ENFIELD SAFEGUARDING ADULTS BOARD

ANNUAL REPORT 2015/16

www.enfield.gov.uk/safeguardingadults

ENFIELD Council

WORKING IN PARTNERSHIP WITH LOCAL PEOPLE AND

STATEMENT FROM THE CHAIR

Thank you for your interest in safeguarding adults in Enfield. As independent chair of the Adult Safeguarding Board I am pleased to be introducing this Annual Report. This is an exciting year with the implementation of the Care Act and the Board being made statutory. In Enfield we have had an effective Safeguarding Adults Board for many years but it has been helpful to have legal backing. We are required to demonstrate even closer partnership working to ensure people do not slip through gaps in services. The Care Act increases the types of abuse we now have to consider, and all of this is done within the context of reducing resources for all partners.

We have continued to make sure that we hear the voice of people who have been identified as “at risk”. Nationally Enfield has been identified as an area where we have made significant progress in involving victims in the safeguarding process. We need to continue to make sure that they are included in any actions and their views are listened to. It is good to see that many people are supported by advocates of their choosing, which includes independent advocates. Most importantly we want to make sure people feel safer at the end of the safeguarding process and will continue to ensure that the outcomes people wanted from the safeguarding enquiry are achieved wherever possible.

Our Dignity in Care Panel has continued to look in depth at the quality of services provided by the Council and make recommendations for improvements. They have also carried out “mystery shopping” to help the Council to get a true account of what it is like to use local services. We also have an active service user, carer and patient sub group of the Board to ensure their views are represented.

The number of referrals for safeguarding concerns has dropped this year for the first time, with an increase in notifications by organisations such as Police and NHS 111 around people they feel are vulnerable. Enfield has established a Multi-Agency Safeguarding Hub which is where all agencies, police, NHS and social care get together to share information and pick up early indications that abuse may be happening. This team also helps to ensure that all agencies are involved in helping to protect people at risk.

We continue to hear nationally about concerns of the quality of some health and care services, and of cases where adults have suffered harm in care homes, their own homes and hospitals. Since 2010 Enfield has had a safeguarding information panel to help to identify places where poor care may be happening. Where we do discover instances of poor care we ensure that improvements are made and the Board scrutinises these improvements.

This year we have completed 2 Safeguarding Adult Reviews into incidents of poor care and have ensured that the lessons learnt from these reviews are understood by all Board partner agencies; two more of these reviews are in progress.

I am very grateful for the support of all partner organisations for our work. I would particularly like to thank the Councillors and staff in Enfield Council, particularly Councillor Alev Cazimoglu for their interest and encouragement. Lastly, I would like to thank the people of Enfield for their vigilance.

Marian Harrington
Independent Chair, Enfield Safeguarding Adults Board

STATEMENT FROM SERVICE USERS, CARERS AND PATIENTS

It's important that disabled people and other vulnerable service users are represented in the group as their safety concerns can easily be overlooked."

Regarding the group and its recent achievement of 'Staying out of the Closet', this shows that by the group working together, it is possible to make a change to individuals and the community, when we get a result for the better. I do look forward to our meeting."

ENDIG's committees found every Safeguarding Carers and Patients Groups (SCP) meeting very interesting and learnt a lot of issues which we don't know.

"The meeting were very useful information.

"Attendees showed their supportive toward Deafies and have their knowledge about Deaf Awareness.

"Many thanks for provided BSL Interpreter in every meetings.

"We would like to see SCP meeting continue and stay strong!"

I have great pleasure in working with this concerned and informative group. They are the added value aspect of adult safeguarding."

Irene Richards, SAB Lay Member and Co-chair of the Service User, Carer and Patient Group

As a Citizens Advice Bureau, working with thousands of vulnerable clients every year, it's great to have the opportunity to engage regularly with this group of service users, carers and patients who are passionate about contributing to how we keep people in Enfield safe."

Jill Harrison, Enfield Citizens Advice Bureau

Victim Support were delighted to be invited to sit on the Safeguarding Adults: Service Users, Carers and Patients Group as it provides us with a real opportunity to engage with key stakeholders in Enfield and ensures the issue of safeguarding adults is kept as a top priority for everyone."

Caroline Birkett, Area Manager, Victim Support

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1 ABOUT US

WHO WE ARE

The Enfield Safeguarding Adults Board (SAB) is a multi-agency partnership, which became statutory from April 1, 2015. The role of the Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area. This is about how we prevent abuse and respond when abuse does occur in line with the needs and wishes of the person experiencing harm.

OUR AIMS

Working together and with adults at risk of abuse we aim to ensure people are:

- safe and able to protect themselves from abuse and neglect;
- treated fairly and with dignity and respect;
- protected when they need to be;
- and able to easily get the support, protection and services that they need.

Our Safeguarding Adults Strategy 2015-2018 sets out the priorities of partners across Enfield, what we intend to achieve and the actions we will take to get there. This document was developed through consultation with local people, service users, carers and organisations. We review this annually.

WHAT WE DO

The Board is made up of senior members from all the agencies seen on the inside cover page. The Care Act 2014 and the statutory guidance sets out what the Board needs to do. We support the systems that keep adults at risk safe and hold partner agencies to account.

The Board supports adult safeguarding in its objective to stop abuse or neglect wherever possible, with a focus on prevention so that where possible abuse does not happen in the first place. The Board has a **Prevention Framework 2015-2018** to help focus the activities. All of the work undertaken by the Board is done with an emphasis on the principles of Making Safeguarding Personal – keeping the person at risk of or experiencing harm as the central focus of any action.

12 TYPES OF ABUSE WE SAFEGUARD AGAINST.
PHYSICAL. SEXUAL. **FINANCIAL.** PSYCHOLOGICAL. **DISCRIMINATORY.** ORGANISATIONAL. **NEGLECT.** **MODERN SLAVERY.** TRAFFICKING. **SELF-NEGLECT AND HOARDING.** DOMESTIC ABUSE. HATE AND MATE CRIME.

WE ALL KNOW THE SAYING 'PREVENTION IS BETTER THAN CURE'"

RESOURCES AND FUNDING FOR THE BOARD

All partners contribute resources to enable the Board to carry out its statutory duties. Resources include staff time and additional support, such as attending Board meetings, co-chairing the sub-groups which support the work of the Board, and contributing to Safeguarding Adult Reviews. There are also additional projects or activities partners contribute towards, such as Keep Safe Week 2015 joint with the Enfield Safeguarding Children Board.

In 2015/16 the Board for the first time had a budget which some partners contributed towards. The total budget for the year was £68,900. The funding was managed by Enfield Council on behalf of the Board to an agreed plan, with updates given to each Board meeting about how the funds were being spent.

SUB-GROUPS WHICH SUPPORT BOARD WORK

Sub-groups were created to help the Board to achieve its aims and influence the Board's decision making process. Each group implements and works towards completing their own action plan.

This reporting year saw the closure of two sub-groups – the joint Safeguarding Adult and Children group, and the Policy, Procedure and Practice group – as well as a task to finish group on the Care Act Implementation for Safeguarding Adults. Groups are closed when actions are all complete or there are existing groups or forums taking forward the work.

SERVICE USER, CARER AND PATIENT GROUP

The SCP group meets bi-monthly and is committed to influencing how we work with adults at risk to keep them safe from harm and abuse. It is a diverse group that is fully invested in the need to be inclusive and representative of the population of Enfield.

Group membership was increased at the beginning of the year with representation from Victims Support and the Citizens Advice Bureau.

The group have been focused for some time on work around Lesbian, Gay, Bisexual and Transgendered (LGBT) experiences in care providers. They joined up with the Quality Checker program in Enfield to look into this area.

The Enfield LGBT Network is very pleased that the Safeguarding Adults: Service Users, Carers and Patients Group instigated the important piece of research 'Staying out of the Closet'. This was a forward thinking and bold undertaking and demonstrates the group is not afraid to tackle difficult issues."

Tim Fellows, CEO, Enfield LGBT Network

QUALITY, PERFORMANCE AND SAFETY GROUP

Quality, Performance and Safety Group helps to provide assurance that partners provide a safe service and learn from incidents and performance data. Members agreed that the group needed to be representative of those on the Board and as such membership was expanded with the aim of providing greater responsibility from all partners to this area. Further, to ensure everyone is starting from the same knowledge point, there was a focused presentation on quality and performance in the context of safeguarding.

The group have identified areas to data where there may be gaps in the data, and have made suggestions in how these may be managed going forward. The group intends to set out recommended levels of quality assurance to be undertaken by partners in the coming year.

LEARNING AND DEVELOPMENT GROUP

The Learning and Development group looks at how we support adults, though a number of training, learning and support opportunities, to be competent in safeguarding adults. The group joined up with the equivalent sub-group of the Safeguarding Children Board from November 2015.

In March 2016 we held the first safeguarding and domestic violence training aimed at both practitioners in adults and children. Work will continue to look at areas were joint training can be delivered.

