

# Ealing Safeguarding Adults Board

## Annual Report 2023 – 2024



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# 1. Introduction and welcome from the chair

I am pleased to present the Annual Report for the Ealing Safeguarding Adults Board for 2023 to 2024. This will be my first full year report since taking up the independent chair role.

The purpose of this report is to provide both a reference document about the role and work the Safeguarding Adults Board here in Ealing, and to give an insight into the work undertaken between April 2023 and April 2024.

We are all living through some challenging times, but for adults with care and support needs, these times are even more challenging.

The impact of the pandemic is still evident across all of the services that support vulnerable people and their families in Ealing. Every agency and organisation continue to report high numbers of referrals and an increased acuity and complexity of the cases that present to their front doors. This pressure has not abated since Covid 19 first arrived.

This continued demand is now exacerbated by the current economic pressure that is affecting those who already find it difficult to make ends meet in their households. Those least able to ride this storm are turning more and more to support services, seeking help for themselves and their families.

The consequences of this are very evident to see in our GP surgeries, Accident and Emergency units, our Mental Health Services, Social Services' front door, Housing Support and the ongoing support for families that were already on our service's caseloads.

All of this, at a time when our services are also facing a reduction in their own resources. It could be described as the perfect storm.

Having said this, what I can report from my year as chair is, the very evident commitment and determination of the workforce present in every service, to mitigate these pressures and continue their drive to ensure the safety and wellbeing of our communities here in Ealing. It takes a very caring and loving individual to join and succeed in our staff teams, and I have yet to meet any member of staff, who does not express these values.

I would also wish to highlight here, the work of families, friends and neighbours who support their loved ones. Our official term for them, in our partnership, is "unpaid carers," but the term does no justice to the work they do. Their numbers and the hours they provide, by far outstrips the work of all of our services. There is no question that without their support, our statutory services would not cope, and our society would fail. I know our partnership recognises this and already seek to support these carers through their work. Moving forward the partnership as a whole will seek to prioritise how we can collectively support and enable this often-unsung workforce.

It is a very real privilege as Chair to be party to the stories from front line staff, and supporting friends and families, to hear of their kindness, their empathy and their professionalism. They meet face on situations and issues that most people would run a mile from. They make the unsafe, safe, the unwell, well, and they give back a future to those who could no longer see theirs.

I know the board would wish to offer their collective thanks for this year, and we look forward to more of the same in the year that follows.

Yours sincerely and stay safe.

Rob McCulloch-Graham

Independent Chair of the Ealing Safeguarding Adults Board

## 2. What is Adult Safeguarding and the role of the Board

The Care Act statutory guidance defines adult safeguarding as:

“Protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”

### Care Act 2014

Safeguarding Adult Boards (SABs) were originally established under the Department of Health’s guidance ‘No Secrets (2000)’ and now is on a statutory footing under the Care Act 2014.



**Statutory Guidance confirms that “the main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area” who meet the safeguarding criteria.**

Ealing Safeguarding Adults Board (ESAB) is a multi-agency strategic partnership, which oversees and ensures the effectiveness of arrangements made by individual agencies to safeguard adults who have care and support needs or are experiencing, or at risk of experiencing, abuse or neglect.

## 3. Ealing our area

“Ealing is made up of seven towns. Each town has its own unique identity and character, and each town faces very different opportunities and challenges to one another. The 7 Towns approach forms the basis of Ealing’s Council Plan.

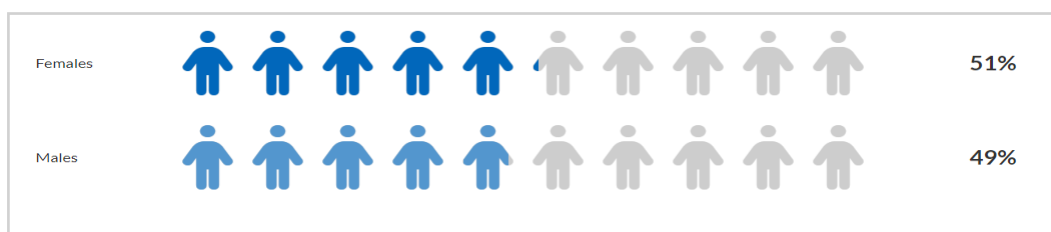
Health and wellbeing are affected by a wide range of factors in our lives. These are called the “building blocks” of health and include employment, housing, access to education, skills and learning, green space and transport, how well socially connected we are, and whether we experience poverty or racism; these are the root causes of health and wellbeing, and they affect how well and how long we live.

Being able to better understand data across the range of factors that affect our health and wellbeing, at a town level, provides very useful insights. Our aim is to continue building up this dataset over the coming months and years, enriching our understanding of the unique differences between each town, and building on targeted action to reduce inequalities and improve the health and wellbeing of each of the seven towns”.

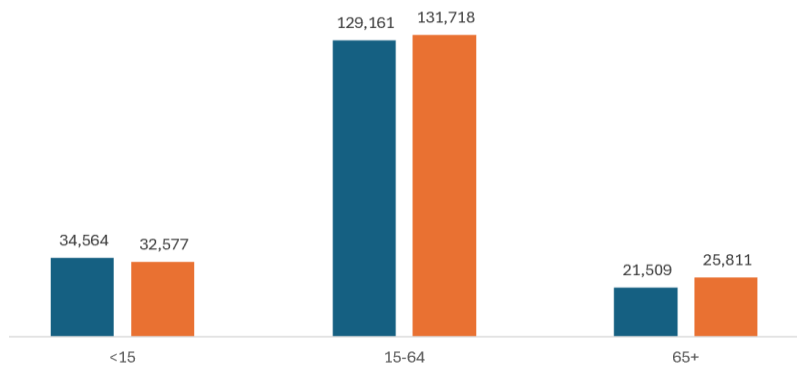
**Ealing Town Profiles, Health and Wellbeing Annual Public Report 2023**

The full Health and Wellbeing Annual Public Health report 2023 can be found [here](#).

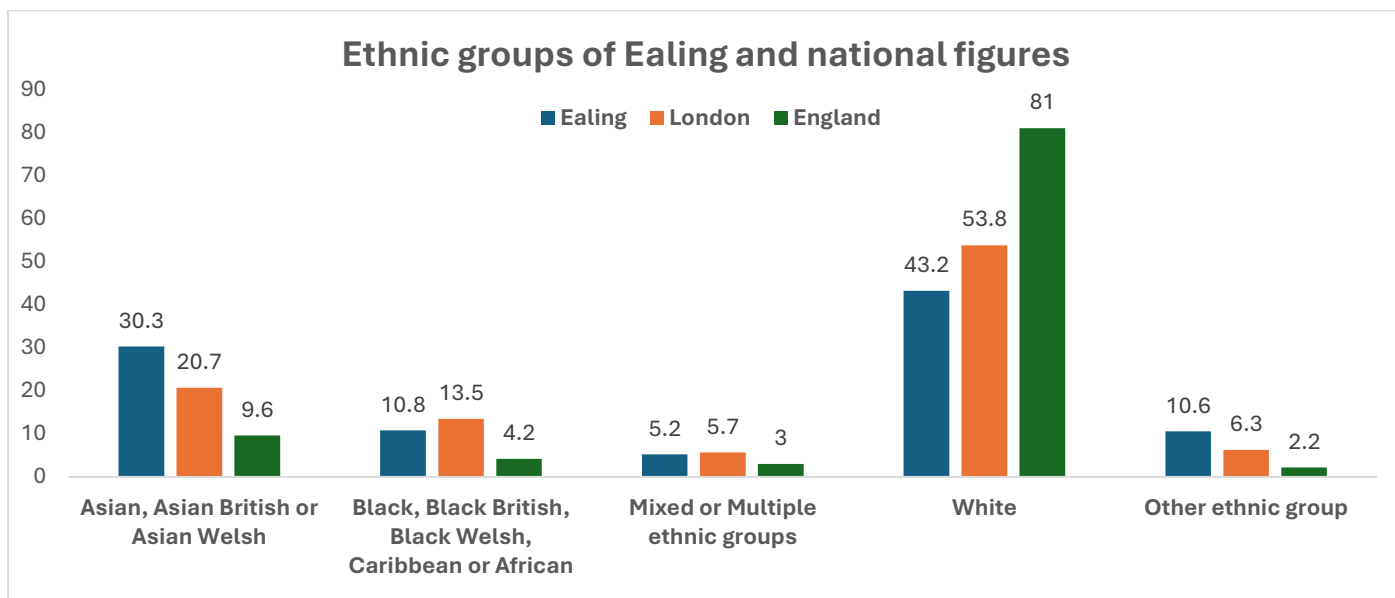
The population in Ealing has risen from 367,115 (from 22-23 report) to 375,340. The numbers of males and females in Ealing are evenly spread – 185,234 males (49%) and 190,106 (51%) females.



The percentage of adults in the borough are also consistent with previous years. With adults aged 15 – 64, 34.4% males and 35.1% females. Male and female adults aged 65+ 5.7% and 6.9%, respectively.



