

SUMMARY OF PARTNERSHIP ACHIEVEMENTS

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LUTON ADULT SOCIAL CARE

Adult Social Care (ASC) like many other agencies saw significant increase in demand for responding to safeguarding concerns. ASC has experienced an increase in both volume of concerns and complexity of safeguarding issues presented. In many cases adults at risk experienced multiple categories of safeguarding concerns where robust interagency approaches were required.

Making Safeguarding Personal (MSP)

Adult Social Care has:

- Rolled out bespoke safeguarding trainings that covers the requirement for MSP.
- Provided supervision training for supervisors and managers in safeguarding which includes MSP.
- Put in quality monitoring measures that include an overarching Quality Assurance Framework (QAF) and associated operational team audits that scrutinise the quality of social care interventions and assessing interagency working.
- Delivery of bespoke training on 'Back to Basics', to support front line staff and other practitioners to reflect on the six safeguarding principles. Other training has included Mental Capacity, focusing on Executive Capacity; Hoarding and Self Neglect. ASC took forward training and professional development initiatives across the social care workforce, raising awareness and further supporting staff via enhanced knowledge and skills to promote holistic management of complex cases.

Independent Review

ASC were successful in their bid to Partners in Care & Health (PCH) to secure an Independent Safeguarding Consultant to review internal safeguarding structures. This work related to both the Adult MASH function that manages front door safeguarding activity and section 42 enquiry work.

The outcome was encouraging. The Adult MASH process and associated procedures were evaluated positively, with recommendation that some of enquiry and intervention activity facilitated by Adult

MASH was robust enough to be categorised as section 42 enquiries. The feedback will further inform planned ASC review of current operational procedures and operating models.

Case Audits

ASC's cornerstone quarterly QAF practice audit continued to enhance internal safeguarding scrutiny this year with Adult MASH embedded into the programme. The quality assurance activities subsequently underpinning practice improvement initiatives such as staff training and development as well as process refinements and possible pathway innovations. Specifically from a safeguarding perspective the audits enabled the ASC to monitor and influence practice improvement in the following areas:

- Making safeguarding personal
- Making safe
- Risk reduced/removed.
- Connection to another agency /service for ongoing work/support
- MDT working application within internal Long Term support teams and/or partner agencies

Interagency working

ASC has continued to make strides to improve working within the multi-agency framework to provide information and support, prevent escalation of needs and protect from harm/abuse.

The following are partnership arrangements that ASC has supported this year and, in most instances, taken a leadership role within:

- Luton Cuckooing Group
- Vulnerable women's group
- MARAC
- Rough sleeping complex needs forum
- VARAC.
- Pan-Bedfordshire Hoarding Panel
- Co- production- with third sector agencies

In partnership with Luton Council Housing colleagues, ASC has recruited and will support a specialist homeless prevention social worker who will work 1:1 with high-risk vulnerable adults to prevent homelessness and rough sleeping.

Similar arrangements have also been agreed with Drug and Alcohol services where it is anticipated opportunity for co-location will improved information sharing and joint working on complex cases.

All of these initiatives are strength based and person-centered strategies that encourage establishing and working to achieve the Adult's desired outcomes.

Hoarding Protocol

- Adult Social Care has been working with key partners to establish a place based hoarding protocol that will support a Luton specific hoarding forum to ensure provision of specialist and local hoarding interventions including therapies.

Sexual exploitation and modern slavery

- It has been identified that the reporting of sexual exploitation and modern slavery as safeguarding concerns remains low and not consistent with soft intelligence reported by other statutory and voluntary agencies.
- ASC has undertaken targeted work with partner agencies and this has seen an increase in the reporting of these concerns.

Impact & Development

- Increased staffing capacity within Adult MASH and development of specialist roles that further support and innovate safeguarding responses.
- Establishment of stronger working relationships with key partners, making it possible to promote MDT working as a core tenet, even during crisis response/at short notice.
- The development of a Drug and alcohol role to co-locate with ASC - positively taking forward recent SAR learning.

ASC has continued to spearhead the effective use of multi-Agency working across the partnership in support of a strengths based, preventative and personalised response to safeguarding concerns.

- ASC has been a key driver for the development of the LSAB's Co-Production Sub-group, working with third sector agencies to establish membership, draft Terms of Reference, and support as co-chair. This dovetails with ASC's single agency work-streams to improve meaningful feedback mechanisms for adults who have experienced safeguarding concerns, their families, and carers.

