
The criteria for access to advocacy and where this is available	April 2016	AD Strategy and	

		Resources, LBE	
Development of the advocacy market locally	April 2016	AD Strategy and Resources, LBE	
Consideration of a joint commissioning for advocacy to improve access to service	September 2016	AD Strategy and Resources, LBE	
Development of peer support, both individually and within group setting, for people at risk of whom have experienced abuse	September 2017	AD Strategy and Resources LBE	

Objective 2.3: Set up a new sub group of the Board to implement the requirements of the Care Act 2014			
Action and Milestones	By when	By Whom	Progress
Safeguarding Care Act Implementation Group set up and running – led by LBE	April 2015	Head of Safeguarding Adults LBE	
Briefings and guidance issued to SAB and implemented in partnership with the local authority	ongoing	Head of Care Act Implementation, LBE	
Communication plan set out which will ensure all staff are aware of safeguarding within the Care Act 2014 – information to be disseminated by all SAB partners within their organisations	April 2015 and ongoing	Head of Safeguarding Adults, & all SAB partners	

Objective 2.4: work undertaken by safeguarding volunteers – our 'Quality Checkers'- are acknowledged and used within the safeguarding adults process to improve the protection of adults at risk

Action and Milestones	By when	By Whom	Progress
Briefings from work undertaken by Quality Checkers which could improve safeguarding and personalisation adults practice disseminated to Adult Social Care and partners where appropriate	April 2015 and ongoing	Quality Improvement Team, LBE	

Protection Outcomes we expect to see and report on:

We can identify an improvement suggestion from a Quality Checker and directly correlate this to an improvement in practice or care

There is a Safeguarding Care Act Implementation Group running which reports and is accountable to the SAB

The number of individuals who are experiencing safeguarding and have been offered advocacy services is 100%, as identified through performance data

Key Priority 3: Prevention

Think about the risks when you decide what to do and do not interfere more than you need to

Objective 3.1: To support people to keep themselves safe (self-protection strategies) and recognise abuse; learning lessons from domestic violence campaigns and Domestic Homicide Reviews			
Action and Milestones	By when	By Whom	Progress
Review and maintain easy read information about preventing abuse and keeping safe	June 2015	Head of Safeguarding Adults LBE	
Continue to provide an up to date portfolio of web based information and advice	Ongoing	Head of Safeguarding Adults, LBE	
Review how we provide information to adults at risk who are experiencing domestic violence and update as necessary	Sept 2015	Sharon Burgess (Safeguarding) and Head of Community Safety LBE	
Development and implementation of risk panel that incorporates hoarding and self-neglect	Sept 2016	Head of Safeguarding Adults, LBE & Head of Community Safety LBE	
Actively engage all partners to jointly develop a 'one team approach' to domestic violence which is based on the coercive control theory.	January 2017	Head of Community Safety, LBE & Head of Public Health, LBE & Head of Safeguarding	

		Adults, LBE	
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Objective 3.2: Raise the profile of domestic violence, honour based violence, female genital mutilation and trafficking within the Acute Hospital Trusts			
Action and Milestones	By when	By Whom	Progress
Communication plan for disseminating information and learning to hospital staff and those who use the service to be shared with the Board	June 2015	Safeguarding Leads at CFH Trust Rep (RFH) and NMH Trust Rep	
Information to be given to patients and their carers and displayed within the Trust, which can be evidenced as part of existing audit structures	June 2015 and ongoing	Safeguarding Leads at CFH Trust Rep (RFH) and NMH Trust Rep	

Objective 3.3: Local health economies are in place which are monitored and have indicators that ensure people are kept safe from abuse			
Action and Milestones	By when	By Whom	Progress
There are a range of policies in place for the health economy	April 2016	AD Safeguarding, Enfield CCG	
Assurances are provided to the Board that Health Economy follows action plan for each NHS Trust	April 2016	AD Safeguarding, Enfield CCG	