The chart below show data about the number and percentage of people from each ethnic group. The way people describe their ethnic group is based on their culture, family background, identity or physical appearance.



#### 4. Partnership Arrangements

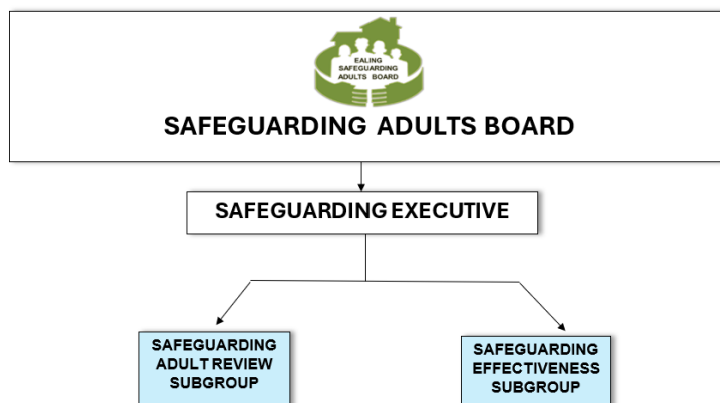
The Board’s focus on partnership working is supported by the work of its statutory partners, the following organisations are represented on the Board and its subgroups.

- Ealing Council
  - Adult Social Care
  - Housing
- West London NHS Trust
  - London North West University Healthcare
  - London Fire Brigade
  - Department of Work and Pensions
  - National Probation services
  - North West London Integrated Care System (ICS)
  - Metropolitan Police
  - Healthwatch
  - Hammersmith, Fulham, Ealing & Hounslow MIND
  - The Advocacy Project
  - North West London Clinical Commissioning Group (CCG)

A full list of the Board partners is included in **appendix 1**.

***All partners work together to enable people in Ealing to live a life free from fear, harm and abuse.***

The structure below shows how the board utilises the subgroups with representation from multi-agency professionals from partner organisations. The subgroups feedback to the Executive and full Board any key themes, trends, emerging issues and areas of focus.



The Care Act 2014 explains the required core elements of local Safeguarding Adult Boards

- Illustrate the Board’s achievements in the published annual report.
- Using the national guidance undertake SARs and share the learning gained.
- Ensure statutory partners are represented on the ESAB.
- Direct the work of the Board using the 3-year work plan.

**Board meeting attendance.**

	Jun-23	Sep-23	Dec-23
<b>Board Chair</b>	✓	✓	✓
<b>Board Business manager</b>	✓	✓	✓
<b>Advocacy Project</b>	✓		
<b>Community protection, Ealing Council</b>		✓	✓
<b>Adult Social Care, Ealing</b>	✓	✓	✓
<b>London Fire Brigade</b>	✓	✓	✓
<b>LNW NHS Trust</b>	✓	✓	✓
<b>Met Police</b>	✓	✓	✓
<b>MIND</b>	✓	✓	✓
<b>National Probation service</b>	✓	✓	✓
<b>NHS North West London CCG</b>	✓		
<b>North West London, Integrated Care System</b>	✓	✓	✓
<b>Probation Services</b>	✓	✓	✓
<b>West London NHS Trust</b>	✓	✓	✓

## 4.1 The Budget

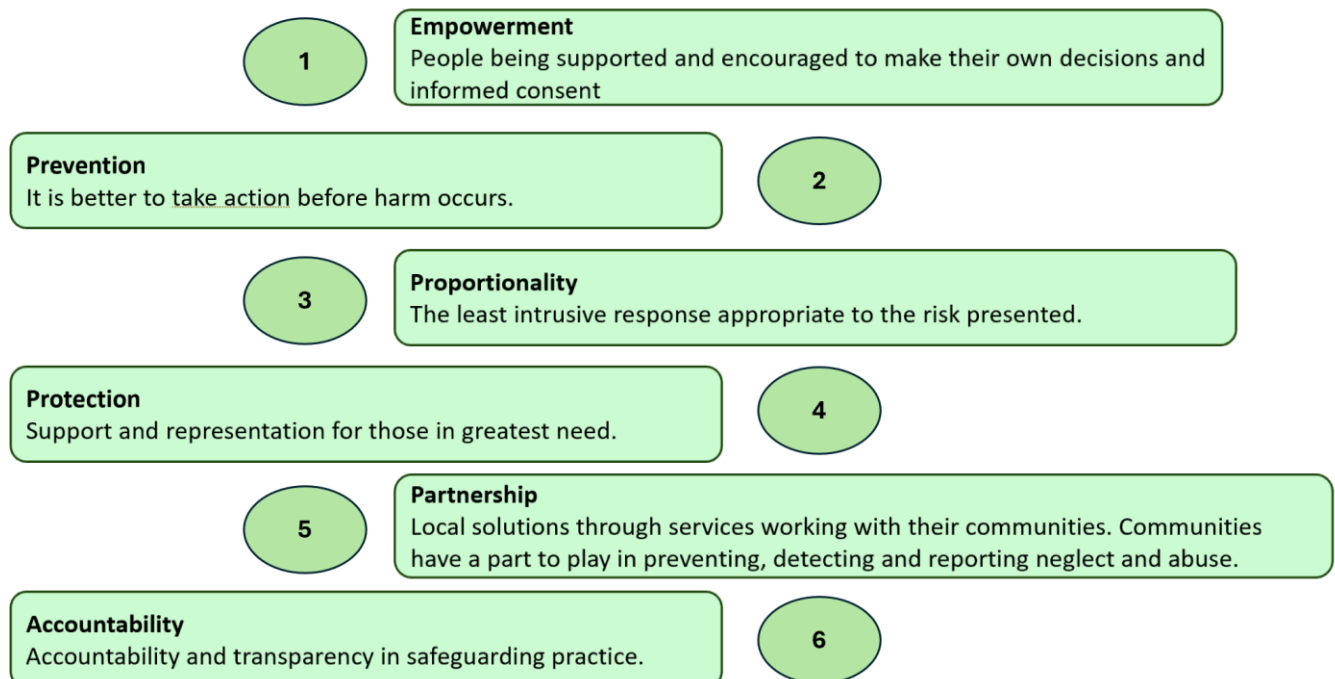
The ESAB cost £123,600 to run across the 23/24 year.

Partners contribute to the function of the Board, the financial safeguarding arrangements for adults in Ealing is shown below.

Partner organisation	£
LBE - Adult Social Care	35,000
Health - CCG	35,000
Police - MOPAC	5,000
<b>Total contributions</b>	<b>75,000</b>

Actual expenditure for the year was £123,942, the shortfall of £48,942 being absorbed by the Local Authority. The long-term financial sustainability will require review and discussion within the partnership over the coming year to address this current anomaly.

## 5. Making Safeguarding Personal and the Six principles of safeguarding adults



Our vision is 'To work together to take action to keep the people of Ealing safe from abuse and neglect - putting people at the heart of everything we do.'

The Care Act 2014 highlights a person-centred approach to adult safeguarding that is led by the individual, not by the process.

The Board ensures the adult is at the centre of all that we do. The approaches of agencies and services to adult safeguarding are person-led and outcome-focused. The Board strives to Make

Safeguarding Personal (MSP) by ensuring that the people we work with determine how they should be supported.

MSP is not simply about gaining an individual's consent, it is about listening to an individual's views about the outcome they want.

MSP is also about establishing whether the outcomes the individual wanted are achievable or were achieved in the end.

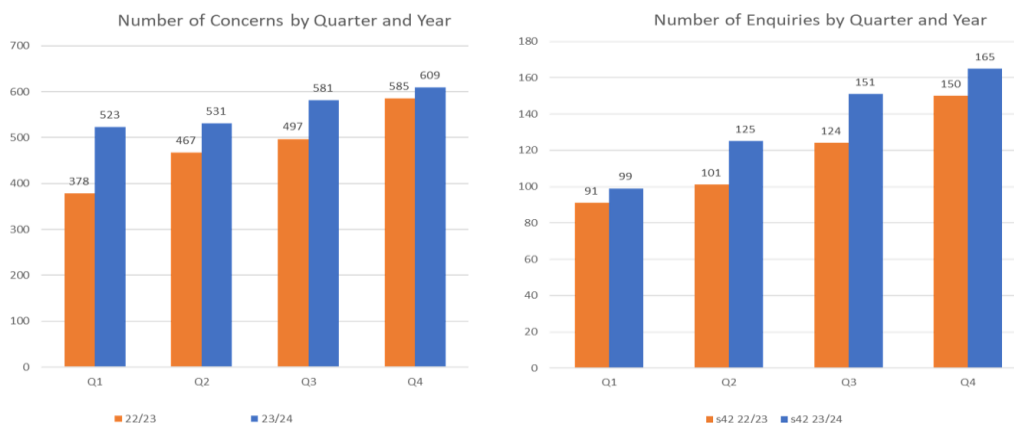
We work to the recognised six safeguarding principles, to make certain the ESAB embraces the value of MSP and continues to support vulnerable adults in the borough.