BEDFORDSHIRE FIRE & RESCUE SERVICE

STAFF ARE PROUD OF THE SAFEGUARDING PROCESS'

'The service continues to make improvements to safeguarding arrangements. Staff told us about occasions when they had identified safeguarding problems and felt confident and trained to act appropriately and promptly. We found that the safeguarding policy was robust. Safeguarding training is structured and aligned with national best practice and NFCC guidance.'

'The service has restructured prevention to include a specialist role that co-ordinates safeguarding activity. Staff have regular contact with the safeguarding officer and receive feedback from them on specific cases.'

'Staff are proud of the work they achieve and feel valued.'

In May 2022 we restructured our Prevention department and created a dedicated Safeguarding Advisor position to support and coordinate the Service's Safeguarding approach. To support the new role, a Safeguarding team was formed, comprising of subject matter advisors in youth, vulnerability, and healthcare. The BFRS Safeguarding Team's quarterly meeting schedule is supplemented by our Safeguarding reports, which are shared internally and externally to demonstrate progression and inform future practice.

The Service has made significant progress to enhance our ability to identify and refer those at-risk, refresh our safeguarding governance and refine our data capture. Examples include: ·

- Providing feedback to all referrers

- Enhancements to our training and referral pathway following a recent staff safeguarding survey.
- Review and refresh our staff training package and internal Safeguarding Policy
- Refinements to our data capture to enable better reporting in 2022/23 BFRS has seen an increase of 22% more safeguarding referrals compared to the previous year.

Our percentage increase is significantly above the national 4-year average annual growth rate of 8%. Staff survey data demonstrates that following enhancements to our training packages and usability of our referral process, our staff feel more equipped and confident to raise a safeguarding referral than ever before.

HMICFRS (Home Office Report Findings)

Extract from the report published August 2023

- ❖ In partnership with Housing, ASC has recruited and will be supporting a specialist homeless prevention worker whose responsibilities include 1:1 working with high-risk vulnerable adults to prevent homelessness and rough sleeping.
- ❖ Similar arrangements have also been agreed with Drug and alcohol services where co-location has improved information sharing and joint working on complex cases.
- ❖ All above are strength based and person-centered pathways that encourage working to the Adult's desired outcomes.
- ❖ Efficient, effective use of our Safeguarding Team - Due to the impact and success of the introduction of our Safeguarding Advisor and Team the demand often overruns the supply in terms of capacity. We are currently reviewing our safeguarding meeting obligations with a view to ensure effective contribution and information sharing. We are also developing a complex case management system. The process is intended to offer supplementary Home Safety advice to those at higher risk within their homes, whilst sharing casework with other BFRS staff.
- ❖ Continue to develop our digital referral pathway to enhance data collection- we are currently improving our pan Bedfordshire digital referral form to improve our information gathering and distribution.

Case Study:

In September 2022, a BFRS fire crew raised a safeguarding referral following a cooking fire at an address in Luton where cooking was burnt activating smoke alarms at the property, indicating concerns for the safety of the resident and support from carers. It was identified by attending BFRS crews that this was a reoccurring event and that we had been called in total 15 times to the address due to false alarms because of unsafe cooking behaviours and false alarms.

5 Home Fire Safety Visits had been made to the address in total, but despite this, the unsafe practices were continuing. Concerns were shared directly as a safeguarding referral and passed to others supporting the individual. Although this did not result in a section 42 enquiry, the initial safeguarding referral led to ongoing work with the care agency, occupational therapists and those working closely with the individual. Following staff training provided by ourselves, monitoring of further call outs and advice given, a decision was taken by those supporting the individual to make a best interest decision to disable the cooker/hob at the address when appropriately supporting staff were not present to ensure the individuals' safety.

As a result, since January this year, there have been no repeat calls to this address. This is a strong example of partnership working, information sharing, and support from the expertise of our staff including the awareness of our fire crews and a positive outcome for an individual following a referral.

BEDFORDSHIRE HOSPITAL NHS TRUST

During the period of 2022-2023, Bedfordshire Hospitals Foundation NHS Trust has continued to be an active member of the Safeguarding Board and subgroups aligned to the Board.

The Trust continued to be represented at VARAC (Vulnerable Adult Risk Assessment Committee), MARAC (Multi-agency Risk Assessment Conference), Modern Day Slavery Strategic Group, LeDeR

(Learning Disability Mortality Reviews) Strategic groups and Quality Assurance panels, Domestic Homicide Reviews, and other multi-agency forums where safeguarding vulnerable adults and children is paramount.

As a Safeguarding team, we have continued to deliver training to staff, as appropriate to their roles in a variety of forms including E-Learning packages, Face to Face training, through virtual platforms alongside role modelling in clinics/departments and hospital inpatient wards. This has remained a priority for the Trust.

