Lost for words

Language support and Interpretation Services in Primary Care

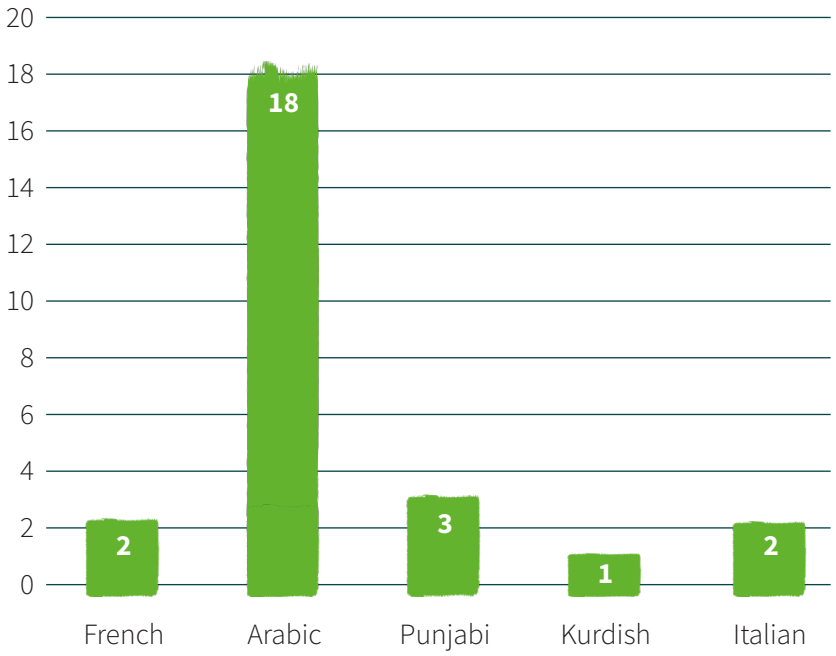
Danni O'Connell Reports

Lost for Words, a report produced by Healthwatch England and six local Healthwatch, outlined how a lack of appropriate language support in NHS services caused barriers and delays in receiving care for patients who didn't speak English.

In response to the findings in this report we launched a survey on interpretation services in primary care during 2022 – 2023 to better understand how Bi-Borough residents who don't speak English as a first language navigate and use healthcare in the Bi-Borough.

22 residents participated in our survey and within 3 focus group discussions we explored topics such as residents' language-related difficulties in healthcare, experiences with interpretation services and suggestions to improve interpretation services. In some cases, Healthwatch staff and interpreters from other organisations provided language support for non-English-speaking residents in completing the surveys.

Primary spoken languages among surveyed residents



18 of the 22 surveyed residents reported previously using an interpreter for their GP appointments. Several described typically relying on partners and children to accompany them for visits, and only seeking interpretation services if their family and friends weren't available. Among those who participated in the focus groups, residents relied on a mix of family, friends, neighbours, acquaintances, and interpretation services for language support during their appointments.

> It was easy and good; the GP was willing to help."

> It was very easy to get a translator."

> It was a smooth process simply because I understand English. However, I struggle with understanding the medical language the Doctor refers to."

> I cannot make an easy appointment through the receptionist."

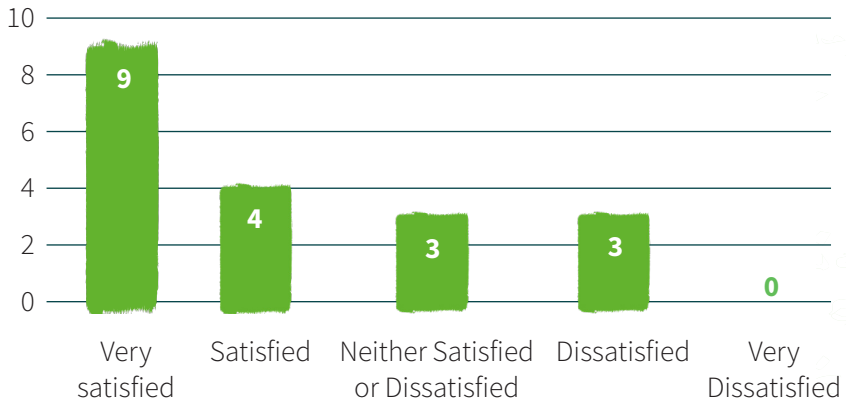
> It used to be easier to receive a translator when I went to the GP in the past."

> Sometimes it is difficult to request an interpreter, and it takes a lot of time."

> When I first came to the country it was difficult accessing the service especially when I want to make a complaint."