Learning and Training opportunities are delivered for the Safeguarding Adults Board partners by Enfield Council and included in 2015/16 the following:

- **Section 42 Enquiries** – **60** members of health and adult social care staff trained
- **Safeguarding Adults Legal** – **60** members of health and adult social care staff trained
- **Domestic Abuse and Safeguarding Adults** – **40** members of staff trained from across partnership
- **Domestic Abuse (Joint Children and Adults)** – **15** individuals working with adults attended
- **Level 1 Safeguarding Adults** – e-learning open to all
- **Mental Capacity and DoLS Refresher** – **23** staff members trained
- **DoLS and CoP Training** – **45** staff members trained

The Board also delivered some bespoke learning which included a Domestic Violence and Safeguarding Adults Conference in December 2015, with 45 people in attendance. Domestic abuse is a key issue for all partners; organisations such as the Mental Health Trust have written new Domestic Abuse Policies and included this in Corporate Induction for all staff.

In addition, all partners have their own safeguarding adults learning and development opportunities, which include for example:

- NMH have introduced monthly ‘Lesson Learned Events’ for Ward Managers and Matrons and other members of the multi-disciplinary team to enable reflections on recommendations from safeguarding adult’s enquiries. In addition 86% of all staff had attended level 1 training and 74% of relevant senior staff had attended level 2 training.

- Safeguarding surgeries in the Mental Health Trust ensure focused sessions of learning on specific areas involving safeguarding adults and safeguarding children. Safeguarding Adults at Risk training levels 1 and 2 are delivered at mandatory Corporate Induction for all staff. The training is delivered as a safeguarding day and includes safeguarding children training, domestic violence training, and training in MCA and DoLS. Prevent Healthwrap is also delivered at Corporate Induction and has been mandatory since September 2015. Staff are required to refresh safeguarding training at least every 3 years. The Trust target for mandatory training compliance is 85%. Safeguarding adult training compliance for April 2016 is 86.5%

2 WHAT WE HAVE ACCOMPLISHED

Through quarterly meetings the Board has shown how it works collaboratively and in partnership to achieve the actions it has set itself in the Safeguarding Adults Strategy action plan for the year. Some of the key accomplishments from this action plan include:

- A new policy and procedure for working with self-neglect and hoarding, including when this may be useful to consider under safeguarding and high risk panels. There was strong collaboration with this work from the London Fire Brigade.
- We know that there is under reporting through safeguarding in Black and Minority Ethnic communities. The Board will continue to offer awareness raising and in March as part of International Women's Day, Enfield Council held an event with Naree Shakti, an Asian Women's Organisation in Enfield.
- Enfield Clinical Commissioning Group have trained up a number of Continuing Healthcare Nurses on the Best Interest Assessor course. This will help ensure actions continue to be taken with respect to the Mental Capacity Act and in line with the best interest of a person whom may lack capacity for a decision. They also held a Safeguarding Conference and a Primary Care Symposium on safeguarding over the year.
- Partners on the Board submitted their Making Safeguarding Personal action plan. While Enfield achieved a gold standard framework for this in March 2015, we recognised that we must remain focused on ensuring adults who are harmed have their views and wishes considered within safeguarding and are kept at the centre of actions undertaken.

The Board responded to a national report which suggested residents from care homes are more likely to be dehydrated upon admission to hospital than residents admitted from their own homes. A Hydration Group led by Quality Assurance in Enfield Council was set up to look into this, and started by having Quality Checkers undertaking 20 visits to care homes. A number of activities are underway, including training in care homes and card prompts for staff. A further 20 visits will take place to care homes across the borough to collect information on how care homes ensure residents with dementia and who are non-verbal are kept adequately hydrated with food and drink of their choice. This feedback will be shared with the working group to support the ongoing activities to reduce the number of residents of care homes presenting at A&E dehydrated.

The Board received a report from the Fatal Fire Working Group it set up, which was in response to the deaths of two individuals. The aim of this group was to share learning and any changes we could make to prevent a similar occurrence in the future. Some of the actions from this have included:

- Hoarding policy tool box for practitioners to identify hoarders
- Fire safety awareness information available from London Fire Brigade (LFB) website
- Occupational Therapy referral system in place for sign posting to telecare suppliers
- Joint work between Enfield Council and LFB to offer home fire safety visits to people in the community

Many Board partners have been working on the Prevent Agenda, which aims to stop people becoming terrorists or supporting terrorism. This is an issue for adults with care and support needs whom may be targeted or groomed for terrorist activities. Partners such as the CCG have:

- Trained 61 GPs over three sessions on Prevent
- A training workshop for community dentists and pharmacists
- Established a quarterly forum for the provider organisation Prevent leads. The forum will be facilitated by the Enfield Prevent trainer and will provide support and advice to the Prevent leads

OUTCOMES WE PROMISED TO REPORT ON

The Board agreed to report on the outcomes we have met from three places: our strategy action plan 2015/16, Quality Assurance Framework 2015-2018, Communication Plan 2015/16 and our Prevention Framework 2015-2018.

WE HAVE:

- Ensured guidance is being updated in time for the implementation of the new London Multi-Agency Adult Safeguarding Policy and Procedures. Partners also produced specific guidance, such as Enfield CCG Prevent Strategy and Delivery Plan, which was adopted by NHS England as good practice.
- Supported partners with Making Safeguarding Personal and made sure they have action plans where they are needed.
- Held a Care Act Implementation group which completed all of its tasks and reported back to the Board.
- Used information and soft intelligence via the Safeguarding Information Panel to determine providers which had organisational concerns. Led by Enfield Council and with a range of partners we then worked with those providers through the Provider Concerns Process to ensure improvements were made and that people were kept safe.
- Reviewed performance data at each meeting and set out actions for further review or assurance.
- Set out a quality assurance framework and have a plan for the next year on how audits will be undertaken.
- Held a forum for the Voluntary Sector in June 2015. We will continue to look for ways to connect with the Voluntary and Community Sector to improve engagement.

WE STILL NEED TO:

- Look at how we support adults who are isolated and may be at risk of abuse or harm. We have started a project plan and in the coming year need to join with partners to implement this.
- Improve how we gain feedback from adults at risk, to confirm that they feel safe and have a positive experience of care and support. Interviews were started but we did not have enough people able to take part. We are looking at different ways of doing this in the next year.
- Find ways for people at risk of harming others to access support to prevent harm or prevent repeat abuse. We want to use findings from a thematic review of domestic abuse involving adults at risk as the starting point for this work.
- Evidence the number cases which went to prosecution and had access to the justice system. Our Police colleagues will be looking at this to assure the Board that adults at risk have equal access to the justice system.

Partners on the Board were asked to complete a safeguarding self-assessment. A North Central London Challenge and Learning event was then held in January 2016. Partners came to learn from one another, provide critical analysis and help to plan what we need to focus on going forward.

COMMUNICATION AND AWARENESS

Adult safeguarding must raise awareness of abuse so that communities as a whole, alongside professionals, play their role in seeing and reporting abuse. The Board and individual partners have:

- Held a domestic abuse conference focusing on experiences of adults at risk
- Facilitated a week of events joint with the Enfield Safeguarding Children Board on keeping yourself safe and well
- Raised awareness of disability hate crime through a publicity campaign
- Attended partner events, such as Carers Week 2015 and to the Learning Disabilities Partnership Board
- Completed a review of all publicity through the Service User, Carer and Patient Sub-Group of the Board
- Representatives from Enfield Council spoke at the Respect Conference on the Care Act and Making Safeguarding Personal when working with perpetrators.

MULTI-AGENCY SAFEGUARDING HUB (MASH)

The MASH has been in place since April 2015 and is a multi-agency team that receives all safeguarding concerns. Through working together and sharing information, while in partnership and listening to the outcomes expressed by the adult at risk, the team helps to manage risk and promote safeguarding planning.

What some of the MASH Team say about this innovative way of working?

I enjoy working for MASH because every day brings different challenges and learning opportunities. I actually enjoy coming to work. I feel the way MASH works epitomises social work values and encompasses what social work is about and should be and it allows me to put into practice daily the reasons why I wanted to become a social worker."

In my role of Social Worker in the MASH I enjoy the day-to-day challenges of supporting people in the most difficult and distressing of circumstances and supporting people to regain some sense of control and autonomy over their lives."

3 THE DIFFERENCE TO ADULTS AT RISK OF HARM

Miss M is a young woman who has a learning disability and while she speaks some English, so is not able to talk about more complex subjects. She receives health and social care support from the Enfield Integrated Learning Disabilities Service.

Miss M was at risk of being forced into a marriage overseas, and has been assessed as not having the capacity to understand the situation or the impact that marriage would have on her life. She lived at home with her family and they were the people that were wanting her to marry. The Integrated Learning Disabilities Service went to the Central Family Court and obtained a forced marriage protection order. This order was taken the same evening to Miss M's family by the police and social services. This order has helped to prevent Miss M from being forced into a marriage that she does not have capacity to consent to.

I would also like to take this opportunity to say how impressed our whole team here at FMU have been about how this case has been handled…on this occasion the case has been handled with efficiency and professionalism. I believe this is one of very rare cases where the capacity assessment and Forced Marriage Protection Order has all been obtained within a couple of days from referral."

Forced Marriage Unit, Foreign and Commonwealth Office

Miss A is a young woman whom disclosed sexual abuse by her father. She had been unable to complete her schooling but tried to continue to enable her to get into university. She lived at home with her family and when she disclosed the abuse, some family members verbally abused her and blamed her for the situation. The Multi-Agency Safeguarding Hub were concerned about the risk of honour based violence and the need for emotional and practical support. Within 24 hours and with the help of her school, she was consulted with and emergency young person's support accommodation was found. Her father was subsequently arrested and remains in custody.