It is evident in the last year that our continued collaboration between the Adult Safeguarding team, Safeguarding Children and Safeguarding Midwifery teams is supportive of our 'Think Family' ethos. This includes the co-location of teams on both sites, allowing a greater opportunity to share good practice and develop our safeguarding skills. We continue to have a Joint Trust Safeguarding Board which not only incorporates both the safeguarding adults and children's agenda but also both hospital sites.

Domestic Abuse

Bedfordshire Hospitals consist of two sites currently due to a previous merger between Bedford Hospital and the Luton and Dunstable Hospital.

Safeguarding Teams are present on both sites, with each site having a designated lead for safeguarding within Adults, Midwifery and Paediatrics.

In addition to this, the Trust has 2 IDVAs in place. One Victim Support IDVA on each site.

Domestic abuse Training is available in various forms. This can be completed as a standalone training package online, face to face or via generic safeguarding training at all levels.

The Trusts safeguarding teams have individuals trained whom complete risk assessments and protection planning with individuals suffering from Domestic Abuse. In addition to this staff are also trained on how to respond to Domestic Abuse with certain areas such as Maternity and the Emergency Department receiving a higher level of training due to increased numbers of Domestic Abuse cases seen in those areas.

Domestic Violence packs are readily available in all clinical areas. These packs are to support staff with materials/ risk assessments and contact numbers etc. they may require when dealing with a case. These packs also include fact sheets/ supportive advice for staff on how a victim can stay safe within a domestic abuse relationship or if they chose to leave relationship.

In addition to this, the Trust commissions the use of Lip Balms that are stocked in various areas of the hospital such as the safeguarding office, A&E, Maternity, and paediatrics. These Lip Balms have the

number of the National Domestic Abuse Helpline secretly embedded into the bar code of the product and are given to victims that may return to an area whereby they are suffering from Domestic Abuse.

The team are also in receipt of mobile phones whereby one can be given to a victim fleeing from abuse as a mode of maintaining contact with professionals and family etc.

Finally, the Trust has a Domestic Abuse Clinic available each week. This was commenced as a pilot in June 2021 in response to the Trust safeguarding teams not being able to access victims that attended hospital out of hours/ weekends. An appointment is made with the individuals consent by the treating professionals for them to return to hospital. During this appointment and if safe to do so, they would be met with a safeguarding professional, a clinician and IDVA (if consent gained). A full assessment/ review can take place with appropriate risk assessments and onwards referrals completed.

Mental Health- What is going well.

All patients that present to the Emergency Department with an acute mental health issue will be referred to the onsite psychiatric liaison team (PLS) and reviewed if deemed appropriate.

Depending on the risk assessment, the person will be either discharged from the department and followed up in community, or admitted if further assessment or medical treatment is required.

The Safeguarding Team are made aware of those patients sectioned under the MHA alongside any complexities, or frequent attenders and oversee their hospital journey. PLS and the safeguarding team have a good working relationship and regularly review cases whereby learning has been identified.

Training

The emotional wellbeing of patients with mental health concerns and how this can at times interact with safeguarding via case scenarios are discussed in Level 3 Safeguarding Training. The trainers also link mental health scenarios to possible exploitation and remind staff that many adults attend hospital with suicidal ideation, self-harm, or overdose as a result of trauma.

The Hospitals Perinatal Mental Health Team provides regular perinatal mental health study days aid the understanding of how mental health issues can impact parenting and pregnancy.

Parents with Mental Health Issues

It is also embedded into children's safeguarding training that various parental issues may affect their parenting capacity and that mental health may be an area where this can happen.

The "Think Family" approach is embedded into practice. If an adult attends/ is admitted into hospital due to a mental health crisis, they will be asked if they have dependent children and what support they have from family and services. Information sharing forms will also be sent to the safeguarding team, and a CSC referral will be made, if necessary, by the appropriate professionals. Women where perinatal mental health concerns have been identified during pregnancy are offered a referral to the perinatal mental health team for ongoing support. The perinatal mental health midwives support with all pregnant women known to have mental health concerns. Women also have access to the OCEAN service. This supports emotional and psychological support for those that have suffered

pregnancy/birth trauma or loss. Women do not have to be under maternity services to engage in this service.

All information relating to a patient's interactions, views and wishes are recorded within their existing medical and safeguarding records. This information is also shared when appropriate, with the professionals involved in the patient's care to ensure robust risk assessments and care plans are created that allow the voice of the adult to be at the centre of our involvement.

A member of the Safeguarding Team attends subgroups alongside other meetings whereby patient's views and wishes are used to inform other professionals of their views.