Residents satisfaction with the service

Among the 22 service ratings from residents using the service (3 residents did not respond to the service rating question), 9 reported being 'very satisfied' and 4 'satisfied'.



Findings 'Limitations and Learning'

Representation of residents

Our analysis lacked diversity in participant ethnicities and spoken languages with an overrepresentation of Arabic-speakers and middle-aged women.

Language support and interpretation

We only organised focus groups and printed surveys in English, as we didn't have enough interpretation support for all languages or the ability to translate responses written in other languages into English. When speaking with residents, we relied on either Healthwatch staff's language skills, partnered organisations' staff or people's own interpreters. This meant that our surveys and focus groups discussions excluded people who had very limited or no English proficiency and had no interpretation support, or for whom we couldn't find language support to participate in the project. This also meant that residents who had higher English proficiency could contribute more than those with lower English proficiency.

The accuracy of some of the residents' stories and narratives that we collected may be limited for numerous reasons.

- misinterpreted by speaking to residents interpreters, many of whom were not professional interpreters
- many residents could not read or write in English, we asked the questions in person and recorded their responses on paper. This may have affected the accuracy or detail of what was recorded
- Findings from residents who didn't rely on an interpreter during our conversation may be inaccurate because these residents may have misinterpreted some questions.

Accuracy of residents' narratives

Several residents described how they used to need interpreters in primary care settings but have since gained enough English proficiency to attend their appointments without an interpreter. Since they were sharing their past experiences of using interpretation services, findings from these residents may not be as reliable due to time lag and memory, and additionally may not be reflective of the current language support provided.

Recommendations

Priority one: Increase access to and awareness of interpretation services

Residents suggested offering more diversity in languages, dialects and accents to increase access to residents of different language, ethnic, and cultural backgrounds. Some residents additionally recommended allowing patients to choose an interpreter of the same ethnic origin, to account for accent, dialect, and other linguistic or cultural factors. One resident suggested:

"Assign patients interpreters that not only speak the same language but are also from the same country or ethnic background, because of challenges with understanding different accents and words."

Some residents described how community members were sometimes unaware of interpretation services available and suggested providing more information and increasing awareness of language support services for non-English speakers. One resident highlighted the role that healthcare providers could play:

"Doctors could be more proactive in offering an interpreter."

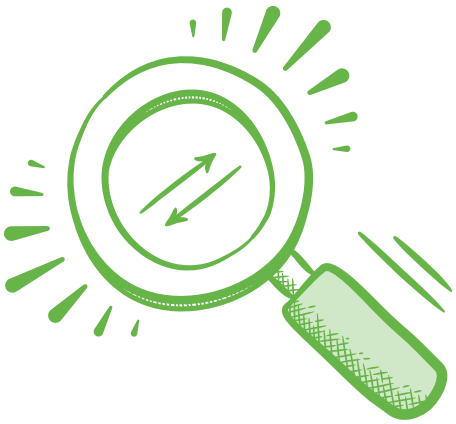
Priority two: Improve quality of interpretation services through recruitment, training, and regular evaluations.

Residents expressed a need for better training and recruitment of interpreters. Many described interpreters' lack of medical knowledge and medical vocabulary as a cause of miscommunication and misinformation during their medical appointments. At the same time, one resident suggested advising interpreters to avoid using technical jargon or acronyms where possible.

Another key issue surrounded interpreters' attitudes, with some residents expressing a need for training around professionalism, confidentiality, and compassion to build trust in interpretation services. One resident told us:

"The interpreters could be more polite and less patronising with the users."

In the focus group discussion, one resident suggested a regular review of interpretation services and interpreters, asking patients for feedback on their experiences using the service.



Priority three: Provide additional support and accommodation for non-native English-speaking residents.

Residents suggested that, where possible, in person GP appointments should be made for non-native English speakers to avoid communication problems during virtual appointments. If appointments are virtual, their preferred method would be a video call to reduce miscommunication and misinterpretation.

One resident shared that it would be helpful to keep a note of language support needs on patients' files, and to keep the same interpreter for each patient where possible:

"It's always a different person who has no clue on the patient health conditions. You always have to request it. It is never a permanent action for GP appointments which is rather annoying."

Residents also requested that more time be allocated for their medical appointments, as using an interpreter often meant that it took longer for issues to be communicated and addressed. For emergency services, such as when calling 111, residents wanted better language support and interpreters on hand.

In the focus group discussions, some residents suggested that organisations and charities provide workshops and training to empower non-native English-speaking patients to be more independent, confident, and self-sufficient in seeking and using medical care.