Miss A will now receive ongoing assessment from the Care Management Service to fully assess her needs and ensure she receives the support she requires to enable her to maintain her independence and maximise her wellbeing. Different teams, agencies and organisations worked effectively within 24 hours to source and secure appropriate accommodation for a very vulnerable service user to maintain her safety. Despite her not presenting with evident care needs, Miss A was clearly in need of support and was subsequently deemed to have met the safeguarding criteria.

Mrs T disclosed that her family members were calling weekly and threatening her. A safeguarding concern was raised and with Mrs T consent the police were informed. There were known historical allegations of sexual, physical and emotional abuse. A safeguarding meeting was held and it was agreed that the Police would lead an investigation. The Mental Health Trust supported Mrs T and offered her an assessment of her care and support needs, referral for counselling and regular reviews by the clinical teams. Due to the high risk in this case of domestic violence a referral to the Multi-Agency Risk Assessment Conference (MARAC) was completed.

WORKING WITH CARE PROVIDERS

In addition to the safeguarding adults process for single concerns of abuse, Enfield also have a provider concerns process. This process is used when there are serious concerns relating to safeguarding and the quality of care with provider services. The process is used to support providers to improve, so that we can be assured those whom use the service are safe. This process is led by Enfield Council but with strong partnership from Police, Care Quality Commission, Clinical Commissioning Group and a range of other partners.

During 2015/16, we worked with seventeen providers under this process. We help providers to set out an improvement plan which we then monitor and quality assure that actions have been completed. Those who use the service, their families and visiting friends are the key partners who can let us know how the care is experienced and if they feel real change has been made; one person fed back on our questionnaire 'staff do not work as a team, they work individually.' This has helped us to address issues with the home and see how team capacity and building could be undertaken.

4 QUALITY ASSURANCE AND ORGANISATIONAL LEARNING

The Strategic Safeguarding Adults Service in Enfield Council undertakes quarterly audits of safeguarding practice. We look at how the adult at risk or their representative was involved from the beginning to end, the outcomes they wanted were known and areas such as proportionality and prevention were considered. The audit found that overall practice was very good across all of the six safeguarding principles. The area that stood out for improvement was in the application of the Mental Capacity Act 2005.

An external auditor was used to provide independent challenge to how practice is undertaken. The key learning from this audit was:

1. There is a culture of learning evidenced in this audit. Of particular note was the time taken by workers to understand the audit process and view it as a positive learning opportunity.
2. There are good organisational learning opportunities. The Best Practice Forum is a good platform to share learning across services. Other learning opportunities for example Lunch Time Seminars to widen access to shared learning might be explored.
3. The Three Stage Test needs to be applied consistently.
4. Partners need to be Care Act 2014 ready as safeguarding adults is not the sole prerogative of the Council.
5. The MASH would benefit by greater multi-agency involvement and co-location of core agencies.
6. Systems in mental health and hospital social work teams and the MASH need to be reviewed to make the best use of resources.
7. Targeted training on alternative types of achieving outcomes e.g. family conference.
8. Broaden the knowledge of the requirements of Section 68 Care Act 2014 advocacy arrangements.
9. Rationale for decision making throughout should be recorded.
10. Risk assessments need to focus on risk management with the adult.
11. Templates should allow for sovereignty so that staff use their own knowledge and skills to personalise action according to the adults desired outcome.

QUALITY CHECKERS

Quality Checkers are a group of volunteers that have experience of social care or are carers. They undertake visits to provide their feedback on services and are a vital point of contact with those using the service. The quality checkers have done a number of projects this year, including establishing the quality of activities in Care Homes across the borough, visits to homes to look at hydration practice, specific work focusing on how homes support Lesbian, Gay, Bisexual and Transgendered individuals, and making visits in response to quality concerns which are then fed into the safeguarding adults process.

PROMOTING LEARNING

Partners on the Board are keen to promote learning and hear from those who use services. There are many ways this can be done – such as Barnet, Enfield and Haringey Mental Health Trust hold safeguarding surgeries with staff from multi-disciplinary team on a regular basis. The North Middlesex Hospital hold lessons learnt meetings to share learning and embed change.

Every single safeguarding concern looks at whether there is learning for any partner or organisation. These are then reviewed after three months to make sure recommendations are put in place.

5 SAFEGUARDING ADULT REVIEWS

We report in this section on how many requests for a Safeguarding Adult Review were made to the Board. We will say whether we accepted this as meeting the criteria for a SAR and if not, why. For those that were undertaken we provide information on the recommendations and what we will do next.

The Care Act 2014 states that a Safeguarding Adult Review (SAR) must be arranged by the Safeguarding Adults Board (SAB) when an adult in its area dies as a result of abuse or neglect whether known or suspected, and when there is concern that partner agencies could have worked more effectively to protect the adult. A SAR must also be arranged if an adult has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Please note that Safeguarding Adult Reviews were previously known as Serious Case Reviews.

Two Safeguarding Adult Reviews were completed in the 2015/16 reporting period. A summary of each case follows. Two additional Safeguarding Adult Reviews have been raised and agreed to meet the criteria; these remain in progress. One further request for a Safeguarding Adults Review has been raised in this financial year and we are awaiting panel of Board members to consider if the criteria has been met.

Two referrals were raised and did not meet the statutory criteria for a Safeguarding Adults Review. This was because both were in response to failings by single agencies and not related to how partners worked together to safeguard. There is always learning from cases and these can be looked at using the single safeguarding adult's process or through single agency review.

SAR ONE

Ms Q was an elderly lady whom lived in an Enfield residential care home for the last three years of her life where she was supported by her daughter who took an active interest in her care. She died in April 2015 and there were concerns about how partners worked together. The review found no evidence of deliberate neglect or harm, however that pressure damage could have been avoided.

The SAR outlined five main areas of improvement and learning. These are summarised below:

1. Baseline assessments must be completed and reviewed when a person presents with previous and potential damage within the community.
2. A lead clinician is allocated to oversee the case and treatment for residential care homes and high risk community patients.
3. Mental capacity should be considered at key stages when concerns are indicated.
4. Pressure ulcer management should have a clear treatment pathway with a professional escalation process.
5. Improved communications facilitated by defined professional roles and responsibilities at an early stage.

SAR TWO

Mr X was an elderly man who had resided in an Enfield nursing home following his discharge from hospital some years before. Mr X suffered from dementia and had no capacity to consent to care or to articulate his needs. There was a safeguarding concern raised following his death and then a Safeguarding Adults Review was commissioned in October 2014. A number of recommendations were made around improving communications, implementing escort protocols when service users lack capacity and catheter management within nursing homes. The recommendations from this review were:

1. Pre-admission to care settings to include that checks that people are discharged with sufficient stock of medication.
2. Meeting to be convened with local hospitals, nursing and residential care providers to set out protocols for improving discharge from hospitals and admission to care settings.
3. BUPA policy of adults being accompanied to hospital to be quality assured for implementation in BUPA homes. Hospital staff to accept responsibility for people when they are on hospital premises.
4. Transfer letters to hospitals from care settings to clearly detail the reason for contacting acute medical services and highlight if there is a repeat concern.
5. NMUH to review systems to highlight repeat admissions.
6. Clinical Commissioning Group to quality assure discharge planning in local hospitals.
7. London Ambulance Service to be compliant with Care Act 2014 requirements and to co-operate and contribute to Safeguarding Adult Reviews.
8. London Borough of Enfield to quality assure that timely reviews are taken and that there is a system to confirm that recommendations from adult safeguarding enquiries are implemented.

The recommendations from both of these Safeguarding Adults Reviews will be formulated into an action plan monitored via the Safeguarding Adults Board. Reports from each SAR will go onto the Enfield website once consent has been obtained from family members of the adults at risk.

SAFEGUARDING ADULT REVIEWS IN PROCESS

A SAR has been agreed in response to a serious sexual assault. This SAR is currently in process but actions are already being taken with the Provider and a number of Local Authorities and the placing Clinical Commissioning Group to start embedding changes.

A SAR has also been agreed to look at domestic abuse involving adults at risk. This is being undertaken using a thematic review methodology.

We expect to report on these SARs and the findings during 2016/17.

6 WHAT WE WILL DO NEXT YEAR

We have a Safeguarding Adults Strategy 2015-2018 and there are a number of actions for us in the next year to complete. We completed a review with service users, carers, and organisations via Partnership Board in January-March 2016. We met with the following four partnership boards:

1. Carers Partnership Board
2. Learning Disabilities Partnership Board
3. Mental Health Partnership Board
4. Physical Disabilities Partnership Board

We talked about the actions that we would be undertaking in the coming year and explained that safeguarding was now a statutory duty. We also asked each partnership if they had any suggestions on what the Safeguarding Adults Board could do to keep people safe from harm in the coming year. We did this to see if there were any additional actions the Board should be taking.

These are some of the suggestions that we received:

- Produce newsletter articles or find different ways to inform people about safeguarding and what it means
- Attend voluntary sector events and forums
- Produce a DVD that explains safeguarding and generally use video more to help people understand the different types of abuse
- Increase awareness of Mate Crime, particularly in mental health
- Update images in the Staying Safe leaflet

In addition, each partner on the Board has set themselves an action that they will undertake which will be monitored by the Board.