## 6. Safeguarding – the data 2023 – 2024

The data we collect allows us to consider how the numbers of concerns referred relate to the overall population, including age, and gender. This is illustrated in the charts below.

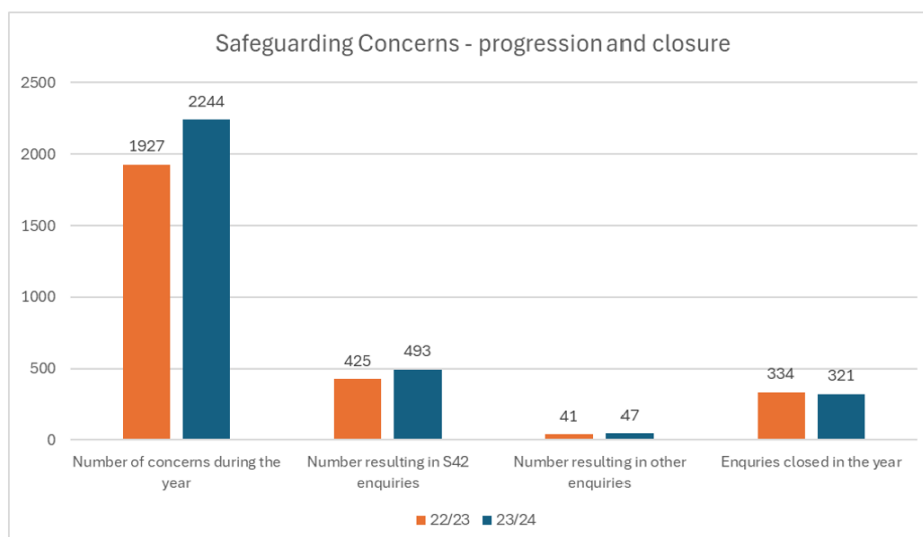
### Safeguarding Concerns and Enquiries: Year on Year Comparison

There were 2244 concerns reported between 1 April 2023 and 31 March 2024, concerning 1923 individuals. The graph shows the concern numbers have risen significantly on last year. The number of safeguarding investigations started have also risen slightly from 385 last year to 542 this year, with a rise each quarter as well.



### Safeguarding Concerns – Progression and Closure

Ealing receives a large number of potential safeguarding concerns, but most do not lead to a formal enquiry.



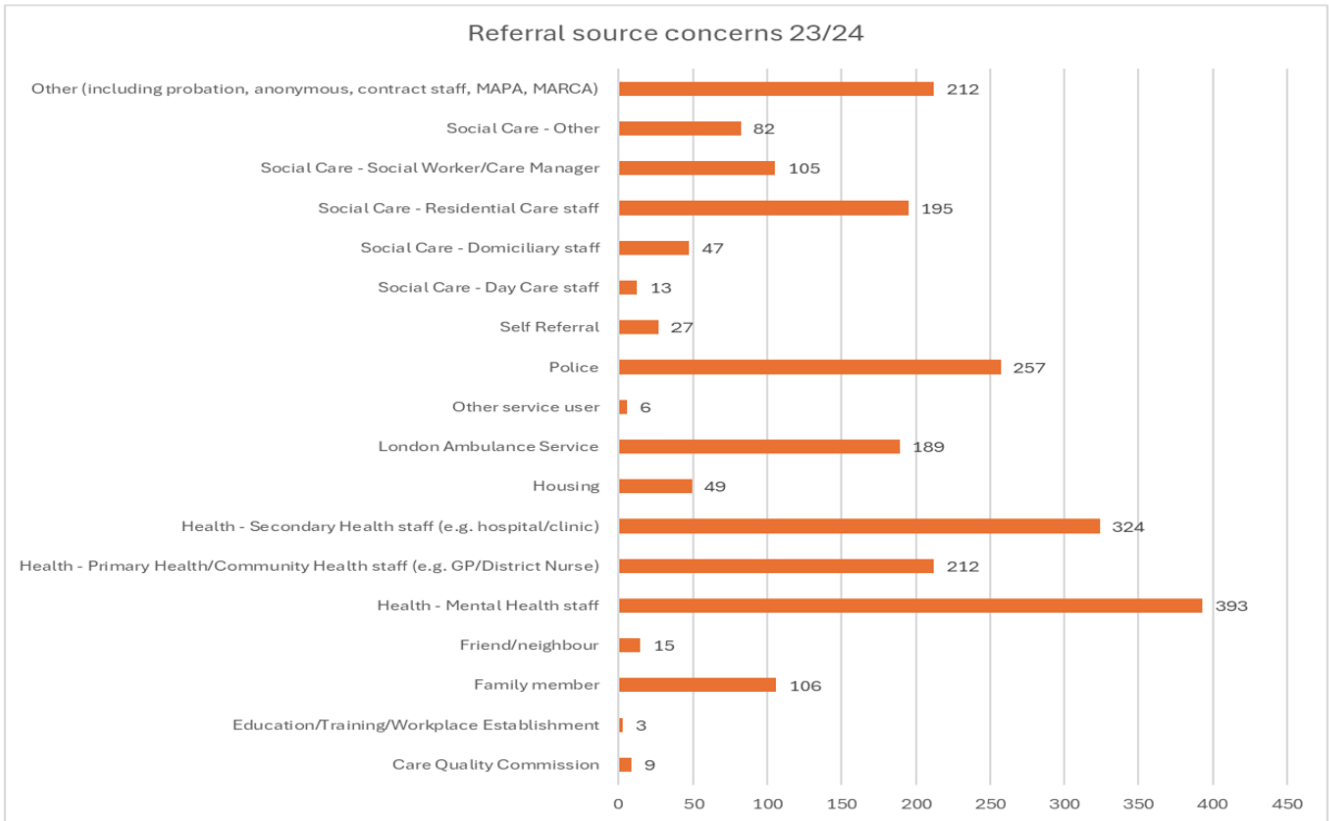
In 2023/24 under a quarter (24.2%) of all concerns led to an enquiry. Some enquiries take longer to complete, so of the enquiries started in 2023/24, just under three fifths (59%) completed within the year.

The graph shows a similar percentage (24.2%) led to an enquiry, but the percentage closed in the year fell from 79% in 2022/23.



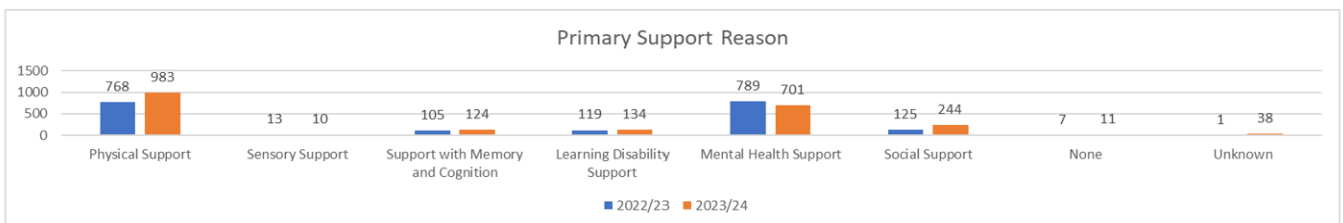
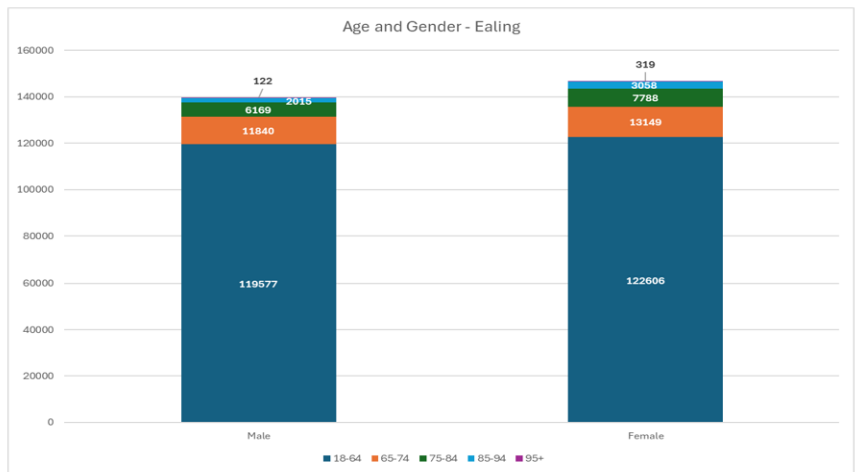
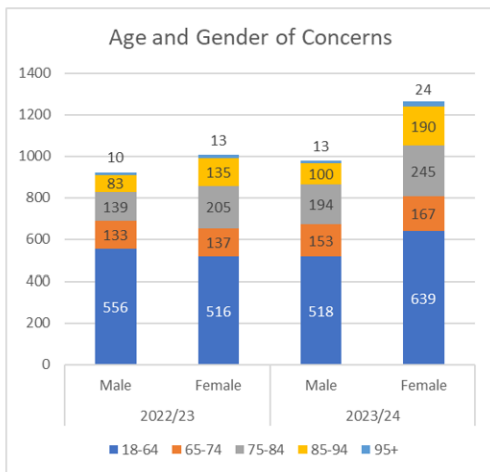
# Safeguarding Concerns - Source

Most Concerns come from Mental Health, or other health sources.