Events and Campaigns 2022-2023

Stop Loan Sharks

In response to the economic crisis in September 2022 our Safeguarding Ambassadors launched a series of webinars to raise awareness of 'How to Stay Safe from Loan Sharks'. Risks for residents are very real given the cost of living is high for the foreseeable future and they may resort to borrowing from loan sharks.

The SAEB Hate Crime Advocator Training Programme

Hate Crime Week in October 2022. Launch of Training sessions delivered by Community Safety Partnerships & The Metropolitan Police to our Community Engagement Group member organisations. habits to reduces their chances of becoming a victim of cybercrime, making them less vulnerable.

The Domestic Abuse Act – has it gone far enough?

CNWL opened its doors to partners wishing to join our 5th Annual Domestic Abuse (DA) conference, held in November 2022. The theme was "The Domestic Abuse Act – has it gone far enough?" Over 600 people attended, including people with lived experience and professionals from partner agencies within the Bi-Borough.

National Safeguarding Awareness Week 2022 November 21st- 27th 2022

The theme for the week was 'Sensible Precautions and Local Solutions' . Promoting a series of useful tips and campaigns about how people and organisations can take steps to minimise effects of the cost-of-living crisis. The Community Engagement Group put together a webpage to provide residents with support and advice available which can be accessed on the SAEB website **here**.

> The Community Engagement Group are extremely concerned about the people they support especially as most were already struggling
>
> Quote from our National Safeguarding Adults Week Event 2022

Partner agencies to include Public Health, The Department for Works and Pensions, Community Alarm Services, Age UK and The London Fire Brigade collaboratively held a webinar to support residents.

Topics included

- Fire Safety
- The Cost-of-Living Solutions
- Mental Wellbeing
- Community Alarm Services
- Local Payment Support Services

The SAEB Holistic Approach to Hoarding Event took place in March 2023 and welcomed various community organisations who play a vital role in supporting people who are at risk from self-neglect and hoarding to share best practice and raise awareness of local support services.

The Relaunch of the CNWL Suicide Prevention Strategy extended a warm welcome to Bi-borough partners in November 2022 and shared key messages about "Let's get talking…" with a keynote speech from Professor Louis Appleby. This focused on improved communication with service users, their families and across agencies saves lives.
To mark World Suicide Prevention Day the SAEB promoted The Samaritans Tool Kit available **here**.

NHS Central and North West London NHS Foundation Trust

LFB London Fire Brigade

The Royal Borough of Kensington and Chelsea

City of Westminster

Department for Work & Pensions

Safeguarding Adults Week 2022 21 – 27 November #SafeguardingAdultsWeek

Dealing with cost of living

Fire Safety

Kensington & Chelsea age UK

Making Safeguarding Personal

In this section:

- Outcomes Safeguarding Adults data for Kensington and Chelsea
- Outcomes Safeguarding Adults Data for Westminster

Talking, exploring and listening is a key part of how we build strong relationships with our partnership and our Adults at risk. Making Safeguarding Personal is a key concept and continues to be the cornerstone of our safeguarding work. We celebrate when we get things right and learn from our mistakes when we need to improve.

We are proud of the work we have done in ensuring that adults at risk are supported in achieving the outcomes they want from the safeguarding enquiry. We have seen a steady increase in good outcomes for adults at risk. Our improvements have been the result of a remodel of our safeguarding structures and better engagement with people involved in the safeguarding enquiry ,their family, friends or advocate.

There are two aspects in particular of the new model which we have worked hard at getting right:

1. Engaging better through relationship building. The safeguarding team have strong links with various organisations. We talk to staff and service users to find out how they experienced the safeguarding process. We listen and collect this feedback so we can learn about how to make improvements.
2. Working closely with front line staff in making improvements to performance by using data more effectively.

In this chapter we discuss the comparator data from the last 4 years across the Bi-Borough and London to highlight trends in our successes and to view gaps where improvements are required.