Finally, we have used our data to look for any themes or trends that help us to direct what we should focus on. We have found that we must continue to focus on domestic abuse and how we ensure adults are supported to reduce risk of harm. We also know that abuse does happen in care and we will continue to look for ways to prevent quality and safeguarding issues with providers. We have seen a change in the number of reports of abuse and have agreed that how we record safeguarding concerns needs to be reviewed, as we are closing down concerns in line with people's wishes and safeguarding plans much more quickly. We want our data in the next year to capture more easily the extent to which a person's outcomes have been met and whether this has made them feel safer.

Our action plan will be monitored at each Board meeting and can be found in the safeguarding adult pages at www.enfield.gov.uk

7

ACTION PLAN 2016/17

Objectives set out by the Safeguarding Adults Board are set out below. The actions to achieve these and responsible individuals can be found on the full document reported at each quarterly Board meeting. These can be access on the Safeguarding Adults Board pages at www.enfield.gov.uk

KEY PRIORITY 1: EMPOWERMENT

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

- 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.
- OBJECTIVE 1.2: The Board will assure itself that adults at risk are involved strategically in safeguarding and through to involvement in individual cases.
- OBJECTIVE 1.3: We will help young carers to understand what safeguarding adults is about and where they can go to for advice, support or to make a report.

KEY PRIORITY 2: PROTECTION

Support and representation for those in greatest need

- OBJECTIVE 2.1: For individuals in Enfield to have appropriate information on abuse and how to stop abuse before it happens.
- OBJECTIVE 2.2: Individuals experiencing safeguarding concerns to have access to appropriate advocacy.
- OBJECTIVE 2.3: The Board will clarify the surveillance and community alarm options for adults at risk and their representatives and have assurances this in within legal parameters.
- OBJECTIVE 2.4: Partners on the Board will facilitate intervention on the issue of dehydration and hold providers to account for implementation.

KEY PRIORITY 3: PREVENTION

It is better to take action before harm occurs

- 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.
- OBJECTIVE 3.2: Raise the profile of domestic violence, honour based violence, female genital mutilation and trafficking within the Acute Hospital Trusts.
- OBJECTIVE 3.3: Local health economies are in place which are monitored and have indicators that ensure people are kept safe from abuse.
- OBJECTIVE 3.4: To create a more robust organisational learning system which is able to evidence practice change.
- OBJECTIVE 3.5: The Board will develop and deliver on creating pathways of support for those isolated and at increased risk of abuse and exploitation.

KEY PRIORITY 4: PROPORTIONALITY

The least intrusive response appropriate to the risk presented

- OBJECTIVE 4.1: We will seek service user feedback from those who have been harmed to improve practice.
- OBJECTIVE 4.2: Board will facilitate pathway programme in place for people at risk of harming others.

KEY PRIORITY 5: PARTNERSHIP

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

- OBJECTIVE 5.1: For partner organisations to provide assurance to the Board that their service provision is in line with the Dignity Standards.
- OBJECTIVE 5.2: For language of professionals to be simplified so that there is improved equality of access to services – as recommended by Making Safeguarding Personal.
- OBJECTIVE 5.3: For the Safer Neighbourhood Team to set out an engagement plan with the partnership to improve how we can work together to safeguard adults at risk in the community and with providers.

KEY PRIORITY 6: ACCOUNTABILITY

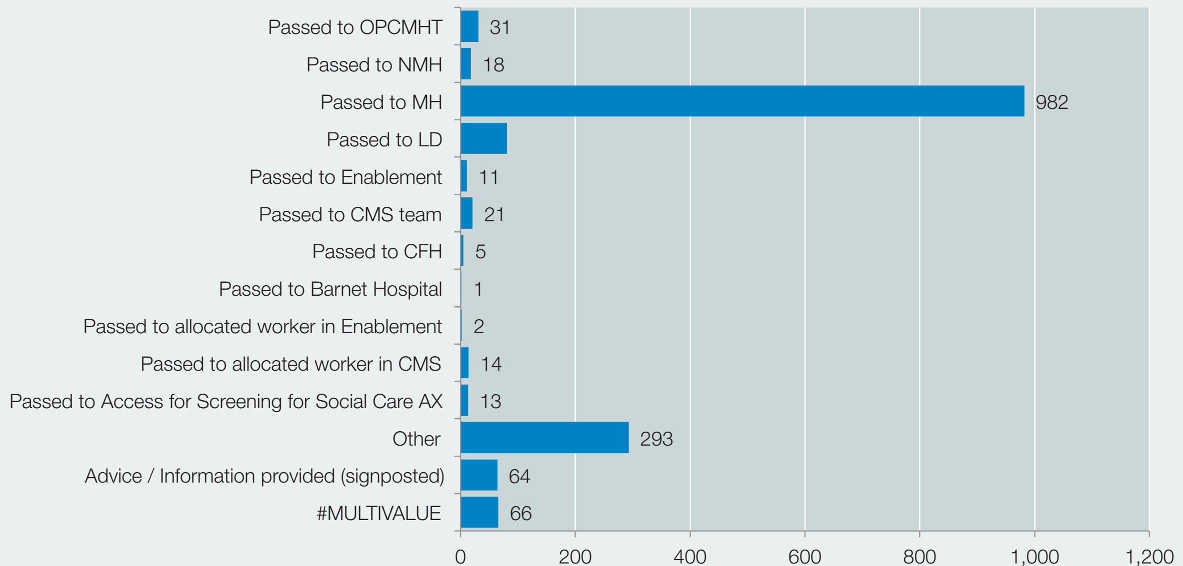
Accountability and transparency in delivering safeguarding

- OBJECTIVE 6.1: Board will assure itself that decision to proceed under safeguarding and decisions to prosecute are transparent.
- OBJECTIVE 6.2: Provide assurance of General Practitioner Input into safeguarding adults.
- OBJECTIVE 6.3: Carry out Safeguarding Adults Reviews (SAR) were there is a statutory obligation and ensure learning is widely disseminated.

PERFORMANCE REPORT 2015/16

TOTAL NUMBER OF REPORTS MADE TO THE MULTI-AGENCY SAFEGUARDING HUB: 3,511

Of these, number of Merlins: 1,602



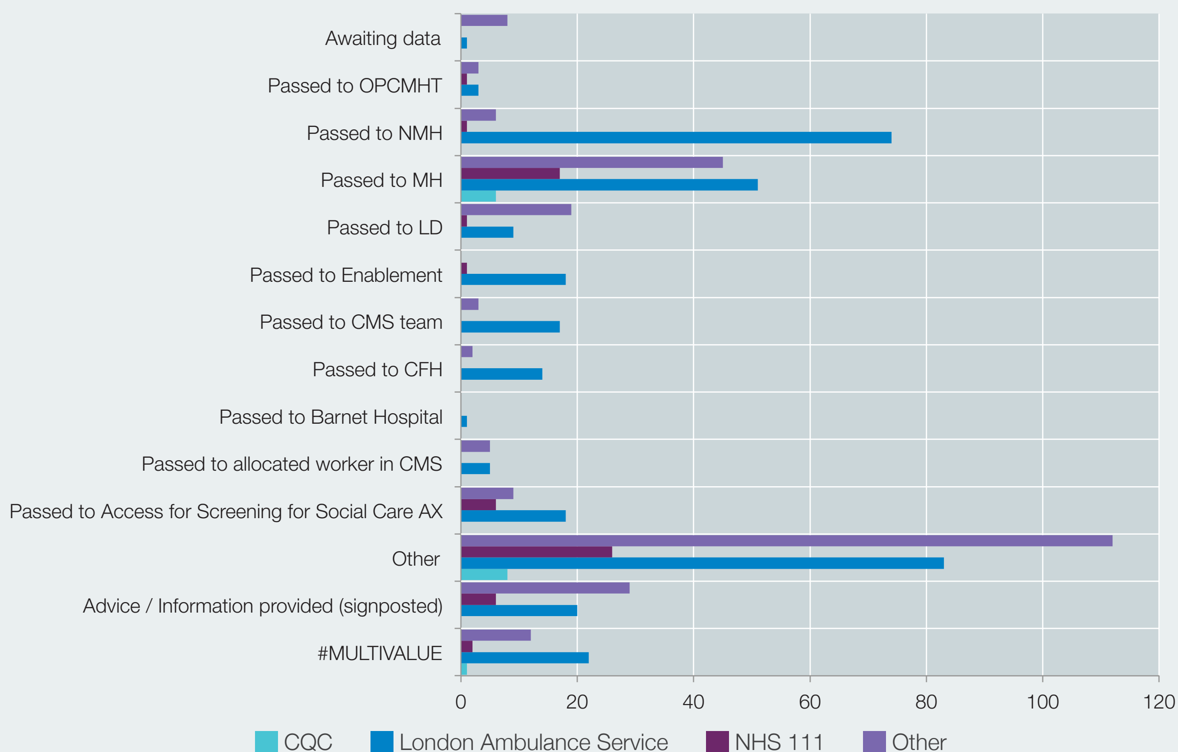
#MULTIVALUE equals to more than one input onto the Carefirst database

Majority of police Merlins relate to adults with mental health needs. The MASH sent 902 of these Merlins to the Mental Health Trust. Where there is an allocated worker in adult social care, these are sent direct to the relevant teams.