In addition, the Trust is currently in the process of completing a Mental Health Strategy with support of ELFT and other services. Adults and Young People who have accessed hospital services for this reason have played an active role in the co-ordination of this, alongside representing their peers at meetings.

Finally, the Trust actively seeks feedback from all patients that have accessed hospital services. This includes adults, carers, parents, and young people whereby they would be able to give feedback independently. This information is then collated and used to improve services in the future as well as identifying good practice that could be replicated elsewhere.

Covid 19 continued to be challenging to manage within the acute trust during 2022-23. Staffing shortages and pressures continued whereby the safeguarding team had to increase their support to clinical areas to support the safeguarding agenda. As we move into the new financial year, services are returning to pre-pandemic levels.

Numbers of referrals made by hospital staff into the safeguarding team have increased during the past 12 months. This identifies that staff continue to identify individuals that may be at risk of abuse and continues to support them during their hospital stay.

Our previous priorities for 2021/22 included the following:

- Development of Mental Health operational and strategic group. These groups are currently in the process of developing new policies and a Mental Health Strategy for the Trust.

Supported and trained staff in readiness of the new Liberty Protection Safeguards which was initially due to be introduced that following year. This has now been stood down with a focus on current MCA/DoLs pathways replacing this.

- Continued with the delivery of Safeguarding Adult Training to increase training compliance, skills, and knowledge base across both hospital sites.
- Reviewed the model (including capacity) of both hospital sites Safeguarding teams to ensure appropriate resource levels to meet the increasing complexity of safeguarding activity within the hospitals.
- Development of the new Domestic Abuse Clinic which was later replicated in Bedford Hospital.
- Increased the opportunity for both Learning Disability Awareness and Dementia training through e-learning packages and Face to face training.

In addition to the above:

- The team have received recognition by NHS England and the Bedfordshire Domestic Abuse Partnership for their safeguarding practice.

The team have also supported the Hellenic Exchange programme to help support Domestic Abuse responses in Greece.

The Trust continues to have a very good partner relationship with the safeguarding board alongside the wider MDT including ICB, community nursing, mental health teams, schools, health visitors, police, and social care. This relationship has proved to be invaluable over the past 12 months given the pressures faced by all organisations in the wake of the Covid 19 pandemic. Open communication is key to safeguarding our adults, children, and young people. This will continue in 2023-24 Quarterly reports are completed by the safeguarding team. These reports are not only reviewed by executives internally but are also shared with the safeguarding partners and boards within the local areas. Each report details the activity and outcomes of safeguarding cases identified within the trust.

In addition, it reports on CSPRs, SARs, Domestic Homicide Reviews, training, and audits.

Regular Case studies and their outcomes are now also featured within this report.

In addition, a Domestic Abuse audit was completed which looked specifically at the response from the acute trust when Domestic Abuse was identified. Good practice was identified, and any actions related to learning have been taken and have already been acted on.

BEDFORDSHIRE LUTON & MILTON KEYNES INTEGRATED CARE BOARD (ICB)

What has worked well?

ICB has developed and implemented with GP's The GP Audit toolkit to monitor safeguarding of children and adults at risk. This tool provides busy practitioners with an easily navigable resource to ensure excellence in safeguarding in primary care.

Working with police colleagues to help providers – specifically primary care agencies- to empower front line staff to recognise DA and appropriate information sharing across the partnership.

Funding allocated to train a Domestic Abuse Champion for each GP surgery who signed up to the “reducing the risk of domestic abuse” hub. Champions will share learning and awareness with their organisations and act as a point of contact between agencies to ensure a stronger multi agency approach.

Positive work continues to support our provider agencies in particular Community health providers, to recognise and respond to individuals who because of their care and support needs may self-neglect and /or hoard.

Ensuring that all interventions will be person centred, responsive, sensitive, and proportionate.

Supporting the Hoarding Panel, where the risk is high and complex, ensuring communication with other involved professionals about essential information is timely and accurate, and addressing any barriers to obtaining health information.

Ensuring learning is embedded with providers from thematic SARs, in particular Assessment of Mental Capacity in people who hoard. Outcomes can be measured in the increased awareness of practitioners in exploring assessment of executive mental capacity in relation to decision making including demonstration of knowledge and skilled application of legal options or requirements.

GPs reported increased confidence in signposting and supporting patients who present and have experienced DA or are at risk of criminal exploitation including trafficking, honour-based abuse.

However, challenges remain around establishing a workforce that is culturally competent to assess Domestic Abuse.

Challenges remain around reinforcing professional responsibilities within the workforce whilst maintaining a good relationship with patients and clients.

Challenges remain around the 'think family' agenda and professionals' obligation to see the whole picture when an individual presents.