Objective 3.4: To take action before potential harm can occur through increased partnership work with Best Interest Assessors			
Action and Milestones	By when	By Whom	Progress
Improve awareness of adults who may be at risk of harm through sharing information from Best Interest Assessors to allocated support workers of individuals- local practice guidance	September 2016	Head Safeguarding Adults, LBE	

Objective 3.5: To create a more robust organisational learning system which is able to evidence practice change			
Action and Milestones	By when	By Whom	Progress
Increased sharing of learning outcomes and good practice examples in specific events and more general training	ongoing	Head of Learning and Development, LBE	
Review of safeguarding adults basic e-learning and update in line with the Care Act 2014	June 2015	Head of Learning and Development, LBE	

Objective 3.6: Partnership data, both qualitative and quantitative, to be shared at Board meetings to inform trend identification and practice issues for Board attention			
Action and Milestones	By when	By Whom	Progress
A minimum of two partners at each Board meeting to bring to the attention of the partnership any relevant data (audits, service user interviews, performance analysis, serious incidents and near misses) which may inform safeguarding work	June 2015 and ongoing	All SAB partners. Partners to be nominated in advance at each meeting	
Information matrix based on providers to be shared with Quality, Performance and	April 2015	AD Safeguarding, Enfield	

Safety sub-group of the Board		CCG	
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Objective 3.7: Best practice embedded across partnership which helps to keep people safe and demonstrates effective responses through internal reporting arrangements			
Action and Milestones	By when	By Whom	Progress
SAB to receive from partners on the Board at least annually: <ul style="list-style-type: none"> ▪ Statistical information on alert within organisation and actions ▪ Learning from Serious Incident Panel ▪ Risk management arrangements in place 	Annually	All SAB partners	

Objective 3.8: Reduce isolation of individuals in the community by linking people to resources			
Action and Milestones	By when	By Whom	Progress
People that receive care in their own homes who do not have friends and relatives are linked with voluntary agencies who can offer a befriending service	Jan 2016	AD for Strategy and Resources LBE	

Objective 3.9: Develop a multi-agency pressure ulcer protocol which will enable concerns related to pressure ulcer care to be appropriately managed and addressed.			
Action and Milestones	By when	By Whom	Progress

Working group of contributors to the drafting of a protocol to be identified	January 2016	AD Safeguarding Enfield CCG with SAB partners	
Drafting of protocol into working document for SAB approval	June SAB 2016	AD Safeguarding Enfield CCG	
Dissemination of Multi Agency Pressure Ulcer Protocol	Sept 2016	All SAB partners	

Prevention Outcomes we expect to see and report on:

We can do a spot check in our acute hospital trusts and easily see information on FGM, DV and Honour Based Violence

Our SAB meetings minutes can demonstrate that all partners are, at least annually, sharing information that can inform trends or practice

The SAB produces a Multi-Agency Pressure Ulcer Protocol which helps to reduce the number of preventable pressure ulcers and also impacts on our responses when these are raised under safeguarding, as evidenced by audits.

Key Priority 4: Proportionality

Support and speak up for people who are most at risk of abuse

Objective 4.1: To have a Multi-Agency Safeguarding Hub (MASH) for adults at risk			
Action and Milestones	By when	By Whom	Progress
MASH is functional and responding to queries and alerts in relation to adults at risk	March 2015	AD Adult Social Care LBE	
Mental Health Worker to be commissioned to sit on the MASH	April 2015	AD Safeguarding Enfield CCG	
Regular representation from acute hospital	April 2015	Safeguarding Lead The Royal Free (Chase Farm site)	

Objective 4.2: Focus on how adults at risk are treated with dignity and respect through service user interviews that seek to understand experience

Action and Milestones	By when	By Whom	Progress
Annual plan for completion of service users interview of the safeguarding adults process (year 1)	Throughout year	Head of Safeguarding LBE	
Feedback from service users interviews to be taken to SCP Group for suggestions on how to implement in practice	Jan 2016	SCP sub-group of the Board	