Outcomes Safeguarding Adults data for Kensington and Chelsea

Good quality safeguarding referrals

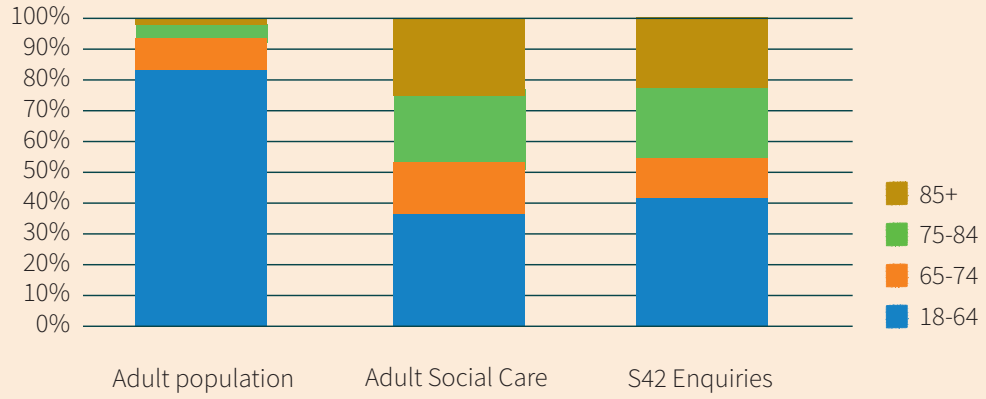
In 2022-23 we received a total of 561 safeguarding concerns. Of these, just under two-thirds (365 or 65%) were assessed as requiring a safeguarding enquiry. And of these, 27 were assessed as meeting the safeguarding duty under S42 of the 2014 Care Act and so were classified as S42 enquiries. This means that our referral process is understood and very few inappropriate referrals are made into the system. The 35% of safeguarding concerns which do not go forward to become an enquiry are worked on by front line staff putting in preventative measures.

Who are the adults at risk

Age profile

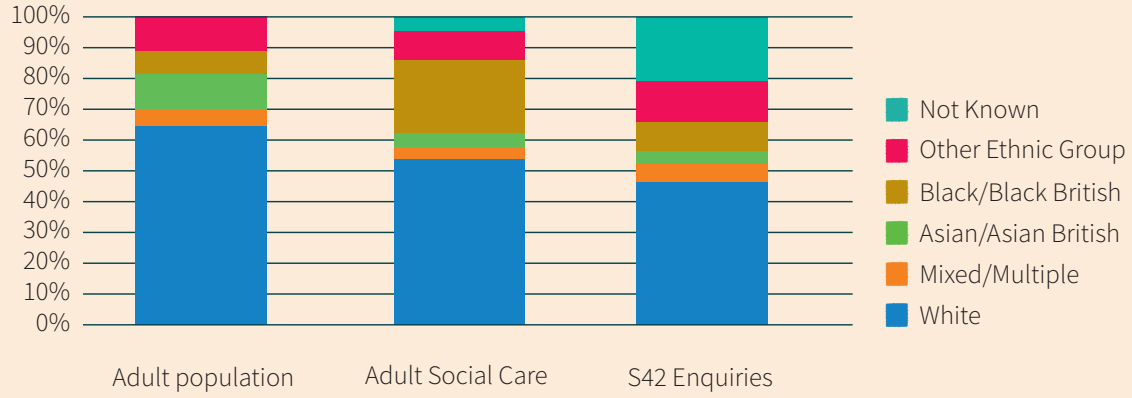
The S42 enquires undertaken involved 313 individual adults at risk. This is equivalent to 1.1 enquiries per person. The age profile of these adults largely reflected the age profile of those receiving long-term care and support. About six out of ten were in the 65+ years age group and four out of ten in the 18-64 age group. This contrasts markedly with the age profile of the general resident adult population where people aged 18-64 make up over 80% of the population. Just over half (52%) of the individual adults at risk were female, slightly below the corresponding proportion for adults receiving long-term care and support (58%).

The age profiles of (a) the general adult population; (b) adults receiving long-term care and support; and (c) individuals involved in S42 enquiries: a comparison.



Ethnic profile

The ethnic groups of (a) the general adult population; (b) adults receiving long-term care and support; and (c) individuals involved in S42 enquiries: a comparison.