The ICB are gathering feedback from vulnerable adults who have received safeguarding interventions through:

- safeguarding sessions with provider services and reviewing of cases- via case studies and discussions.
- from learning reviews, rapid reviews etc.
- questionnaires via the hospital service user survey
- In line with 'Making safeguarding personal' (MSP), the patient's voice is heard throughout multi-disciplinary team review meetings and at the closure of enquiries into safeguarding investigations.
- During Covid the ICB safeguarding team (along with ICB infection control team) aimed to support provider organisations to ensure that relevant precautions are taken when delivering services
- To gain assurances via performance reporting that vulnerable adults are safeguarded during any outbreaks etc.
- To learn from past incidents where unsafe discharges into the home environment resulted in an outbreak of Covid.

The ICB and the Partnership focused on prevention and early help for adults with care and support needs.

- By observing current themes and trends and supporting providers to plan and deliver services in accordance with these
- Through auditing to understand the support needs of vulnerable adults
- By working in partnership with the early help team in the LA to overcome health challenges faced by vulnerable adults
- To be the conduit between primary care and support services e.g. Resolutions

The ICB and the Partnership have further developed and improved to assure itself that vulnerable adults are safeguarded effectively?

- By supporting the audit work completed by provider organisations to recognise any safeguarding concerns
- By continuing to listen to service users' experiences
- To continue to support providers via supervision and training to ensure that they are always acting within legal parameters of the DoLs and are kept up to date on new legislation and areas of best practice.

The evidence is there that demonstrates the work of the Partnership has impacted positively on the lives of vulnerable adults (and their families) and your agencies contribution to this?

- There is increased evidence that front line staff and providers are working to embed learning from SARs.
- Partner agencies (LA, Health, and police) have regularly attended the Vulnerable adults risk assessment conference (VARAC) This has resulted in a better quality of life and better overall

outcomes through a holistic, individualised approach including a reduction of risk to the adults concerned.

- Audits, processes, pathways, and best practice tools for supporting vulnerable adults are discussed at the Luton Quality Assurance & Learning and Improvement group (QALIG). These are disseminated to the wider partnership and informs frontline practice.

BEDFORDSHIRE POLICE

As police the early arrest of offenders is often used to safeguard victims of domestic abuse, rape, or other offence type. The police will use bail conditions or charge and remand the offender to safeguard the victim.

It is during the investigation process Police will use Victim Engagement Officers to support and safeguard the victim throughout the criminal justice process.

VEO - Victim Engagement Officers

The VEO will conduct an Initial safeguarding review and provide advice for high-risk victims, prior to IDVA allocation.

Where the victim is risk assessed as Med or low risk, if in professional judgement a VEO during a face-to-face meeting they will provide support and safeguard the victim. Review safety planning when perpetrators are being released from Prison on receipt of court results or appearances. Update victim and provide a bespoke safeguarding plan depending on the result.

VEO's represent police at professionals' meetings regarding the victims when the officer in the case is not available.

Identify repeat victims and develop multi-agency plans to support them and prevent/track all work to support the victim to prevent further harm. (MDAV)

Identify refuges or alternative housing for victims

Additionally, the VEO will

- Attend appointments where the victim needs additional support.
- Complete Clare's Law Process and disclosures.
- Provide victim support advice to officers.
- Provide internal and external training on VEO and DARA process
- Support MARAC with High Risk DA reviews and meetings where needed.
- Support Hub with Medium Risk DA reviews, ICPC's and Strategies where needed.

MARAC

The MARAC team are made up of 4 MARAC Officers and a MARAC Manager covering meetings in all three Local authorities, Luton, Central Beds and Bedford Borough.

The Luton MARAC is currently attended fortnightly, a Pre MARAC meeting is held fortnightly each Monday, whereas Bedford and Central MARAC meetings are Monthly and Pre MARAC meetings are held each Thursday.

The MARAC team Receive record and research referrals from police and other agencies in cases of domestic abuse. MARAC Markers are added for Each case which shows upon Athena Highlighting further incidents in the following 12 months.

The MARAC team Carry out risk assessments of each case to ensure High Risk cases are identified, using the THRIVE principles (Threat, Harm, Risk, Investigation, Vulnerability and Engagement) in all key decision making when assessing and re-assessing risk, with rationale for amendment of risk recorded on Athena. If remains High Modus report completed to refer to MARAC

The MARAC Team develop and maintain effective liaison with key personnel in the police and other agencies

The MARAC team Participate in other multi-agency meetings including, strategy meetings, professionals' meetings, and ICPC's, as required to support multi-agency planning, this often includes Adult Protection incidents in which Domestic abuse is identified. Additionally they carry our Clare's law investigations, Domestic Homicide Review research and PND searches.