Objective 4.3: Pathway programme in place for people at risk of others			
Action and Milestones	By when	By Whom	Progress
To develop appropriate response and a referral pathway for people at risk of harming others – practice guidance and pathway	September 2017	Police lead for safeguarding with support of SAB partners	
To provide on line information and support to those at risk of harming others			
To provide independent support and advice to those at risk of harming others (Detailed action plans to be developed 2016)	September 2017	All SAB partners	

Proportionality outcomes we expect to see and report on:
Our recording has been changed so that it can be used to inform practice and provide aggregated outcomes for the SAB
Feedback from adults at risk confirm that they feel safe and have a positive experience of care and support – in line with the Making Safeguarding Personal requirements of involvement from start to finish

People at risk of harming others access support to prevent abuse

Key Priority 5: Partnership

Work with local people to stop abuse, find out about abuse and tell services what is happening

Objective 5.1: To use all existing staff, engagement and partnership events (Board, team meetings, away days etc) to raise the profile of safeguarding adults

Action and Milestones	By when	By Whom	Progress
Evidence from Board partners annually with respect to where and how safeguarding adults information was shared from front line staff up to senior managers	June 2015 and ongoing	All SAB partners	

Objective 5.2: For partner organisations to provide assurance to the Board that their service provision is in line with the Dignity Standards

Action and Milestones	By when	By Whom	Progress
Each SAB partner to provide annual update to the SAB which provides assurance and evidence of how their services meet the Dignity Standards.	2 partners per SAB meeting	All SAB partners	

Objective 5.3: For language of professionals to be simplified so that there is improved equality of access to services- as recommended by Making Safeguarding Personal			
Action and Milestones	By when	By Whom	Progress
A working party, including professionals and service users, to review templates to ensure appropriate language.	June 2016	Head of Safeguarding Adults LBE	
Quality Checkers 'Mystery shop' to check language used in Adult Social Care.	Sept 2016	Head of Safeguarding Adults LBE	
Partners on Board to identify service users able to 'mystery shop' their services to audit language.	Sept 2016	All SAB partners	

Partnership outcomes we expect to see and report on:
We can look at the strategic plans of partners on the SAB and find evidence of safeguarding adults

Key Priority 6: Accountability

Make sure people can see and check how safeguarding is done

Objective 6.1: Board to determine its arrangements for peer review and self audits as required under the Care Act 2014			
Action and Milestones	By when	By Whom	Progress
To outline options available for peer reviews and self audits and present for agreement to the SAB	Dec 2015	QSP Sub-group of the SAB	
Program of audits to be set out for financial year 2016 and moving forward	April 2016	QSP Sub-group of the SAB	

Objective 6.2: Ensure that there is clear recorded decision and justifications as to whether case is referred under safeguarding adults,

including decision to investigate and prosecute			
Action and Milestones	By when	By Whom	Progress
Clear guidance and pathway developed as part of the MASH	April 2015	Head of Safeguarding Adults, LBE	
Audit of safeguarding adults cases annually	Jan 2016	Head of Safeguarding Adults, LBE	
Review by Met Police on an annual basis of cases referred under safeguarding and any learning with respect to prosecutions or why cases did not progress	March 2016	Safeguarding Lead Met Police	

Objective 6.3: To evidence that patients are involved in their nursing care and feel engaged in decision making			
Action and Milestones	By when	By Whom	Progress
Audit by the CCG on patient involvement and engagement to be reported to the SAB	Sept 2016 and 6 monthly	AD Safeguarding Enfield CCG	

Objective 6.4: For children and young people to be aware of adults at risk and who they can speak to if they have concerns			
Action and Milestones	By when	By Whom	Progress
To identify the most appropriate mechanism for information to be shared, including	March 2016	Safeguarding Children	

age range in schools		LBE	
Information to be disseminated to children and young people	Dec 2016	Safeguarding Children LBE	

Accountability outcomes we expect to see and report on:

More children and young people understand that adults are also at risk of abuse and how to report

The Board can evidence how many cases went to prosecution and continue to try to improve access to the justice system for adults at risk

DRAFT