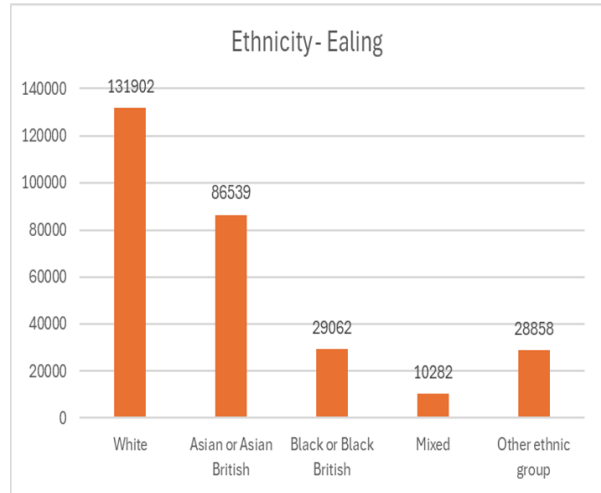
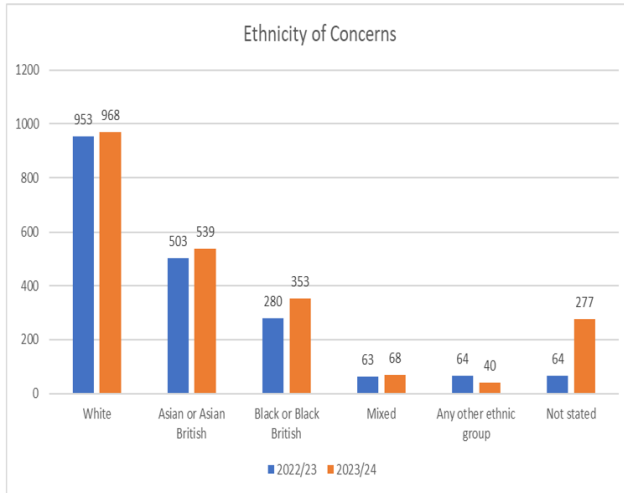
# Safeguarding Concerns - Demographics

There has been an increase concerns relating to females in 2023/24.



## Safeguarding Concerns - Demographics

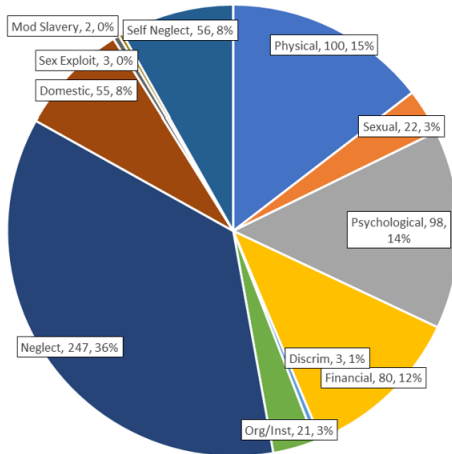
Proportions of ethnicity are broadly in line with borough averages, although more ethnicities are unknown.



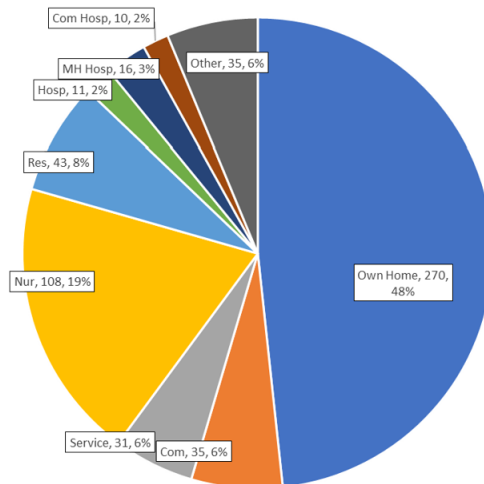
## Enquiry Types and Locations of Abuse

Neglect/Omissions and Own home are still the highest type and location of abuse, and fewer psychological concerns lead to an enquiry. Cases can have more than one type and location. Again, these proportions have been very similar for a number of years.

Types of Abuse - Enquiries

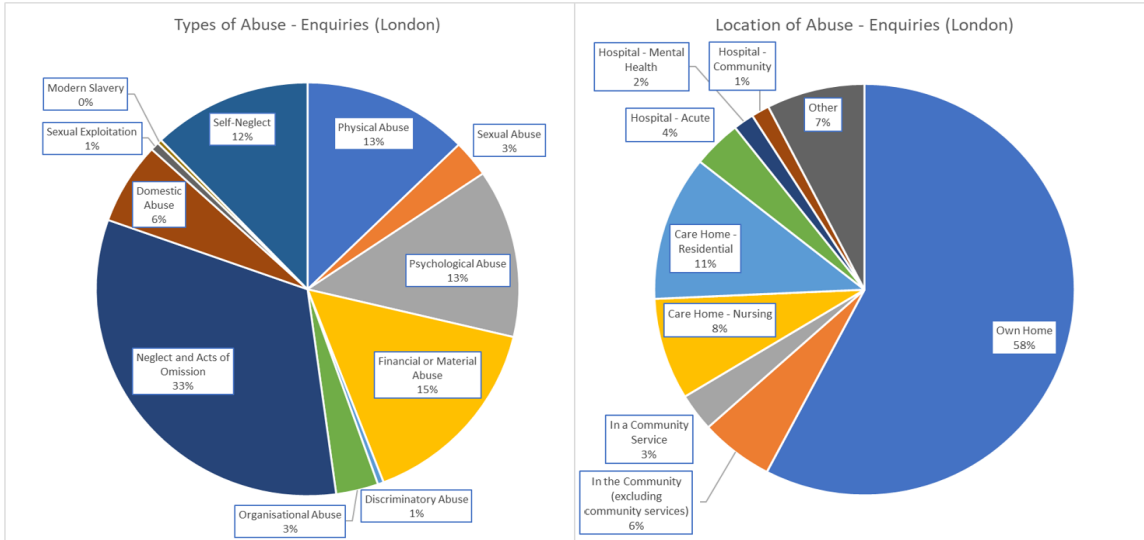


Locations of Abuse - Enquiries

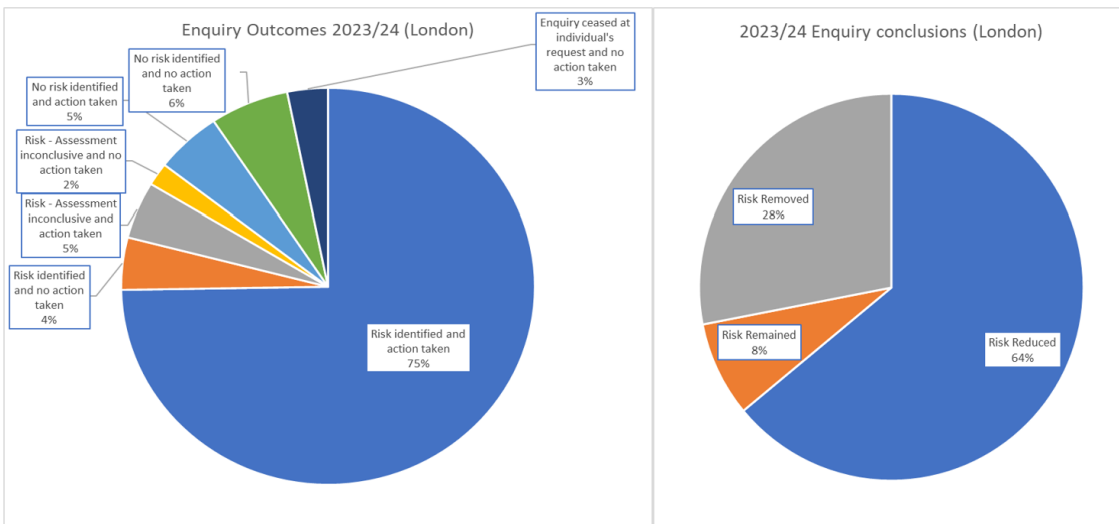


## Enquiry Types and Locations of Abuse - London

Neglect/Omissions and Own home are still the highest type and location of abuse across London. Cases can have more than one type and location.