Merlins are helpful in providing additional information, which can be used to build up a picture over time or identify when risk is escalating.

A Merlin is not always safeguarding; The Merlin Database is the recording system the Metropolitan Police utilise to record missing people, and children and adults coming to police notice. This system is used to record contact and what, if any action has taken place. Officers and police staff are trained to identify vulnerability through the use of the MPS Vulnerability Assessment Framework.

Of these, number of referrals from partners not progressed as safeguarding: 665



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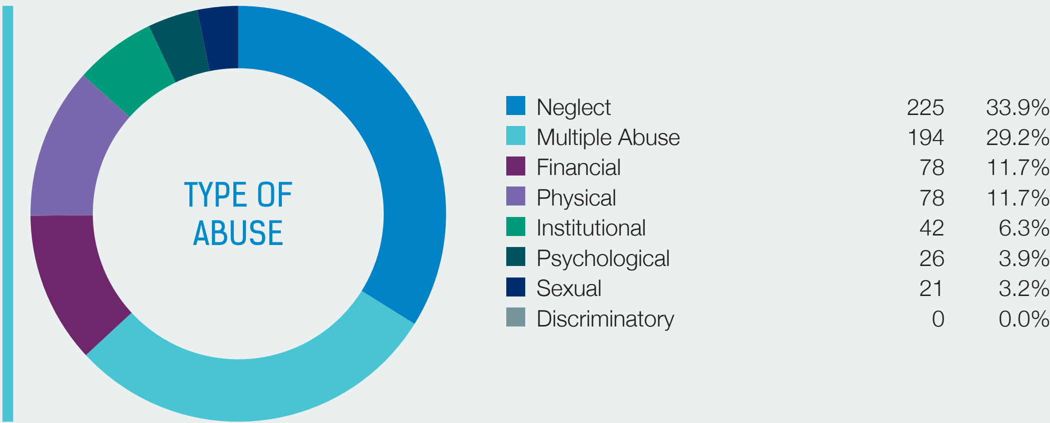
TOTAL SAFEGUARDING CONCERNS RAISED TO COUNCIL: 1, 244

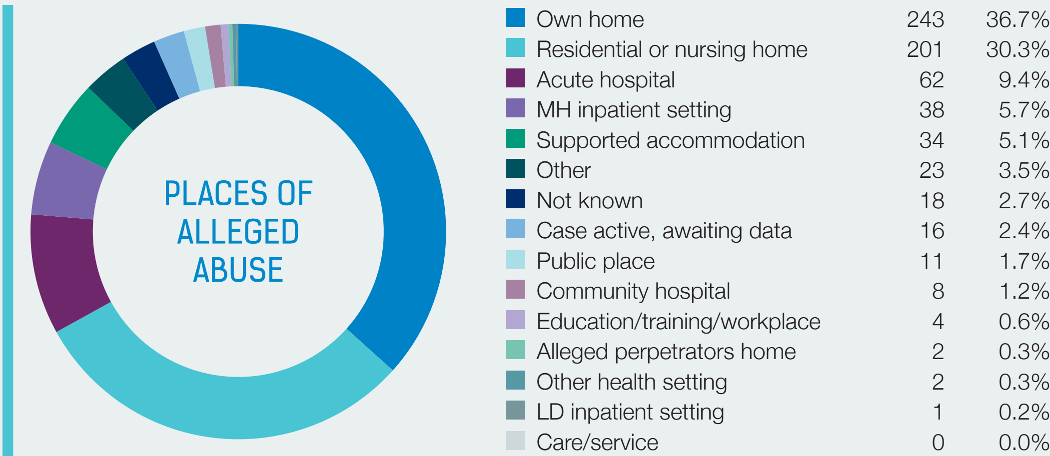
- **189** cases were managed under safeguarding with a brief enquiry that enabled early resolution
- **138** safeguarding cases did not meet Sec 42 criteria
- **83** safeguarding concerns were more appropriate for care planning or support from other professionals
- **52** cases where the Sec 42 criteria was not met, we still provided advice and guidance direct to the person raising concern, a professional involved or the adult/their representative
- **48** safeguarding concerns were repeat notifications, often from another partner, of an existing Sec 42 progressing. These were recorded to help build a picture over time
- **30** safeguarding concerns were passed to the correct host authority if safeguarding or to placing authority if not safeguarding concern
- **60** additional safeguarding concerns were passed to mental health to consider if they met the Sec 42 criteria

An additional **644** cases which went through the Sec 42 process are reported on the following pages.

DETAILS RELATING TO 644 CASES



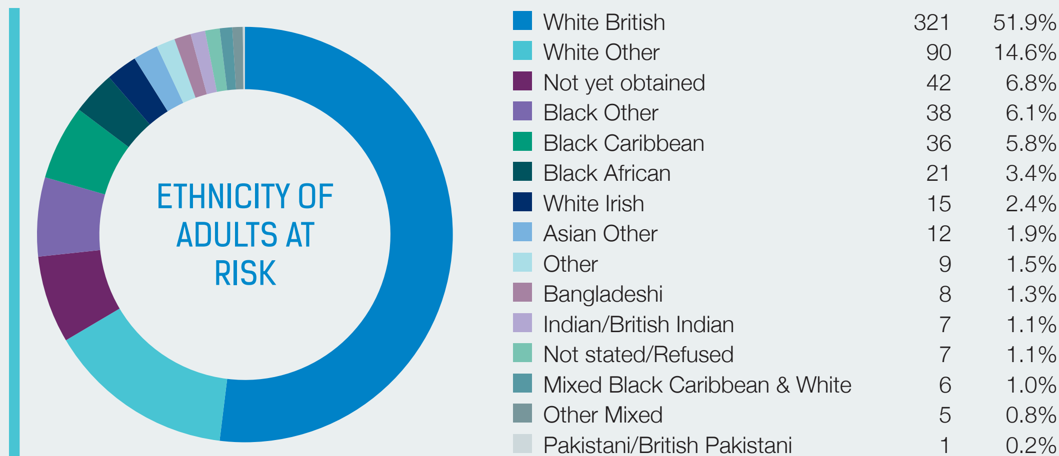
Neglect (33.9% of cases) and Multiple Abuse (29.2% of cases) are the most reported in Enfield.



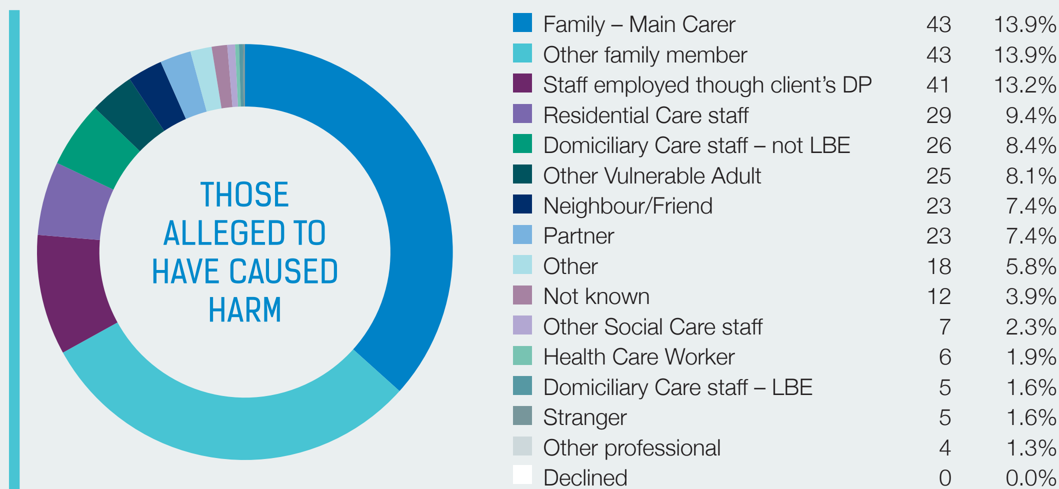
36.7% of referrals were in relation to alleged abuse in the Adult at Risk's own home and 30.3% were alleged to have occurred in a residential or nursing home.

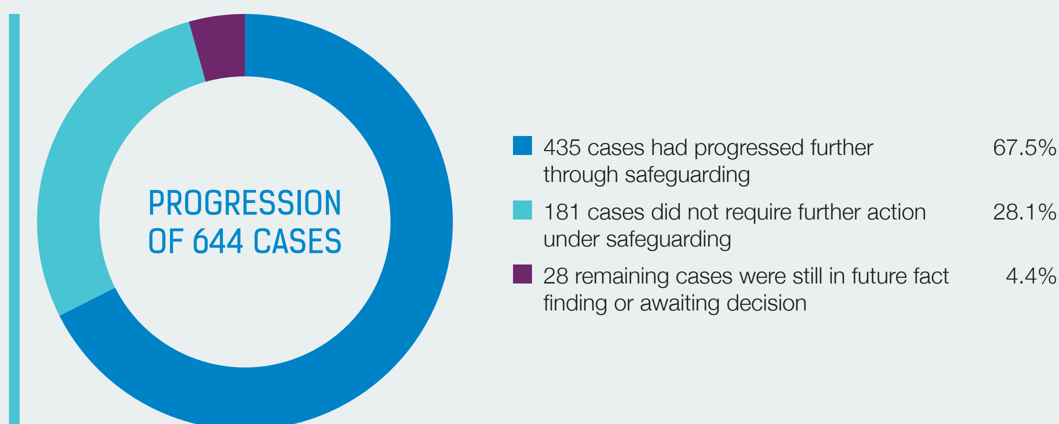
ROUTES OF REFERRAL

The largest referral sources were Hospital staff 129 (19%), Private/Independent Provider 121 (18%) and LBE-Health and Adult Social Care 111 (17%).