Learning reviews are conducted through SARS and DHR's. There are also mechanisms for learning reviews to be conducted within investigations where safeguarding and interventions are a key aspect of that review.

These reviews are fed into the learning of student officers and departments where failings have been identified, for example LH.

PPU HUB – Referrals

The PPU Hub are the police team that manage the referrals to and from partner agencies with police. In doing this a joint decision making and quality assurance approach has been implemented via the use of weekly joint agency meetings.

These meetings involve representatives from Police, Luton ASC and ELFT. During the meeting incidents of concern relating to vulnerable adults identified by police will be jointly discussed and worked through, in this way the need for further interventions, information sharing or agency action is quickly identified.

If an incident is identified that requires action by ASC or ELFT it is able to be quickly responded to, the right information immediately provided and action taken.

If having discussed the concern it is agreed that there is no need for further sharing or action then police systems can be updated to that effect and all agencies can close their reports content that joint decision making has been made.

(Linked to Challenges Below) This meeting is currently run weekly, it could be argued that it would be beneficial to have this as a standard way of working, however, the issue currently faced, by police and we believe partner agencies is that of resourcing so it is not viable at this time.

Challenges

Police have on occasions struggled to obtain 3rd party material for ongoing investigations to secure a charge and remand such as medical evidence.

To address this, the force is investing in a new procedure provided by an external company (SFR Medical) which will facilitate the prompt provision of medical evidence and third party material which will help to speed up the criminal justice process.

The Local Authorities are not always joined up in their processes or meetings meaning police resources are unnecessarily stretched and carry out duplicate work across Bedfordshire.
Training gaps for new staff and officers within the police
Backlogs of referrals for medium or low risk are reducing slowly.
Specialist investigation teams do not always attend strategy meetings and this is to be addressed.

VEO's conduct victim surveys regarding the victim criminal justice journey which includes aspects of support and safeguarding.

Our investigation teams that deal specifically with investigations into offences perpetrated against 'Adults at Risk' (PVP teams) work jointly with our Rape and Serious Sexual Offences team (RASSO) to specifically seek feedback from these hard to reach and particularly vulnerable Victims. This process entails specific tailored approaches to Victims in order to establish good practice, identify learning and then disseminate it across teams and the organisation as required. This process is governed by a bi-monthly review meeting which incorporates team managers and VEO's who ensure the learning is then utilised during daily practices.

Letters and emails direct from victims of crime are also reviewed and shared as appropriate to identify learning.

Bedfordshire Police and the Partnership have focused on prevention and early help through FGM and HBA training has been provided by police to local GP's and other health professionals to identify those at risk at an earlier stage.

There are processes developed within the HUB that have been designed for early identification. New thresholds for police referrals to Luton LA have been implemented as it was unclear which referrals were being taken on by Luton and recorded on their system and those which were not.

A joint vulnerability plan has started within the MASH which will help better collaboration and coordination of safeguarding activity.

Further development and improvement to assure the LSAB that vulnerable adults are safeguarded effectively include:

- The Emerald pro-active team is due to start in 2024, it will be the responsibility of this team to:
 - Arrest offenders
 - Identify breaches of orders

Which will prevent further abuse for DA survivors. The force uses data to understand trends within the VAWG and looks to mitigate risk through internal work and partnership working.

CAMBRIDGESHIRE COMMUNITY SERVICES

CCS successes are the Roll out of second year of Level 3 training to staff mandated to require this level as per the Intercollegiate Document. Development of a suite of refresher packages of training using a blended learning approach and co-produced and co-delivered by both Safeguarding children and safeguarding adult specialists.

Embedding a Training & Development group for the safeguarding support across the Trust. Inclusive of work streams such as Think Whole Family; Trauma informed practice; neglect and poverty; FGM; Domestic Abuse; Emotional Neglect; Modern Day Slavery and Contextual Safeguarding.

The Adoption of a Think Whole Family' approach in line with internal Trust 3-year implementation plan. Development of a Domestic Abuse – Think Whole Family Approach Policy.

Development of a Safeguarding People -Think Whole Family & Contextual Approach Policy to replace silo policies of safeguarding children and safeguarding adults.

Development of a Domestic Abuse – Think Whole Family Approach Policy.

What needs to improve?

Identification of need to develop a clear pathway for Section 42 and all referral outcomes to ensure risk is known and responded to appropriately. This includes evidence of escalation as required.

Introduction of Service wide Domestic abuse template and mandatory question around Healthy / unhealthy relationships.