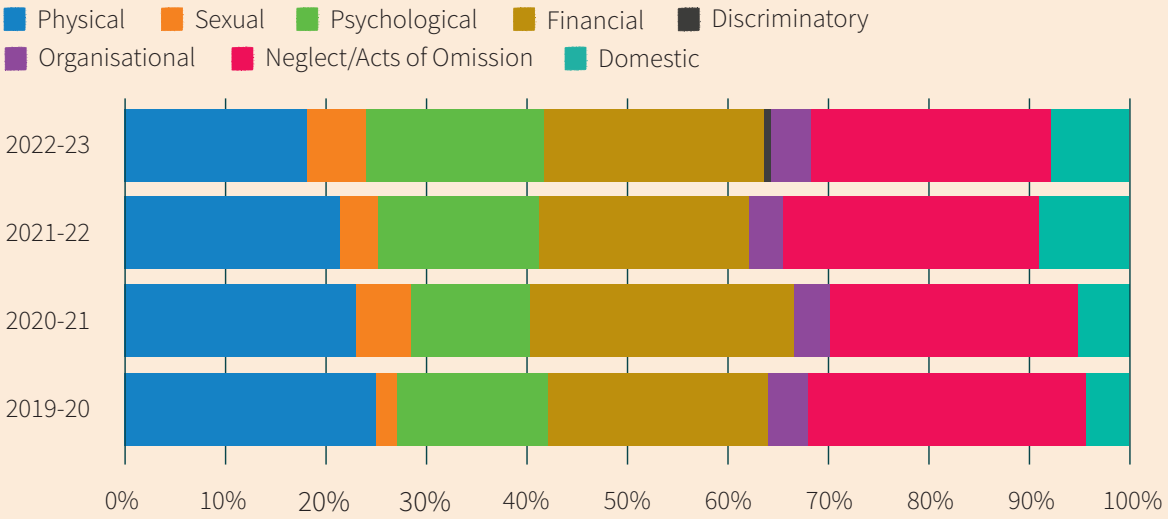


The ethnic diversity of the individual adults at risk was closer to that of those receiving long-term care and support than to the general adult population. But it is difficult to make a direct comparison as in a large proportion of cases the ethnicity of the adult was not known. In many cases this is because the individual has not previously been known to adult social care. Work is being done to understand equality, diversity and inclusion issues within the safeguarding systems. The Staying Safe project is an example of this described in the Community Engagement Chapter.

Types of risk or harm alleged- A comparator over the last 4 years

More allegations of domestic abuse and psychological abuse.

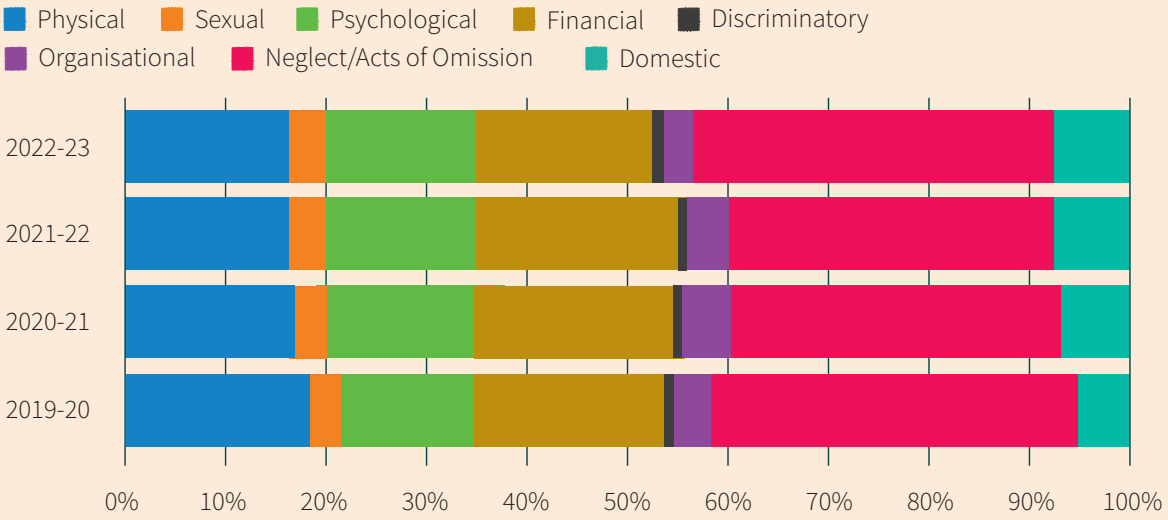
The frequency with which different types of abuse were alleged – RBKC



Safeguarding concerns may involve allegations of more than one type of harm or abuse. The Table above shows the frequency with which different types of abuse were alleged for those S42 enquiries which were completed in the last four years. Over this period proportionately fewer enquiries have involved physical abuse and neglect or acts of omission, while proportionately more have involved psychological abuse and domestic abuse. This is an interesting move away from health and social care staff reporting abuse related to a commissioned service. We are now experiencing increased and different abuse types in a person's home not necessarily associated with any care and support being received.