The ethnicity of adults at risk is predominantly in the “White British” (51.9%) and “White Other” (14.6%) categories. The next highest categories, where the ethnicity of the adult at risk has been established, is “Black Other” (6.1% cases) and Black Caribbean (5.8% cases).





NOMINATED ADVOCATE INVOLVEMENT

In 84% of cases there is a nominated advocate involved. Advocates can be from a number of places and include: Independent Mental Capacity Advocate, Independent Mental Health Advocate, care act or safeguarding advocate, or an advocate of the person's choosing. Often family members act in this role when it is appropriate to do so.

CONCLUSION

58.3% of cases were substantiated or partially substantiated at the time of reporting.

PARTNER STATEMENTS

BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. We recognise that effective safeguarding is a shared responsibility which relies on strong partnership and multi-agency working. We have strengthened our safeguarding arrangements, which includes recruitment to a Head of Safeguarding. We are continually improving systems and processes, with a clear strategic approach to safeguarding across all our services.

INTERNAL GOVERNANCE ARRANGEMENTS

Our aim is to ensure there is a whole organisational approach to safeguarding. In order to do this we have developed an Integrated Safeguarding Committee (ISC). The ISC is chaired by the Executive Director of Nursing, Quality and Governance and provides strategic leadership and oversight, including reporting to the Trust Quality and Safety Committee. The work of the ISC is informed by our newly developed Safeguarding Strategy and overarching work plan. The ISC meets each quarter and is accountable to the Trust Quality and Safety Committee. In addition an annual safeguarding report is provided to the Trust Board. Safeguarding is a standing item for each of the Borough Clinical Governance meetings.

SAFEGUARDING ADULTS WORK UNDERTAKEN AND KEY ACHIEVEMENTS IN 2015/16

- The Trust Safeguarding Adults at Risk Policy has been updated to ensure it is Care Act compliant.
- A safeguarding inbox has been set up to allow improved monitoring of safeguarding alerts, with a screen saver established as a prompt.
- A safeguarding dashboard has been designed.
- A prompt for safeguarding now included in the incident reporting system (Datix).
- Mental Capacity Act and Deprivation of Liberty Safeguards training mandatory.
- Established an Integrated Safeguarding Committee with clear terms of reference.
- A safeguarding strategy has been completed with key aims and objectives.
- A safeguarding training strategy has been completed.
- The terms of reference for the Trust safeguarding champions have been refreshed and revised.

KEY CHALLENGES

Safeguarding practice is complex and varied, and the Trust works across three Boroughs which can present unique challenges. The need to collect accurate meaningful data is recognised, and work continues to ensure data is captured and analysed effectively. The Trust will continue to develop and improve systems to promote effective lessons learnt. We will review the training needs analysis for level 3 safeguarding adults training in line with recently published Intercollegiate Document Safeguarding Adults (April 2016). Importantly, we will ensure that the principles of the MCA are embedded into everyday practice.

SAFEGUARDING ADULTS WORK PLANNED FOR 2016/17

The work of the Integrated Safeguarding Committee is informed by an overarching work plan which underpins the Safeguarding Strategy. The Strategy has five broad aims which form the overall framework of work going forward:

- To ensure safeguarding is everyone's business across the Trust.
- Develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes.
- Develop a culture of learning with robust internal systems to support this.
- Promote early help to prevent abuse from happening in the first place.
- Develop seamless pathways that promote joined up working at every level.

STATEMENT WRITTEN BY:
Mary Sexton – Executive Director of Nursing, Quality and Governance
Enfield Safeguarding Adults Board representative

ENFIELD BOROUGH POLICE

Enfield Borough Police believe strongly that all adults have the right to live a life free from abuse and neglect. As a statutory partner on the Enfield Safeguarding Adults Board we are working together to provide a robust and transparent response in line with our duties when the abuse of a vulnerable adult occurs. Importantly, we are working in partnership with organisations to prevent abuse where possible, though activities such as burglary prevention and joint awareness sessions.

ACHIEVEMENTS OVER 2015/16

Enfield Borough Police are proud to be a partner on the Multi-Agency Safeguarding Hub, which is an innovative model, which enables effective information sharing and addresses risk with adults experiencing abuse. Working alongside health and social care professionals means that we can assist adults to access the justice system and hold perpetrators to account.

Senior Police have co-chaired over the last year, the Quality, Safety and Performance sub group of the Safeguarding Adults Board. This has provided an opportunity to directly contribute to assuring the Board that organisations are safeguarding people effectively. In addition, Senior Police attend the Board on a regular basis and contributed to the North Central London Challenge and Learning Event following a reflection on areas of positive actions by the Police and where we could make improvements.

Additional actions we have taken include:

- Presenting to partners on legislative options for holding perpetrators to account.
- Use of Police Systems to record accurately and identify adults whom may be vulnerable. The purpose of this is to maximise opportunities for early intervention to prevent someone from becoming a victim of crime at a later stage.
- Community Safety Officers presenting at awareness sessions jointly with the Council and its partners.

ACTIVITIES PLANNED 2016/17

The work of 2015/16 has strengthened our partnerships and has now placed the safeguarding agenda as a priority across all the policing activities we undertake.

- We will continue to ensure our processes and reviews are in place that identify vulnerable adults of crime at an early stage and that these cases continue to be appropriately resourced and responded to by specialist officers, improving victim care and case outcomes.
- We will continue to engage with all the communities in Enfield Borough through direct and indirect personal contact ensuring that we are always delivering a quality service and improving confidence in all areas of safeguarding.
- We will continue to integrate all recent safeguarding legislation into our investigative and intelligence framework ensuring we broaden our knowledge and safeguarding impact.

STATEMENT WRITTEN BY:
Detective Inspector Albert Wildgoose – Enfield Police, Public Protection
Enfield Safeguarding Adults Board representative

HEALTHWATCH ENFIELD

Our role is to amplify the voice of local people on issues that affect those who use health and care services. We actively seek views from all sections of local communities and try to ensure that our priorities take account of the issues raised with us.

We are pleased to see that Safeguarding Adults Board have been placed on a statutory footing and that Healthwatch is a member of the Board; this allows us to provide challenge and inject the issues raised by local people into how safeguarding is developed.

Healthwatch Enfield directly contributed to the development of the Safeguarding Adult Boards three year strategy 2015-2018. We did this though providing our views on what the areas of focus should be and how this could be achieved.

OUR CONTRIBUTION TO SAFEGUARDING 2015/16

In terms of safeguarding, Healthwatch has:

- supported the work of the Safeguarding Adults Board, to ensure that the patient's/ local people's voice is central to service planning and any case reviews
- had representation on the SAB's Quality Performance and Safety (QPS) group
- ensured that our Board, staff and volunteers are trained to understand and follow up any safeguarding concerns identified by us or raised with us in our work locally
- support awareness raising about safeguarding issues amongst our community partners and communities as part of other engagement activities.

Healthwatch representative also attended the North Central London Challenge and Learning event for Safeguarding Adults Boards. This was a positive experience which enabled the voice of patients and local peoples to be raised amongst senior members across partner organisations.

Going forward, Healthwatch Enfield will continue to support the Board and contribute towards this important area of protecting some of the most vulnerable people from abuse and harm.

STATEMENT WRITTEN BY:
Parin Bahl – Healthwatch Enfield
Enfield Safeguarding Adults Board representative

HEALTH, HOUSING AND ADULT SOCIAL CARE, ENFIELD COUNCIL

Protecting and working with those at risk of harm is the responsibility across all departments in Enfield Council; from senior managers to all front line staff we promote the need to recognise what abuse is and ensure staff know how to report. Importantly, we want to prevent abuse from happening in the first place.

The Care Act 2014 and its guidance provide clear responsibilities for the Council to safeguarding adults with care and support needs. We have a duty to make enquiries or cause others to make them. For this reason, our adult social care department takes a lead in safeguarding and supporting adults, focusing on their wellbeing, recovery and resilience.

We work across departments and with external partners to support adults experiencing harm. This can include linking with our colleagues in the Council's Community Safety Unit around anti-social behaviour or in complex domestic abuse cases to working with teams that tackle rouge traders and fraud. Where there are concerns around the welfare and safety of children and young people, we work with our colleagues in safeguarding children.

Strategically, we believe that how our work develops should be informed by those who use services. This year we worked to undertake interviews with those who have been harmed, but have learnt that after abuse has occurred many people wish to move forward without reliving this process. As a result, we have changed our practice for next year to interview people for their reflections before the process closes and providing online electronic options to give feedback as a second option. We also ensure projects we undertake have challenge from those who use services, and particularly link into the Boards Service User, Carer and Patient Sub-Group.