Development and introduction of Safeguarding champions to support staff within teams and share information and learning around adult safeguarding and Safeguarding Adult Reviews

Review of Electronic record templates and Mental Capacity Act assessment questionnaire to make more user friendly and capture significant information.

Highlight of DA during Safeguarding week

Update of Staff Intranet

Implemented the domestic abuse routine enquiry for adult patients, following the recommendations from the Domestic Abuse Act 2021.

What impact / difference has your agency work made to the outcomes for vulnerable adults and safeguarding practice?

Staff compliance with all levels of safeguarding adult learning has improved to almost reach the 2024 target of 90%. It is currently 88%.

There is now evidence that the rate of referral for safeguarding issues has increased, and this is due to increased awareness and training. A clear pathway is now in place alongside an agreed SPOC for management and oversight of all referrals to social care. A Standard Operating Procedure is in co-production to reflect to staff the need to ensure robust process in place for follow up of all referrals.

Better engagement with staff due to visibility in office since COVID restrictions lifted, introduction of Safeguarding Champions and training around DA template.

What do you need to improve and are there any barriers or challenges remaining for 2023-24?

Ensuring that there is sufficient staffing capacity within health continues to challenge all of the NHS systems across the UK.

CCS gather feedback from vulnerable adults who received safeguarding intervention. If this is required CCS complete a Provider Led Enquiry this would be captured before and after the enquiry process. Friends and family surveys support an understanding of the experience of all people in our care. CCS co-production team are working with patients and Healthwatch to improve patient outcomes and focus on service development using a co-production approach.

The Expectation on staff regarding protecting vulnerable adults did not change during COVID. The Trust Safeguarding team were still available to staff by telephone, email, and Teams. Information re adult safeguarding is also available on Staff Intranet. Training was developed as a blended learning approach, and this supported the maintenance of compliance target trajectory.

Early discussion by staff with adult safeguarding team is actively encouraged at all meetings, training events and in person. Staff advised to make onward referrals to support agencies early rather than waiting for crisis situations to arise.

Development of a partnership approach to referral pathways and section 42 outcomes, including a SOP, single point of contact and process to ensure that risk and early interventions are agreed and understood across the services in CCS. This has supported the partnership approach to implementing processes for receipt of outcomes following referral and section 42 enquiries.

As a service CCS are working towards greater understanding of the cross over between care and support needs and safeguarding. To enhance awareness of this and to ensure that staff are equipped with the knowledge and skills to address these both independently of each other and to identify when they are crossing over.

Inclusion of third sector agencies, such as care agencies, in Partnership board meetings and development of policies and procedures.

Ensure that processes for Vulnerable Women's group and Channel panel and other systems are in place to support adults who are at risk but are outside of the usual process for support.

CCS identify and manage incidents through effective use of Datix reporting mechanism. These are cascaded through to senior practitioners across the Trust to ensure robust oversight and identification of any trends, learning and actions required. Implementation of the Patient Safety and Incident Framework is being embedded with a view to better understanding and responding to themes and trends related to all matters affecting patient safety.

CCS have been successful in escalating concerns and feeding back to teams, the ICB and LBC in the Safeguarding Sharing Meeting which is undertaken monthly and focuses on high-risk areas such as skin integrity, medicines management and falls in residential and domiciliary care settings.

Safeguarding is a standing agenda item in our Quality & Risk Group and in our HUB meetings where information to cascade or escalate is discussed. There is a clear governance pathway to Clinical Operations Board which is then sighted on emerging and current risks, good practice and also learning from incidents.

Multiple examples of close working with partner agencies, arranging and/or attending multi-disciplinary/multi agency meetings in support of vulnerable adults and families. Examples of positive

outcomes for this group. There is a need to consider how the partnership develops outcome focused evidence to support the work undertaken from multi-agency reviews.

EAST LONDON FOUNDATION TRUST

The ELFT Safeguarding Adults team continue to provide Level 3 Safeguarding adults training to ELFT staff at a minimum frequency of twice a month. This training is fully subscribed, and good feedback has been received from staff attending.

Training compliance is monitored monthly via Trust wide Statutory and Mandatory Compliance report which are utilised to highlight any training gaps with the Trust. Frequency of training dates can be increase if indicated to manage overall compliance across the Trust.

Section 42 Enquiry training is also provided staff who are required to undertake Section 42 Enquiries as part of their role.

The team also provide training to staff on several other areas that are identified as a training need through audits, Serious Incident investigations, Section 42 Enquiries, Safeguarding supervisions, and SAR learnings.