London comparator sees some increase in domestic abuse

The frequency with which different types of abuse were alleged – London



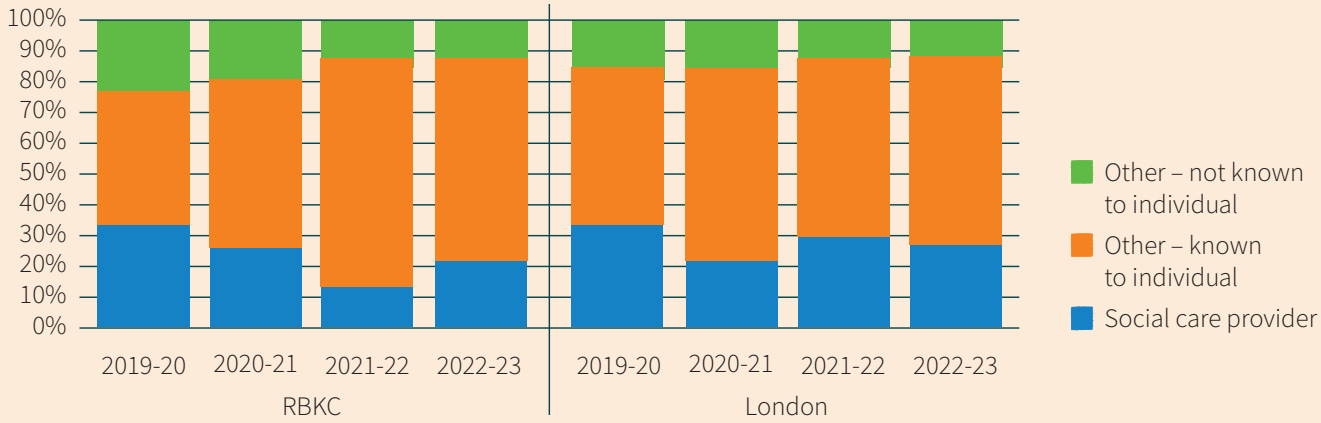
This contrasting trend in neglect/acts of omission and domestic abuse has also been reflected across London to some extent although across London as a whole neglect/acts of omission account for a higher proportion of the allegations raised. This could possibly reflect the higher number of care homes in other boroughs across London compared to RBKC.

The SAEB response to this data trend is to set up a project group to scope out domestic abuse for people in receipt of care and support needs with a focus on elder domestic abuse.

The source of risk

Reduction of abuse coming in from Care Homes and Home Care

Whether the source of risk was a social care provider or someone else, and, if someone else, whether they were known to the adult at risk.

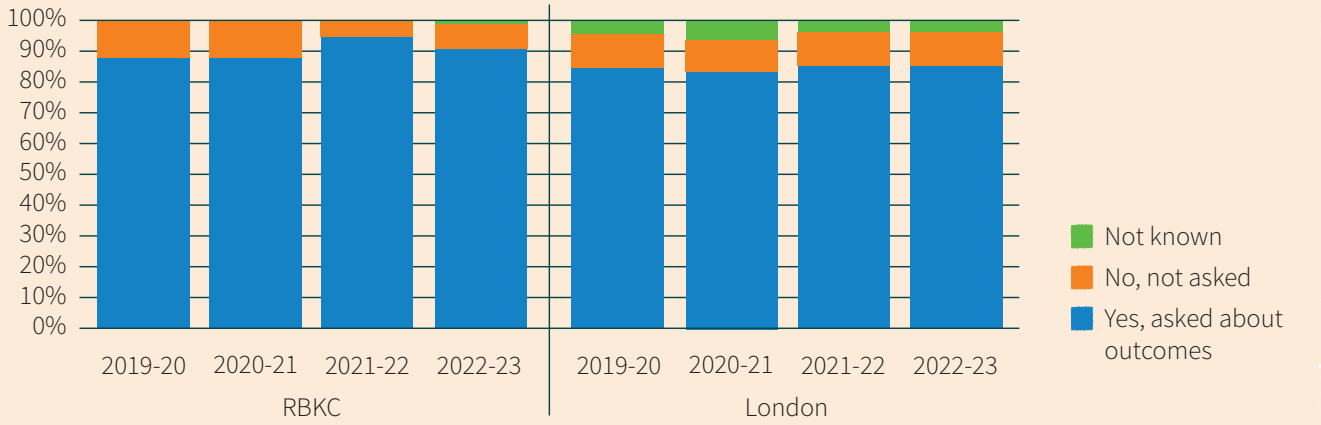


Neglect and acts of omission are most often associated with providers of adult social care such as a home care agency or care home. Consistent with the trend noted above there has been a decline in RBKC and across London in the proportion of enquiries where a social care provider was the source of risk, and a corresponding increase in the proportion where the source of risk was not a social care provider but was known to the adult at risk, for example a family member. This trend possibly reflects the focus Bi-Borough Adult Social Care has had over the last couple of years in ensuring we have a strong quality assurance model in place. The impact can be seen in the reduction of safeguarding concerns related to regulated services.