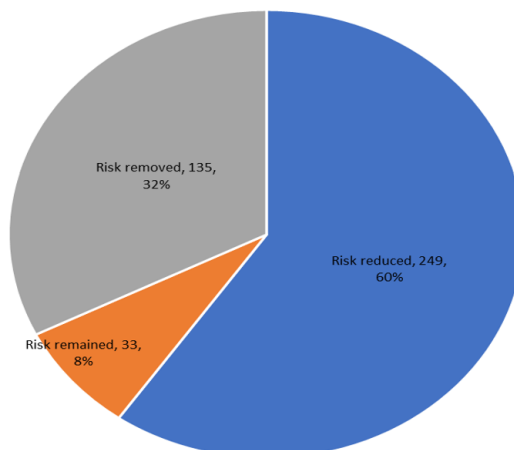
## Safeguarding Enquiry Outcomes - London



## Safeguarding Enquiry Outcomes

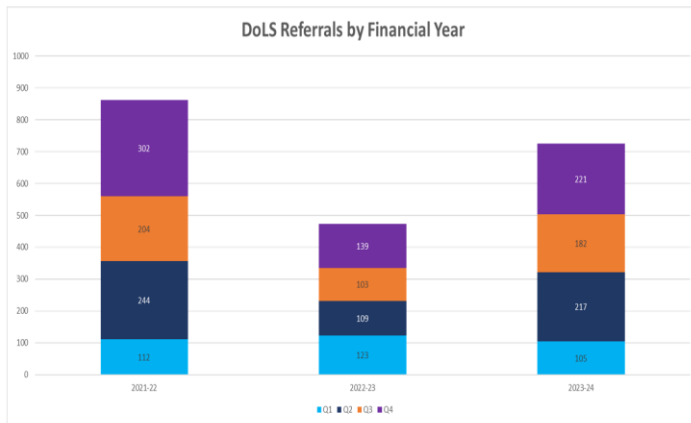
493 enquiries closed in 2023/24, up from 426 in 2022/23. Most had risks identified and action taken, and 92% saw the risk reduced or removed.

2023/24 Enquiry Conclusions



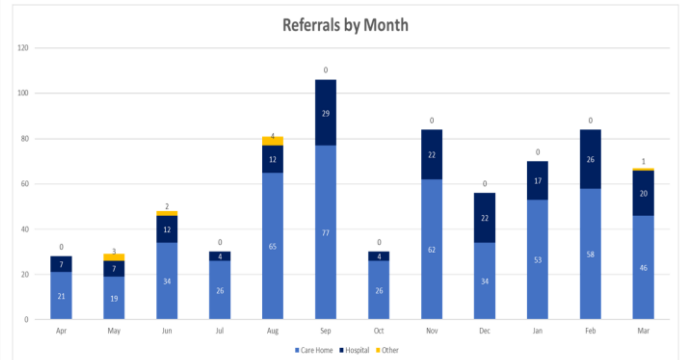
## Deprivation of Liberty Safeguards (DoLS) Referrals

The graph shows an increase on 2022-23, but down on 2021-22.



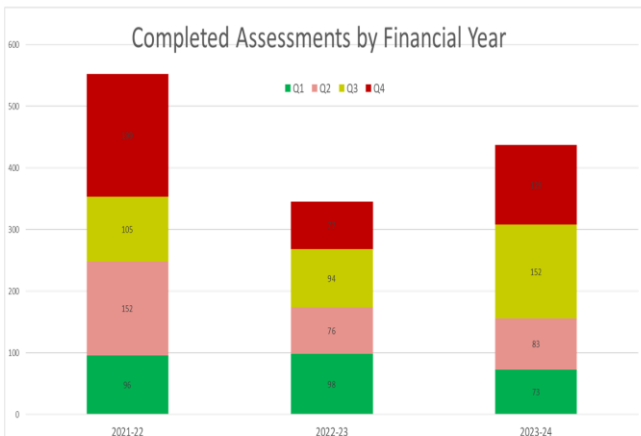
## DoLS Referrals by Source

Most of the referrals in 2023-24 continue to come from a care home – in line with previous quarters and years. September saw a significant number of referrals.



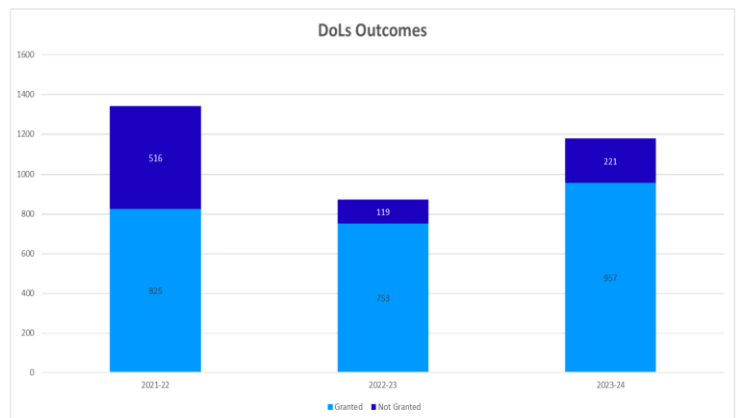
## DoLS Assessments

437 Assessments were completed in 2023/24, up from 345 in 2022/23 but down from 552 in 2021/22.



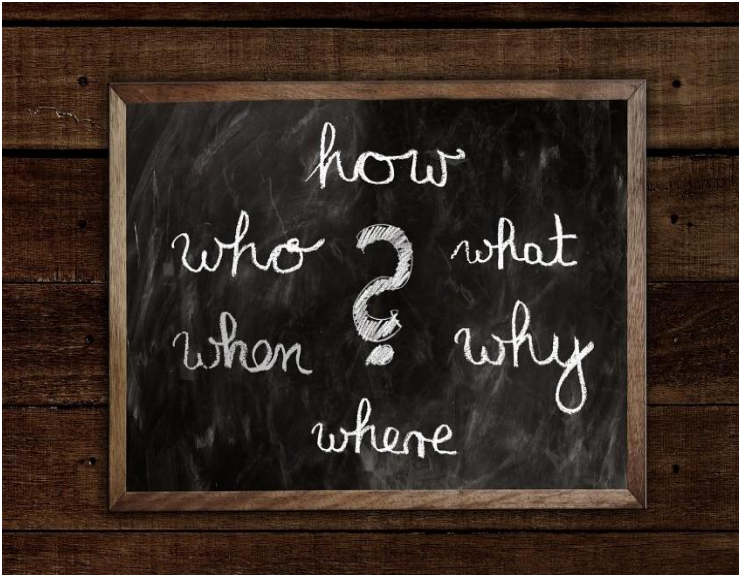
## DoLS Assessment Outcomes

Most DoLS this year were granted, slightly fewer than last year. Note that this includes DoLS that were being reviewed as well as fresh assessments.



## 7. Safeguarding Adult Reviews (SARs)

A Safeguarding Adults Review (SAR) takes place when an adult who has needs for care and support has experienced abuse or neglect and where agencies could have worked better, together to protect them. SARs seek to identify how services can improve their provision with the aim to reduce the likelihood of such tragedies happening again. The Reviews ensure that organisations like health, social care, councils, police and other agencies that were involved in such cases, fully understand what happened to the individuals in question. The subsequent reports identify what should have happened and how the actions of services, both individually and collectively affected how they worked together, and how that impacted on the adult in question.



These Reviews do not seek to lay blame but consider what happened and what could have been done differently. They also recommend actions to improve responses to keep adults with care and support needs safe from abuse or neglect in the future. The emphasis is on learning, and each agency has responsibility for examining its own actions, highlighting anything that they would do differently in the future. When those individual responses from each agency are taken together, it gives us a whole system response for improvements. SARs may be undertaken in addition to an inquest or any other form of inquiry or review.

### ***The criteria for deciding to undertake a SAR are.***

*Under the Care Act 2014, sections 44(1), (2) and (3), Safeguarding Adults Boards (SABs) must carry out a Safeguarding Adults Review (SAR) when an adult with care and support needs has died or suffered serious harm, and it is suspected or known that the cause was neglect or abuse (including self-neglect) and there is concern that agencies could have worked better to protect the adult. The SAB may also (section 44(4)) undertake a SAR in other cases concerning adults with care and support needs. The purpose is to identify learning that can drive change that will prevent harm occurring in future similar circumstances.*

Learning lessons from Safeguarding Adult Reviews is essential to help when improving service delivery, as SARs help evaluate practice and identify how services can improve.

An action plan using the SAR report recommendations is compiled and circulated to the relevant agencies, this ensures the recommendations are implemented locally. The SAR subgroup will monitor the plan until all actions have been completed.

Whilst completing the action plan the subgroup develop a clear plan for disseminating and sharing the learning. Methods used to share the learning may include a practitioner event for staff, or a 7-minute briefing which succinctly summarises the SAR and its finding.

All published ESAB SARs are available on the [Board's webpage](#), the learning gained from the SARRS is shared with professionals via the webpage, SAR reports and [7-minute briefs](#).

## 7.1 SARs undertaken in 23/24.

The following table outlines our recent SAR activity.

Year	22/23	23/24	24/25
<b>Elsie</b>	SAR commissioned by subgroup	Report completed/ Action plan agreed by SAR subgroup	Action Plan monitoring
<b>Owen</b>	SAR commissioned by subgroup	Report completed/ Action plan agreed by SAR subgroup	Action Plan monitoring
<b>CSPR/SAR</b>	CSPR/SAR commissioned by subgroup		Report completed and Action plan agreed by SAR subgroup.  Action plan monitoring started
<b>Ms B</b>		SAR commissioned by subgroup	Report completed and Action plan agreed by SAR subgroup.  Action plan monitoring started
<b>OL</b>		SAR commissioned by subgroup	Report completed and Action plan agreed by SAR subgroup. Action plan monitoring started

### **Elsie**

An 85-year-old lady was a resident in a nursing home and died as a result of a number of practice issues and practice policies not being followed as they should.