The Council takes a lead on initiating and managing the provider concerns process where there is serious safeguarding risk. This year, we have worked with 17 different providers and alongside support from partners such as the Care Quality Commission, Health and Police, are working to improve the quality and safety of care.

Some of our accomplishments this year have included:

- Delivering domestic abuse training and a bespoke course with safeguarding children
- Leading a project to reduce risk of dehydration in care homes
- Updating all policies and data collection in line with new London Adult Safeguarding Policy
- Continued to embed Making Safeguarding Personal and promoting this amongst partners
- Held bespoke workshops between Multi-Agency Safeguarding Hub and the Police

The most important work we do is in our responsibilities towards keeping adults at risk safe and working with them towards recovery and resilience after abuse has occurred.

In the coming year the Council will continue to work in partnership with adults at risk and partners to both prevent abuse and ensure people are support when harm does occur. There are a number of priorities we have, and these include helping to prevent financial abuse through raising awareness of deputyship and appointeeships arrangements; continuing our work with providers when there are safeguarding concerns and quality issues; and continually striving towards excellent practice.

STATEMENT WRITTEN BY:
Bindi Nagra – Assistant Director, Health, Housing and Adult Social Care
Enfield Safeguarding Adults Board representative

LONDON AMBULANCE SERVICE

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organisation. We are committed to safeguarding vulnerable members of our community and continue to work closely with partner organisations to improve this process.

Living a life that is free from harm and abuse is a fundamental right of every person. All staff in whatever setting and role, are in the front line in preventing harm or abuse occurring and in taking action where concerns arise.

This report provides evidence of the LAS commitment to effective safeguarding measures during 2015/16. A full report along with assurance documents can be found on the Trusts website.

SAFEGUARDING DUTY AND RESPONSIBILITIES

To address safeguarding responsibilities we have:

- a safe recruitment process that includes the vetting and barring scheme and procedure with reference to the Independent Safeguarding Authority;
- processes for dealing with allegations against staff with clear links to police and local authority designated officers;
- a named executive director with responsibility for safeguarding;
- heads of safeguarding for adults and children who are also the named professionals;
- a safeguarding officer who is first point of contact for local safeguarding boards and local authorities;
- internal and external reporting mechanisms to capture safeguarding issues.

WORKING WITH PARTNER AGENCIES

We work closely with the safeguarding lead commissioners. We continue to work with all adult safeguarding boards in response to notifications of safeguarding adult reviews. All recommendations and action plans are monitored internally and approved by the safeguarding committee for closure when appropriate.

CONTRIBUTION TO THE ENFIELD SAFEGUARDING ADULTS BOARD

The LAS has a lead member whom attends the quarterly Safeguarding Adults Board in Enfield, and are keen to provide support to the local developments. Some of the actions the LAS took last year in Enfield include:

- Contributing to Safeguarding Adults Review so that learning can be shared
- Completion of self assessment of safeguarding, which went to a North Central London Challenge and Learning Event
- Joining sub-groups of the Board where relevant to support actions that keep people safe
- Providing assurance to the Safeguarding Adults Board during meetings of improvements within the LAS

The LAS made a total of 4,331 adult safeguarding referrals across London in 2015/16, and 8,440 relating to welfare concerns for adults whom may have care and support needs. In Enfield, there were 132 adult safeguarding referrals and 267 adult welfare referrals. The LAS is committed to ensuring that information is shared to prevent and reduce the risk of harm to adults at risk.

STATEMENT WRITTEN BY:
Alan Taylor – Head of Safeguarding
Enfield Safeguarding Adults Board representative

LONDON FIRE BRIGADE

The London Fire Brigade has a strong commitment to safeguarding adults at risk and continues to work to develop service delivery by focusing preventative work streams to better identify at risk individuals as well as responding appropriately following referral through links with inter professional groups. We recognise that robust safeguarding arrangements are essential to managing risk. We believe that all residents have the right to be treated fairly and with dignity and respect.

Our aim to reduce the risk of harm from fire to those most vulnerable within the community.

As part of the London Fire Brigade's adult safeguarding responsibilities, it is required to provide a representative as board members on the local multi-agency safeguarding adult board. The Borough Commander Enfield Borough is currently on Enfield Safeguarding Adults Boards and is an integral decision maker in the development and progression of the local safeguarding agendas. The London Fire Brigade has maintained an active participation in the Safeguarding Adults Board, undertaking work streams as required throughout the year.

KEY ACHIEVEMENTS 2015/16

Last year London Fire Brigade Enfield Borough planned the following activities and achieved the following outcomes:

- Raise awareness of risk to adults in fire, such as instances of hoarding and the benefits of fire suppression system, to partners.
- All Borough fire officers were updated by the Enfield Council on safeguarding and legal requirements at the annual information day.
- Senior fire officers attending borough area forums to ensure that all communities are aware of the important fire safety work carried out by fire officers and delivering 'Home Fire Safety Visits' to the most vulnerable members of our community.
- Attended a number of Community based events to promote home fire safety and raise awareness of the provision of arson proof letter boxes.
- Two thousand two hundred home fire safety visits were completed within the borough and at least 87% of these were carried out in homes that statistically, were most likely to have a fire.
- A program of visiting all sheltered housing residential homes was started and all staff and residents were informed of the fire safety tips, need to have a routine to keep safe from fire and the services we provide. Most importantly we stressed the importance of the responsible person concept for care homes and housing stock, while highlighting the importance of providing adequate care and fire protection for residents.
- London Fire Brigade Watch officers have made a number of referrals throughout the year in accordance with Brigade Policy. Of these only a small number have been referred through the urgent referral agreement. The remainder have been referred to appropriate services and agencies.
- Work with partners to address vulnerable adults at risk from exploitation by unscrupulous landlords to receive support through implementation of statutory enforcement.

PRIORITIES FOR 2016/17

- Carry out home fire safety visits to all sheltered housing facilities within the borough, to see reduction in number of incidents by partnership working.
- Continue to raise awareness of the availability and provision of domestic fire suppression systems for very high risk adults.
- Raising staff awareness of domestic violence.
- Focusing our prevention and protection activities on ensuring that older people living in care home and in sheltered housing are as safe as possible.
- Developing further local recording and quality assurance programmes.
- Continue to raise awareness of partners, organisation and agencies of risks to adults from fire, in particular dangers of hoarding and provision of arson proof letter boxes and fire retardant bedding.
- Continue to develop protocol between LFB and adult social services reporting referral outcomes in relation to safeguarding adults or otherwise.
- Support partners by providing advice in relation to fire safety in the home when requested.

STATEMENT WRITTEN BY:
Les Bowman – Enfield Borough Commander, London Fire Brigade
Enfield Safeguarding Adults Board representative

NHS ENFIELD CLINICAL COMMISSIONING GROUP

NHS Enfield CCG is a statutory organisation overseen by NHS England. The key function of the CCG in relation to safeguarding is to ensure that the services they commission have safeguarding systems and processes in place.

KEY ACHIEVEMENTS FOR 2015

EMPOWERMENT

- Co-ordination of a tri-borough (Barnet, Enfield and Haringey) Conference on the Mental Capacity Act (MCA, 2005) and Deprivation of Liberty Safeguards (DOLS) in May 2015.
- The CCG developed an electronic audit tool for GP practices to assess compliance with MCA and DOLS.
- Nurses from Continuing Healthcare have successfully completed the Best Interest Assessment training with Hertfordshire University.
- CCG organised training on revalidation for nurses who work in the nursing home sector.
- Primary Care Safeguarding Adults at Risk and Children symposium was organised for GP's and all health staff that work in Primary Care.

PARTNERSHIP

- CCG commissioned the services of a nurse expert affiliated to NHS England and Buckinghamshire University to confer with providers, CCG and the local authorities in producing a borough wide Pressure Ulcer Protocol.
- Making Safeguarding Personal (MSP) – The CCG coordinated the local authority lead manager in MSP to facilitate a teaching session with the Continuing Health Care Team.

ACCOUNTABILITY

- The governing body received training in safeguarding adults with particular emphasis on the Care Act (2014).

PREVENTION AND PROTECTION

- All CCG staff have been trained in PREVENT.
- CCGs use Clinical Quality Review Groups (CQRGs) to monitor health providers and provide assurance that care is of high quality and safe.

PRIORITISED WORK PLAN

- Ensure that all NHS providers, Independent health providers and GP practices meet PREVENT training compliance targets.
- To facilitate a GP practice Safeguarding Audit.
- Ensure both CCG's and Provider organisations are focussed to meet the MSP agenda.
- To continue to support local authority quality team in provider concerns issues.

STATEMENT WRITTEN BY:
Carole Bruce-Gordon – Assistant Director for Safeguarding
Enfield Safeguarding Adults Board representative

NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST

COMMITMENT TO SAFEGUARDING ADULTS AT RISK

North Middlesex University Hospital NHS Trust's Board takes the issue of safeguarding extremely seriously and receives annual reports on both safeguarding children and safeguarding adults. The Trust acknowledges that safeguarding adults is everybody's business and that everyone working in health care has a responsibility to help prevent abuse and to act quickly and proportionately to protect adults where abuse is suspected. The safeguarding of all our patients remains a priority for the Trust as we see it as a fundamental component of all care provided. Maintaining the consistency and quality of all aspects of safeguarding practice across the Trust is essential.