The Adult at risk and their outcomes

RBKC outcomes above London average

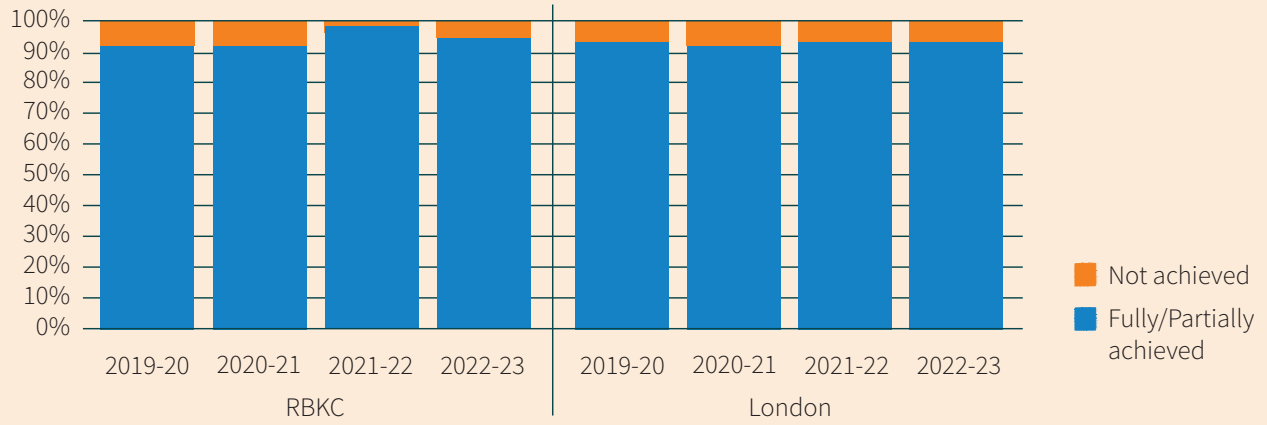
Whether the adult risk, or their representative, was asked what their desired outcomes were.



Making Safeguarding personal is about building relationships. This means having conversations with people (or their representative) about how they want to be supported in a safeguarding situation in a way that promotes involvement, choice and control as well as improving quality of life, wellbeing and safety.

Over the last four years in about 90% of completed S42 enquiries the adult at risk or their representative has been asked what they would like to achieve through the enquiry. This has been consistently above the London average. This means that we have evidence that front line staff are talking to adults at risk about their safeguarding situation and supporting them to achieve the outcomes they desire.

Whether the desired outcomes were achieved



It will not always be possible to achieve the outcome the adult would wish for and sometimes it can only be partially achieved but over the last four years in over 90% of completed S42 enquiries the outcomes desired were judged to have been fully or partially achieved, consistent with the outcomes across London as a whole.

Outcomes Safeguarding Adults Data for Westminster

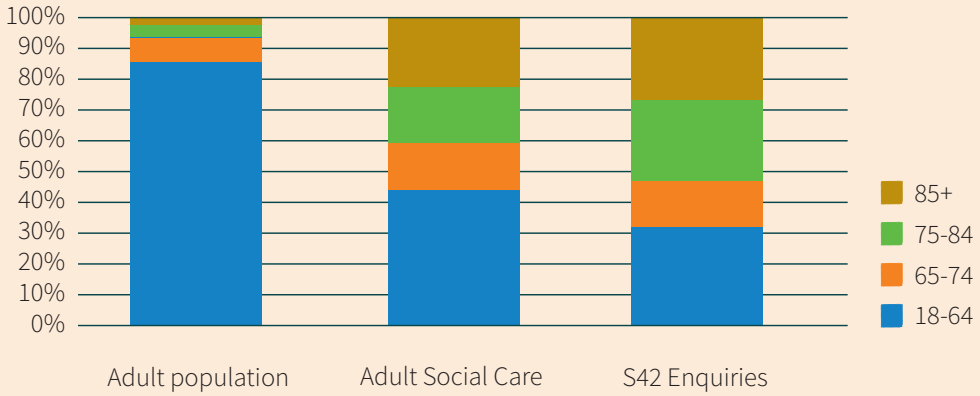
Good quality safeguarding referrals

In 2022-23 WCC received a total of 545 safeguarding concerns. Of these, over a half (295 or 54%) were assessed as requiring a safeguarding enquiry. The great majority (87%) of these were assessed as meeting the safeguarding duty under S42 of the 2014 Care Act and so were classified as S42 enquiries.