#### **There were a number of areas identified where practice could be improved.**

- Staffing levels and appropriate care for individual residents needs to be enforced.
- The use of identified and required protective equipment for individual residents needs to be properly adhered to and overseen.
- The Care Plan for each resident needs to be in place and proper oversight provided.
- There were gaps in the recording of information, including information relating to safeguarding and care logs were incomplete. All of this is contrary to good practice. Sufficient managerial oversight needs to be provided to assure that practice is compliant.

## Owen

A gentleman with profound learning disability, has epilepsy, autism and communication difficulties, leaving him unable to use verbal communication and is unable to use Makaton. The staff at his accommodation were concerned as he appeared to be stumbling more. And took him back the opticians. It later discovered that the previous diagnosis was not complete, the result being his ultimate blindness. Owen was registered as blind on 23rd February 2022.

### **The SAR report recommended that.**

- The quality of information made available to health practitioners on an individual with learning disability's health should be improved.
- Recording that is accurate, complete, dated and signed by the practitioner should be a standard in recording in ALL health records and in this case the private provider should remind store directors and practitioners of their responsibilities and of the standards set by the General Optical Council.
- Reminders to all practitioners that safeguarding concerns are not just acts of commission but encompass acts of omission also.
- The General Optical Council should provide a further investigation into the quality of professional practice in this case

## **Joint CSPR and SAR**

Following the death of a woman, ESAB and Ealing Safeguarding Children Partnership (ESCP) conducted a joint SAR, under the Care Act 2014, and a Child Safeguarding Practice Review (CSPR), under the Children Act 2004.

The review of family histories explored multi-agency practice over many years. The analysis and identification of learning has focused on the more recent practice and many of the learning themes for the families involved are repeated.

### **The learning gained form the report included.**

- Identify the right time to actively engage parents suffering/alleged to be suffering abuse with early help services.
- Identifying and acting on adult safeguarding concerns where the subject of concern is a parent known to children's social care.
- Raising the quality of assessment and planning for vulnerable children and families.
- Strengthening the multi-agency approach to welfare checks

### **The areas for practice improvement included.**

- Understanding and application of thresholds of intervention as set out in Ealing's Thresholds of Need and Assessment Protocol
- Provision of timely feedback to referrers on referral outcomes and the use of the local escalation process where professionals disagree on the right course of action.
- Ability of professionals working with children to identify adult safeguarding concerns and follow adult safeguarding procedures.

## **Ms B**

Ms B was a 40-year-old woman who lived in the community with her 80-year-old father, Ms B had a long history of support from mental health services dating back to 2002. Ms B had a diagnosis of treatment resistance schizophrenia. Ms B was supported by her mother and father over many years and most recently by her father alone as her mother sadly died in 2013. Over the years a number of services and support were offered including the opportunity to live in supported accommodation, but all these offers were declined by Ms B who was assessed as having capacity in respect of her accommodation and mental health care and support needs.

In 2020 Ms B's father unfortunately was diagnosed and began to receive treatment for cancer. On April 28th, 2022, Mr B contacted Ms B's psychiatrist to ask for an assessment of care and support needs under Section 9 of the Care Act 2014 for his daughter as he was undergoing treatment and unlikely to be able to provide support. Mr B went into Hospital for treatment in April 2022.

An occupational therapist (OT) visited Ms B on the 6th of May 2022, the OT recommended that a care package be implemented and made referral to Adult Social Care. A social worker assessed Ms B in her father's presence, on the 7th of June 2022 and recommended a care package but this was never implemented.

Following a visit by neighbours who had concerns for Ms B's welfare, the police were called, and Ms B was found deceased in the house on the 16th of July 2022.

### **Recommendations from the report include.**

- **Across all agencies**, if people consistently refuse the offer of support this refusal should be Reviewed and escalated for Multi agency safeguarding consideration.
- **Ealing Council** should provide assurance to the SAB that there are processes in place to quality assure care management decisions. This should include.
  - Monitoring response times and ensuring that high risk cases are appropriately.
  - responded to.
  - Ensuring that hospital discharge processes capture all available information.
  - Ensuring that wellbeing visits are effective and that risks are accurately identified and appropriately escalated.
  - Ensuring that Interagency Multi-Disciplinary Teams (MDT) and risk assessment policies and procedures are effective.
- **All agencies** need to record where the lead responsibility lies, when more than one agency is involved with an individual or a family.



## **Piotr**

Piotr was a 56-year-old white Polish man. On 1st April 2023, he was found lying on the floor of his flat by a neighbour and was taken to Ealing Hospital. On admission, he was found to be in an unkempt and malnourished state with multiple pressure sores. On 7th April, he had a cardiac arrest. He died in mid-May 2023 without leaving Hospital. He had a background history of excessive alcohol use, self-neglect, mobility issues, and poor nutrition. Piotr spoke very little English, and a Polish translator was needed to facilitate communication with him.

Ealing Social Services Safeguarding Adults Team submitted a referral for a SAR following concerns regarding the lack of joint working and professional curiosity.

Piotr did engage with agencies but appeared incapable of looking after himself and declined the package of care on offer.

Although there are questions about aspects of Piotr's care, specific points of good practice had emerged:

- The persistent outreach and advocacy work undertaken by the Depaul charity floating support worker. Piotr appears to have consistently engaged with this service, accepting all the help offered.
- This service also made many referrals to other services and repeatedly reached out to try to obtain help and support for Piotr.
- The GP (General Practitioner) used the Alcohol Use Disorders Identification Test (AUDIT) tool with Piotr on at least one occasion.

### **Recommendations from the report include.**

- Ealing's Public Health Team should ensure that all frontline services are aware of, and are able to use, robust alcohol screening tools such as the AUDIT tool to identify and record the level of alcohol related risk for clients.
- Ealing SAB should consider how to ensure that complex clients can be managed through a consistent multi-agency process. This could be through an existing group or by establishing a more specific multi-agency group for self-neglect or substance misuse.

## 8. Learning and development

The Board recognises the importance of learning and continued professional development (CPD) of all staff working for the Ealing population, across all services. Training is provided by Police, Health and the Local Authority as well as the Voluntary Sector.

The board assures itself that the training programmes on offer are sufficiently accessed by staff and are relevant to safeguarding practice.

The Adult Social Care Team and the Ealing CPD provide the online [Social Care Academy](#). This academy provides a clear induction programme for newly qualified social workers, a learning pathway, with a range of training courses, including strength-based approaches and development activities for all practitioners who work in Adults Services.

### EALING COUNCIL SAFEGUARDING ADULT COURSES

- Level 2 Core Award in Safeguarding Adults
- Introduction to the Deprivation of Liberty Safeguards
- MCA & DoLS Update/Refresher
- Enquiry Officer and SAMs
- Adults at Risk: Property and Finance
- Advanced Assessing Capacity and Best Interest
- Risk Assessment and Safeguarding for the Advice and Referral Centre
- Improving Protection Plans
- Introduction to the Mental Capacity Act
- Level 2 Award in Mental Capacity Act Awareness inc DoLS
- Pan London Procedures
- Risk Assessment and Safeguarding
- Coercive Control/Domestic Violence
- Hoarding and Self Neglect
- Learning from SARs – Self Neglect
- Safeguarding and Capacity Assessments

The Boards health partners West London NHS Trust, London North West NHS and North West London ICB (Integrated Care Board) all deliver mandatory and ad hoc training sessions to their staff. North West London ICB and primary care staff have completed targeted Level 3 training and Ealing Prevent Briefing for ICS.

### Board partner – NWL ICB

#### NHS NWL ICB courses delivered to the ICB & ICS

- Self-Neglect & the Mental Capacity Act
- Executive Functioning & the Mental Capacity Act
- Introduction to the Mental Health Act
- STADA Domestic Violence Training
- CSAE- The Perpetrator Perspective Training
- In-Trac 2-day Safeguarding Supervision Training
- Attachment theory/ highly resistant families
- Organ Harvesting Lunch & Learn Session by London Met Police
- Best Interest Assessor (BIA) Refresher course
- The Impact of Substance misuse on young people and family
- The Mental Health Act for children and young people
- Haven
- EDGE: Best Interest Assessor (BIA) Refresher course
- Capsticks: Coroners Inquests
- STADA 2x half day DV Training for Designates plus GPs
- Fatherhood and Men's Mental Health

**Ealing Primary Care Monthly Forum:** led by Named GP Safeguarding Children (Tamsin Robinson) Designated Nurse for safeguarding children (Mandy Harper) and Designated Nurse for safeguarding adults (Kate Aston) 2023/24

- Introduction to Liberty Protection Safeguards Apr - 23
- Fabricated /Induced Illness - May 23
- Mental health upskilling/ awareness session - June 23
- Case scenario discussion – adults & children- July 23
- County Lines - October 23
- Icon and Infant feeding - November 23
- Trauma Informed Care - February 24
- Gypsy Travellers - March 24