These sessions include:

- Self-Neglect and Hoarding, training sessions and checklists for staff.
- Information Sharing
- Domestic Abuse, including bite size sessions and check list for staff.
- No recourse to public funds
- Gambling and its impact
- Organisational abuse

With a view to improving a 'Think Family' approach and embedding this into practice of all ELFT staff the Trust Safeguarding Adults Team jointly facilitate a quarterly safeguarding event with Safeguarding Children colleagues for staff covering a variety of relevant topics, such as:

- Learning from local SARs/SCPRs
- Domestic Abuse
- Self-Neglect and Hoarding
- ❖ The team undertake quarterly audits of cases in the form of Section 42 audits or thematic audits. The outcome and findings of these audits form the basis of discussions in supervision with teams as well as bite sized training sessions, i.e. Domestic Abuse and Organisational abuse Safeguarding Supervision is offered to all teams on a quarterly basis or more frequently where extra support is required.
- ❖ Learning from SARs newsletter developed and shared across the Trust summarising the learning and recommendations from SARs that were undertaken. Named Professionals for Safeguarding adults attend meetings with partners and work collaboratively as part of the Safeguarding Adults operational subgroup and SAR subgroups.

- ❖ Named professionals take part and contribute to Safeguarding Adults Reviews, Domestic Homicide reviews and act as subject matter experts in Serious Incident Investigations. Through audits completed by ELFT safeguarding team it was established that the gathering of services user feedback following the conclusion of safeguarding interventions was not happening on a consistent basis.
- ❖ To promote this and improve the number of and quality of feedback sought the ELFT safeguarding team developed a feedback proforma that staff are to complete with the service user following the completion of safeguarding interventions. Throughout the COVID 19 pandemic ELFT sought to follow the law, government and NHS guidance and best practice recommendations for both staff and services users.
- ❖ All services users were given the option of telephone and or video call to facilitate assessment and review. Where risk was indicated service continued to receive face to face interventions for assessment, reviews from clinical staff utilising all appropriate PPE precautions to minimise risk to both staff and services users.
- ❖ Home visits and visits to inpatient or community care providers to engage with services users continued throughout the period of the pandemic with staff following all relevant guidance and use of PPE equipment.
- ❖ A blended triage team has been developed with ELFT mental health Trust and partner organisations such as drug and alcohol service, talking therapies etc.
- ❖ As a result, all referrals received by ELFT can be screen with partner organisations to ensure that the services users' needs are met by the most appropriate partner and in a timely manner. Information from the referral and relevant information from partners can be access and utilised to inform the decisions on how to best support the individual's needs.
- ❖ Increased training on various safeguarding matters via Level 3 sessions, bespoke bite sized session, quarterly events and clinical supervision session are all aimed at increasing ELFT staffs' knowledge and understanding of safeguarding, the signs, and symptoms for different types of abuse as well as their professional responsivities to support vulnerable adults and or children that may be affected.
- ❖ Domestic Abuse is an endemic that needs tackling and staff needs the knowledge to identify and act proportionately to tackle this abuse using the Trauma Informed Approach, which is addressed. Further training sessions will be provided.
- ❖ Knowledge and application of the Mental Capacity Act (MCA) poses a challenge and staff will be offered training to understand MCA and its application in Safeguarding, this is being addressed through supervision and MCA teaching packages.
- ❖ Duplicate recordings of multiple systems pose a risk and staff are likely to miss recording of important information potentially putting service users at risk and this is being addressed with the Local Authorities across the trust. The implementation of a safeguarding module on ELFT Rio will seek to reduce this. Data will be available anytime to all professionals with access to

ELFT RiO either as an ELFT professional or through access rights granted to partner organisations. All national SAC reporting requirements can be met using ELFT reporting services assisting the respective LA with preparing and submitting their yearly returns.

- ❖ The increase in complexity of self-neglect cases. Additional training is planned as part of the training requirements of ELFT staff identified.
- ❖ Knowledge and Implementation of SAR learning is a challenge, and this is being addressed via trainings, supervision, and newsletters.
- ❖ The cost-of-living crisis will impact on the vulnerable population leading to further health and economic inequalities and surfacing as safeguarding concerns.
- ❖ The introduced of adult safeguarding supervision for all trust staff as result of recommendations made within a local SAR.
- ❖ Transition safeguarding has been included in Adult Safeguarding Policy and procedures based on recommendations from local SAR.
- ❖ The trust appointed an Adult Transitions Lead
- ❖ The trust has a complex case panel chaired by the Director of Social Work where complex case can be escalated for senior advice and support in managing difficult clinical situations.
- ❖ Advanced MCA training is being offered to staff to improve ELFT staffs' knowledge and understanding of MCA and their responsibilities to the individual they are working with.