The Trust has an established Safeguarding Adults Group which has representation from our inter professional and inter agency groups. It meets bi-monthly and provides the strategic direction to safeguarding adult activities across the Trust and ensures that all safeguarding commitments and responsibilities are met.

During 2015/16 the Trust has worked with partner organisations to safeguard some of the people who are most at risk of abuse, harm and neglect. This enables the Trust to work with partners, communities and local people to prevent abuse and ensure a robust and transparent response when abuse of an adult at risk occurs.

The Director of Nursing is the Executive Lead for Safeguarding Adults and represents the Trust at the Enfield local multi-agency safeguarding adult board meetings.

PARTNERSHIP WORKING DURING 2015/16

In September 2015, the Trust recruited a Safeguarding Adult Coordinator and established a centralised safeguarding email inbox to enable partners to send safeguarding concerns direct to the Safeguarding Adult Team. All concerns or enquiries are then forwarded to the relevant Local Authority Safeguarding Adult Teams. The Trust works in partnership with the multi-agency Enfield MASH team to comply with requirements for following up Safeguarding Adult alerts.

Trust staff attend Safeguarding Adult Strategy Meetings and Case Conferences as required. Recommendations from Case Conference Investigations are fed back to the relevant ward managers and matrons and the Trust has introduced monthly 'Lessons Learned Events' for Ward Managers and Matrons and other members of the multi-disciplinary team to enable reflection of recommendations from safeguarding adult enquiries.

The Trust is represented at Enfield Safeguarding Adult Board subgroups by the Safeguarding Adult Lead. The Trust is also represented at NHS England Safeguarding Network meetings by the Safeguarding Adult Lead.

In December 2015, the Trust completed the Safeguarding Adult Provider Audit which was jointly developed by London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London. The aim of this audit tool is to provide all organisations in the Borough with a consistent framework to assess monitor and/or improve their Safeguarding Adults arrangements. In turn this supports the Local Authority Safeguarding Adult Board (SAB) in ensuring effective safeguarding

practice across the Borough. Representatives from the Trust attended the Board Challenge event held on 25th January 2016 where all partners were asked to feedback on key areas of development and challenges.

In February 2016, the Trust participated in the Police and Enfield Adult Social Care Interface workshop where case studies were discussed to enable shared learning and to enhance multi-agency working arrangements.

STATEMENT WRITTEN BY:
Eve McGrath – Safeguarding Adults Lead
Enfield Safeguarding Adults Board representative

ONE-TO-ONE (ENFIELD)

One-to-One (Enfield) is very committed to protecting our members' physical and psychological well-being and safeguarding them from all forms of abuse. We recognise that safeguarding is a responsibility for everyone, and therefore seek to ensure that safeguarding is a priority throughout the organisation.

We have a project to raise awareness and understanding of Hate Crime, and hold regular workshops for staff, carers and people with learning difficulties. We have launched a DVD and booklets to raise awareness on Hate Crime so people can recognise and report it.

To ensure our members are safeguarded against any abuse, we work with the Integrated Learning Disabilities Team. One-to-One (Enfield) has a positive relationship between members, staff, volunteers and other partner organisations that encourages people to be open about concerns and helps people to learn from each other. There are continuous training and development opportunities for staff and volunteers.

STATEMENT WRITTEN BY:
Nusrath Jaku – Volunteer Coordinator
Enfield Safeguarding Adults Board representative

ROYAL FREE LONDON NHS FOUNDATION TRUST

The Royal Free London NHS Foundation Trust is committed to safeguarding all vulnerable patients who access services across the Trust. We understand that to safeguard effectively we must work collaboratively with partner agencies and professionals.

In order to do this we will work closely with others to ensure that all of the services we provide have regard to our duty to protect individual human rights, treat individuals with dignity and respect and safeguard against abuse, neglect, discrimination, embarrassment or poor treatment. We acknowledge the balance between an individual's rights and choices and the need to protect those at risk.

INTERNAL GOVERNANCE ARRANGEMENT

We have a three year strategy that sets out our 10 core aims and that informs our three year work plan. The progress of this work plan is monitored by the Integrated Safeguarding Committee (ISC).

The ISC meets quarterly and is chaired by the Director of Nursing who is the executive board lead for safeguarding. The ISC is attended by the CCG safeguarding leads. The ISC monitors all safeguarding activity, Safeguarding Adult Reviews, Serious Incidents, allegations against staff, complaints, as well as responding to requests from Safeguarding Adult Boards and national priorities.

The ISC reports bi-annually to the Clinical Risk and Clinical Governance committee and to the patient safety committee and the full Trust Board annually.

A member of the safeguarding team sits on the weekly serious incident review panel.

SAFEGUARDING ADULTS WORK UNDERTAKEN AND KEY ACHIEVEMENTS IN 2015/16

Policy development – all completed and implemented:

- Mental Capacity Act and Deprivation of Liberty Safeguards Policy
- Celebrity/VIP visits policy
- Allegations of abuse against staff policy
- Female genital Mutilation (FGM)
- PREVENT policy

Referral rates have increased April 2015 and March 2016:

- 484 safeguarding alerts raised at the Royal Free Hospital (increase of 51%)
- 387 alerts for Barnet Hospital and Chase Farm Hospital (increase of 217%)

We have also embedded the role of the Independent Domestic Violence Advocate within the acute setting and now have 3 full time posts. In terms of training, our figures are consistently in the 80% range for delivering MCA/DoLS and Safeguarding adult.

KEY CHALLENGES AND PRIORITY FOR 2016/17

- Deliver the PREVENT agenda across the Trust
- Develop and deliver safeguarding adult supervision
- Develop and deliver level 3 safeguarding adult training
- Continue to improve compliance with application for DoLS

STATEMENT WRITTEN BY:
Helen Swarbrick – Head of Safeguarding
Enfield Safeguarding Adults Board representative

SAFER AND STRONGER COMMUNITIES BOARD

The Enfield Safer and Stronger Communities Board (SSCB) is the statutory Community Safety Partnership locally. The Crime and Disorder Act 1998 as amended by the Police and Justice Act 2006 places a duty on responsible authorities to work together to understand the issues related to crime and community safety in their area and to have an agreed partnership plan to bring about improvements.

The Enfield SSCB have been recognised for strong achievement and good practice both nationally and internationally, contributing to current agendas such as tackling serious and organised crime, counter terrorism and tackling gangs and CSE (child sexual exploitation).

CURRENT POSITION

The Safer and Stronger Communities Board comprises the local authority, the police, the fire brigade, probation services, (including the Community Rehabilitation Company) and the clinical commissioning group (CCG). Senior officers from these agencies support and facilitate the activity of the Safer and Stronger Communities Board within their own agencies. The lead Elected Member for Community Safety is also a member of the SSCB.

The SSCB also work in partnership with a range of organisations, such as community groups, neighbouring boroughs, central government and the Mayor's Office for Policing. It has embedded links with other key groups such as Safeguarding Boards, the Drug Alcohol Action Team (DAAT) and the Enfield Targeted Youth Engagement Board (ETYEB). Regular representation and updates between these boards help us tackle areas of joint concern such as domestic abuse or other crimes which particularly impact on those with vulnerabilities.

KEY ACHIEVEMENTS OF 2015/16 INCLUDE:

- Continued investment in CCTV provision across the borough providing evidence for thousands of incidents to resolve investigations and deter future crimes
- Burglary, vehicle crime, criminal damage and robbery have all reduced
- Continued to support our Safehouse scheme to support the target hardening of vulnerable residents' homes
- Partnership drive to tackle ASB, including that on housing estate
- Working in partnership to tackle prostitution in response to identified concerns
- Delivered high profile seasonal crime prevention messages around Domestic Abuse and the risks from gangs
- We have continued the links and data sharing with health agencies, notably at North Middlesex Hospital including commissioning a youth outreach worker to help identify and engage with those at risk from gangs
- Raised awareness of Prevent and provided instructive sessions for over 600 staff
- Presentations at national conferences promoting Enfield work on coercive control
- Better oversight of emergency incidents on the Borough
- Successfully led a multi-borough application for DCLG funding to inform specialist support in refuge accommodation.

PRIORITIES IN THIS YEARS' PARTNERSHIP PLAN REMAIN:

- As identified through the London Mayor's office priorities include burglary, criminal damage, robbery, theft from and of motor vehicle, theft from a person and violence with injury.

OUR SSCB PRIORITIES ARE CURRENTLY:

- Tackling serious youth violence
- Tackling domestic abuse and violence against women and girls
- Tackling Anti-Social Behaviour
- Reducing property crimes such as burglary and car crime
- Delivery of the Prevent agenda locally
- Development of a Serious and Organised Crime plan in conjunction with the MPS and local partners.

We are also aware of key cross cutting themes that impact on all of the above such as substance misuse, the management of offenders in the community and hate crime.

STATEMENT WRITTEN BY:
Andrea Clemons – Head of Community Safety
Enfield Safeguarding Adults Board representative

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Strategic Safeguarding Adults Service
Health, Housing and Adult Social Care

June 2016