**Board partner - West London NHS Trust training and compliance.**

Level	Q1	Q2	Q3	Q4	Comments (eligible staff up to date with and percentage of compliance required)
Level 1	91%	90%	90%	92%	<ul style="list-style-type: none"> <li>Both Safeguarding Adults and Children have 3 Levels and all staff are required to train in both Children and Adults safeguarding.</li> <li>Level 1, 2 and Level 3 Part A is accessed via e-Learning. Level 3 (Part B) is delivered via MS teams refreshers due every three years.</li> <li>Staff holding a professional registration require Level 3. This is delivered in two parts, Part A – e-Learning and Part B – Tutored currently on Microsoft Teams.</li> <li>There has been a drop in compliance summer 2023 due to summer break, large intake of new staff, rotational intake of new Doctors. Work continues with Learning &amp; Development, system of reminders sent and discussions in SMTs to improve compliance.</li> </ul>
Level 2	89%	90%	90%	92%	
Level 3	87%	79%	78%	84%	
Level 4	100%	100%	100%	100%	



Mental Capacity Act within the organisation (minimum 90% compliance)	Level 1 & 2	Mental Health Law	96%	96%	95%	95%	<ul style="list-style-type: none"> <li>eLearning only</li> </ul>
		Mental Capacity Act	94%	95%	94%	95%	<ul style="list-style-type: none"> <li>eLearning only</li> <li>West London Trust provides Mental Health Law Update &amp; Mental Capacity Act training. Refreshers are run 3-yearly via e-learning: this does not sit within the Trust Safeguarding Team but MCA issues are incorporated in the safeguarding adult induction as well as refresher training.</li> <li>The Trust has a Mental Capacity Lead – this role does not sit within the safeguarding team.</li> </ul>



**Board partner – London NW University Healthcare training and compliance.**


Safeguarding Adult Training within the organisation (minimum 90% compliance)	Level 1	93%	94%	93%	93%	(If there are any areas of concern please identify) Adult Safeguarding Level 1 Training is completed via ELMS online learning platform.
	Level 2	91%	91%	90%	91%	Adult Safeguarding Level 2 Training is completed via ELMS online learning platform.
	Level 3	90%	90%	88%	90%	Adult Safeguarding Level 3 is delivered face to face on a monthly basis, there has been an increase in the maximum capacity or trainee from 20 to 40 people.
	Level 4	100%	100%	100%	100%	

It has been recognised in this year that whilst individual agencies provide training programme for their own staff, there would be a benefit for these programmes to be open to all. As such the Board will seek to coordinate an overarching programme of safeguarding training for all staff working in Ealing.

## 9. Board partner achievements and challenges in 2023 to 2024

Partner agency	Key achievements during 2023/24	Key challenges during 2023/24
 <p>The logo for Ealing Council features a stylized tree and the text 'Ealing' with the website 'www.ealing.gov.uk'. To the right are three green boxes with white text: 'CREATING GOOD JOBS', 'TACKLING THE CLIMATE CRISIS', and 'FIGHTING INEQUALITY'.</p>	<ul style="list-style-type: none"> <li>• There has been a continued focus on working with the provider market in Ealing to support them improve the quality of the offer. This is pertinent to the NWL economy as Ealing is a net importer of care home placements. <ul style="list-style-type: none"> <li>○ There has been extension of funding for IPC capacity to support the care sector via the Public Health Grant</li> <li>○ There has been extension of funding to support the training for care home managers and ongoing funding of free training for the sector.</li> </ul> </li> <li>• We have increased capacity in the safeguarding management and oversight through the recruitment full time Equivalent (FTE) safeguarding Head of Service and FTE Principal Social Worker.</li> </ul>	<ul style="list-style-type: none"> <li>• There have been significant issues in terms of market sufficiency and capacity which is putting pressure on the system's ability to access services.</li> <li>• We have continued to see an increase in the complexity of need of people presenting for services. This is due to post covid demand and the waiting lists due to NHS industrial action. This is increasing the pressure on services, but it also needs to be recognised that this is a pressure on the community and informal carers.</li> </ul>
 <p>The logo for NHS West London NHS Trust features the NHS logo in blue and white, with the text 'West London NHS Trust' below it.</p>	<ul style="list-style-type: none"> <li>• Training compliance for Level 3 Adult Safeguarding has been prioritised and steadily increasing. Anticipated to be 90% by autumn 2024.</li> <li>• Work completed on PIPOT (Persons in Position of Trust) specific policy addendum, currently out for consultation.</li> <li>• Improved strategic safeguarding contributions to incident investigations and learning lessons events</li> </ul>	<ul style="list-style-type: none"> <li>• Resources dedicated to awareness raising and supporting domestic abuse concerns. Safeguarding Team was not granted additional specialist resources equivalent to Independent Domestic Violence Advisor (IDVA) but received some admin time to support daily multi-agency risk assessment conference (MARAC) information sharing.</li> </ul>

	<p>within new Patient Safety Incident Response Framework (PSIRF).</p>	<ul style="list-style-type: none"> <li>• Continue to support teams with advice/consultation and specific training throughout staff turnover, service development and expansion.</li> <li>• Implementation and consistent use by clinicians of safeguarding relevant templates on Trust databases.</li> </ul>
	<ul style="list-style-type: none"> <li>• Increase of officers moving into Public Protection roles, bringing to functionally fully staffed. Main increases in Domestic Abuse teams and Child Exploitation and Missing – this is a priority area for the MPS and WA are pleased to see the increase in numbers as well as experience being gained.</li> <li>• MASH has maintained high speed and quality of information sharing. Hitting or near real time sharing on multiple occasions.</li> <li>• Increase in sexual abuse training for Public Protection teams around victim support and perpetrator focus. Sustained increases in crime detection rates for domestic abuse, Violence against women and girls offences and sexual offences.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased Domestic Abuse (DA) demand month on month, showing West Area as largest Domestic Abuse demand within the MPS.</li> <li>• Large volume of new staff leading to welfare, well-being challenges across Public Protection Portfolio</li> <li>• HMICFRS findings around Missing and Exploited children putting MPS into Engage phase and work to rectify this.</li> </ul>
	<ul style="list-style-type: none"> <li>• One of our standout achievements was development of our 2024-27 safeguarding strategy where we successfully integrated new safeguarding related elements / risk areas some of which will have a measurable impact.</li> </ul> <p>The focus of this Strategy is on the 4 key priorities:</p> <ol style="list-style-type: none"> <li>1. Quality Care</li> <li>2. Developing an intelligent data set</li> <li>3. Developing a learning culture</li> <li>4. Partnership working</li> </ol>	<ul style="list-style-type: none"> <li>• The implementation of the new EPR (electronic patient records) system which was implemented in August 2023).</li> <li>• Training compliance dropped in some months (below the national expectations). This was due to Junior Doctors industrial action.</li> <li>• Northwick Park Hospital (NPH) IDVA has left after only a few months in post and now we are finding difficult to recruit (via Victim Support). We do not have an</li> </ul>

	<p>The strategy is also placing emphasis on addressing the following high risk-areas:</p> <ol style="list-style-type: none"> <li>1. Domestic Abuse, Violence against Women and Girls including the “How Safe Do You Feel?” campaign (HSDYF)</li> <li>2. Transitional Safeguarding</li> <li>3. Safeguarding and Mental Health</li> <li>4. Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS)</li> </ol> <ul style="list-style-type: none"> <li>• Another good example is our internal DoLS audit which took place early in 2024. We were very pleased to receive positive feedback from external Auditors including Design Opinion - Substantial.</li> <li>• Recruitment was also a success – we recruited Lead Professional for Adult Safeguarding with social work background and creating a new exiting role All Age Advanced Practitioner - this role enhanced our ethos of Think Family approach but also safeguarding integration across all ages.</li> </ul>	<p>IDVA at Ealing Hospital (EH) nor Central Middlesex Hospital (CMH).</p>
<p> North West London</p>	<ul style="list-style-type: none"> <li>• <b>Training:</b> The NWL ICB Training Policy and Strategy was developed and ratified in 2023/24. This set out the ICBs commitment to ensure that all staff are trained in safeguarding adults and children at a level commensurate to their roles and in line with the Intercollegiate Document. Level 3 training workshops have been delivered to targeted ICB clinicians such as the Continuing Health Care and Complex Care teams, and an offer has been extended to Primary Care. In addition, the ICB Ealing Safeguarding team delivered training incorporating a ‘think <i>whole family approach</i>’ at the monthly GP Forums. An interim</li> </ul>	<ul style="list-style-type: none"> <li>• Following the March 2023 challenge from NHSE to all ICBs to significantly reduce running cost, the ICB underwent a consultation to implement organisational redesign change. This also supported the ongoing development of the right culture, capacity and capability to deliver objectives and statutory duties across North West London. The safeguarding structure was not affected by this process although staff were temporality moved from the borough of Ealing whilst another site was sourced. There was no interruption to safeguarding business during this period as the MST forum facilitated all safeguarding</li> </ul>

Project Manager was recruited to coordinate a wide range of adult and children training topics (funded by NHSE) which were open to partners in the ICS. The ICB Safeguarding team undertook 'Train the Trainer Domestic Violence/Abuse' Workshop in December 2023 and are currently working on the delivery of a Domestic Violence and Abuse Training package for ICB staff and Primary Care.

- **NHSE Tracker.**

In 2023/24, the Ealing Designates for Safeguarding contributed to the update of the NHSE Safeguarding Case Review Tracker Guidance. The NHSE Tracker, which collates data in relation to Safeguarding Adult Reviews (SARS), Child Safeguarding Practice Reviews (CSPRs), Rapid Reviews (RR) and Domestic Homicide Reviews was relaunched in November 2023 and the Ealing Designate Nurse delivered training across London ICBs during National Safeguarding week. The Tracker produces live data, including themes of incidents and learning from any recommendations which can be shared across systems. It supports the delivery of safeguarding statutory duties across all agencies involved in safeguarding. Regular auditing of the Tracker by the Ealing Designates for Adults and Children has provided assurance to NHSE that cases are being uploaded and reviewed in a timely manner.

- **Partnership working:**

**Prevent:**

The Ealing Designates work strategically with the Prevent Partnership Group (multi-agency partnership made up of the

related meetings. Designated Professionals ensured attendance at Ealing face to face meetings.

- It has been a challenge processing compliance rates for the level 3 safeguarding training in NHS NWL ICB. This has been due to the consultation process which meant there was some uncertainty whether existing roles (targeted in the training needs analysis) would remain in the ICB. The ICB Safeguarding Designate Training Group is working to resolve this issue in 2024/25.
- The implementation of changes to professional practise following learning and findings from serious case reviews/ coroner inquests to improve communication and joined up working between health and social care.

A large health care provider moved from paper records in the community setting to digital systems. The SAB Partners were concerned the lack of written communication in a person's home may cause uncertainty whether a visit had taken place. This would impact particularly on the patients who had a cognitive impairment /unable to voice their concerns. Whilst the Trust confirmed they would remain paperless they provided assurance that their system could easily generate evidence of attendance reports along with a booklet. Although challenging, through partnership working, the mitigation of safeguarding concerns was addressed.

local authority, police, health partners, probation, education and Home Office). The aim is to understand the local profile relating to radicalisation and extremist risks and contribute to strategic responses. In 2023/24, the Designates attended and contributed to the Channel Panel which brings together professionals to assess and manage the risk of individuals who are being drawn into terrorism. The ICB has arranged the delivery of the Ealing Prevent Briefing to the ICS, as well as training topics including 'the Manosphere' (addressing the misogyny agenda) and Incels; both often linked to radicalisation. Work is continuing with the review of the ICB Prevent Policy.

**Violence against woman and Girls**

In September 2023 London Integrated Care Systems were asked to respond to a number of pledges set out by the Mayor's Office for Policing and Crime. The aim was to reduce VAWG through a London wide approach to recognise VAWG in everything we do, embed action to end the perpetration of VAWG, improve workplace safety through ensuring an anti-misogynistic culture and create a collaborative learning environment. The ICB Assistant Director for Safeguarding and Designated Professionals leading on VAWG set up the multi-agency NWL ICS VAWG Steering Group. A VAWG dashboard has also been set up using emergency care data from Acute Trusts. The ICB has also signed up to the NHSE Sexual Safety Charter to address workplace culture and eliminate misogyny.



## **10. Conclusions and looking forward**

The Board is made up of professionals from a number of agencies and representatives of various groups providing support for the vulnerable people living in Ealing. They all bring a wealth of experience, expertise, understanding and insight into the safeguarding issues prevalent within the borough.

As well as representing their own agencies, board members also fulfil a very separate and a very important role, independent of their own service area. As part of the partnership of services, and as part of the Board, they seek assurance that our safeguarding system is in place, is sufficient and is effective.

This role is undertaken through challenge, through investigation and through an on-going process of scrutiny.

In this year we have worked hard to ensure that a culture pervades within the Board and throughout the partnership, which provides a supportive and safe environment where professional challenge can be made and received by all colleagues.

As the independent chair I can report that these values are now evident and whilst they will still require nurturing and protection, our expectation is that the principles of transparency, support and challenge, along with ambition will continue to prevail.

This report has highlighted the challenges and the successes of 23/24. Our work now is to take the resources we have and to better utilise them in partnership, we wish to increase our effectiveness to better tackle the inequalities present within the communities of Ealing relating to their ability to keep themselves safe.

We expect forthcoming years will continue to be as demanding.

We can however be assured of the commitment of the partnership to strive towards reducing the risk faced by our most vulnerable citizens. Through the work of the Board and the Partnership we will make certain that safeguarding in Ealing remains everybody's business.

Rob McCulloch-Graham  
Independent Chair of Ealing's Safeguarding Adults Board

## 11. How to make a safeguarding report

If you are concerned about a person's safety or wellbeing report it.

If you are (or have been) the victim of abuse, or you suspect that someone is being abused, You can:

- Tell a professional that you trust
- Contact the **Social Care Advice and Referral Centre** by:
  - Telephone 020 8825 8000
  - Email [sscallcentre@ealing.gov.uk](mailto:sscallcentre@ealing.gov.uk)
- Contact the [emergency duty team](#)

Complete a [Safeguarding adult referral form](#)

**If someone is at immediate risk of harm call 999**

Further information can be found by visiting our website.

[Ealing Safeguarding Adults Board \(ESAB\) | Ealing Safeguarding Adults Board \(ESAB\) | Ealing Council](#)

## Appendix 1 - ESAB membership

Robert McCulloch-Graham	Board Independent Chair
Anna Bryden	Director of Public Health
Anca Donahue	Advocacy Service Manager, The Advocacy Project Ealing
Amma Bedeau	ESAB Business manager, Ealing council
Ben Moore	Ealing Commander, London Fire Brigade
Carol Roberts	Interim Head of Service, National Probation Service
Hamish Walker	Acting DCI, West Area Police
Helen Hardy	Dep. Director of Nursing, LNW NHS Trust
Jack Cooper	Advanced Customer Support, Department of Work and Pensions
Jess Murray	Assistant Director, Safer Communities, Ealing council
Jacky Yates	Assistant Director of Operations, Ealing council
Jennifer Roye	Chief Nursing Officer, North West London, ICS
Kate Aston	Designated Professional Safeguarding Adults, NW London, ICS
Kerry Stevens	Director Adult Social Care, Ealing council
Ludmila Ibesaine	Head of Safeguarding, LNW NHS Trust
Mati Pasipanodya	Lead Nurse Adult Safeguarding, LNW NHS Trust
Parminder Sahota	Director of Safeguarding children and adults, WLNHST
Sheena Sedani	Adult Services Manager, Hounslow, Fulham, Ealing & Hammersmith MIND
Rachel O'Shea	Head of Service MIND
Rebecca Reeves	Detective Superintendent - Public Protection, West Area
Rose Moore	Advanced Customer Support Senior Leader, Department of Work & Pensions
Sabrina Solomon	Advocacy Project
Siobhan Appleton	Assistant Director for Safeguarding Adults, Safeguarding Children and Children Looked After, NHS NW London

## Appendix 2 - Glossary of terms

While each abbreviation is preceded by the full title on the first occasion of its use in the document, the report also includes a glossary for those who are not fully familiar with all the terms.

### **AUDIT Alcohol Use Disorders Identification Test**

The AUDIT is a simple and effective method of screening for unhealthy alcohol use, defined as risky or hazardous consumption or any alcohol use disorder.

### **CSPR Child Safeguarding Practice Review**

A Child Safeguarding Practice Review is a review into a case where a child has been seriously harmed or has died and abuse or neglect is known or suspected.

### **ESAB Ealing Safeguarding Adult Board**

The primary purpose of a Safeguarding Adult Board is to help safeguard adults with care and support needs.

### **ESCP Ealing Safeguarding Children's Partnership**

ESCP is a key mechanism for agreeing how agencies and organisations in the local area will cooperate to safeguard and promote the welfare of children and for ensuring the effectiveness of what partners do.

### **FTE Full Time Equivalent**

FTE measures the total amount of full-time employees working at any one organisation.

### **OT Occupational Therapist**

Occupational therapists work with people of all ages, including children. They look at all aspects of daily life, from the home to school or the workplace. Occupational therapy is used to treat and manage a wide range of conditions and needs.

### **MDT Multi-Disciplinary Team**

Or MDT for short is a diverse group of professionals working together. The MDT would aim to deliver person-centred and coordinated care and support for the person with care needs.

### **NHS Integrated Care Board**

**ICB** An organisation with responsibility for NHS functions and budgets,

### **NHS Integrated Care Systems**

**ICS** The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services.

### **SAB Safeguarding Adult Board**

The overarching purpose of a SAB is to assist and safeguard adults with care and support needs.

### **SAR Safeguarding Adult Review**

A Safeguarding Adults Review takes place an adult who has needs for care and support has experienced abuse or neglect and agencies could have worked better together to protect them.