Who are the Adults at Risk

Age profile

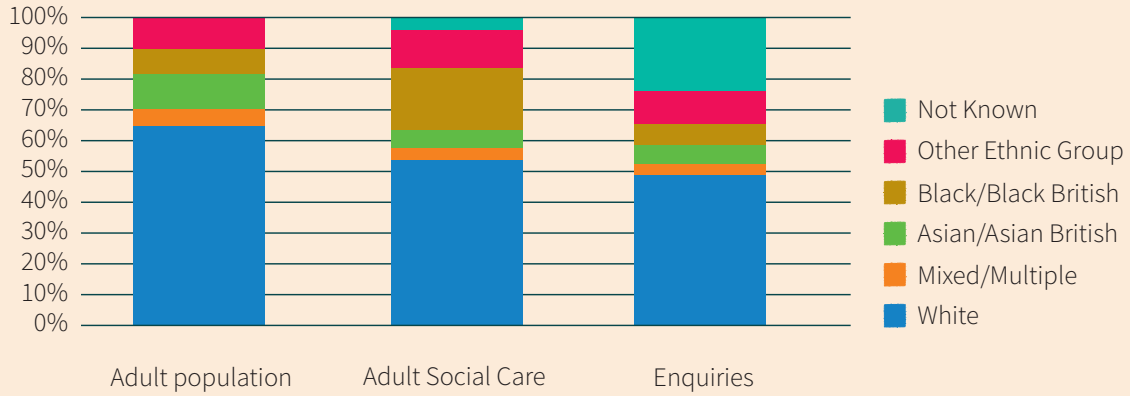
The age profiles of (a) the general adult population; (b) adults receiving long-term care and support; and (c) individuals involved in S42 enquiries; a comparison.



The S42 enquires undertaken involved 238 individual adults at risk. This is equivalent to 1.1 enquiries per person. The age profile of these adults largely reflected the age profile of those receiving long-term care and support, although it included proportionately more people aged 65 and over. About seven out of ten were in the 65+ years age group and three out of ten in the 18-64 age group. This contrasts markedly with the age profile of the general resident adult population where people aged 18-64 make up over 80% of the population. Over half of the individual adults at risk were female, above the proportion for those receiving long-term care and support (58% compared with 52%). The work of the SAEB is generally focused on safeguarding projects related towards vulnerable older adults.

Ethnic profile

The ethnic groups of (a) the general adult population; (b) adults receiving long-term care and support; and (c) individuals involved in S42 enquiries: a comparison.

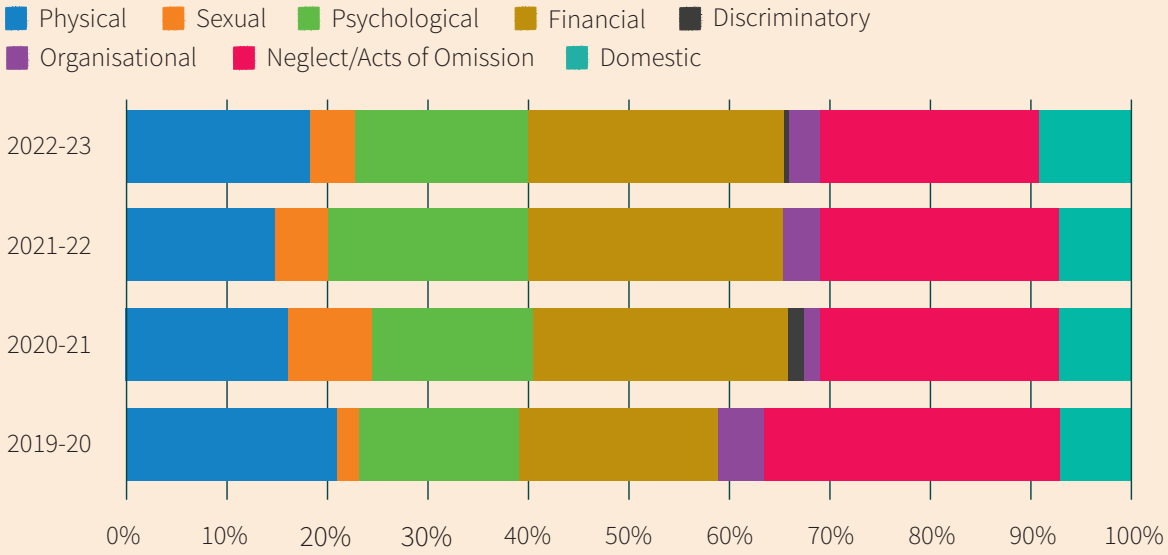


The ethnic diversity of the individual adults at risk was closer to that of those receiving long-term care and support than to the general adult population. But it is difficult to make a direct comparison as in a large proportion of cases the ethnicity of the adult was not known. In many cases this is because the individual has not previously been known to adult social care. Work is being done to address equality, diversity and inclusion issues within the safeguarding systems which includes the Staying Safe project which is which is described in the Community Engagement Chapter of this report.

Types of risk or harm alleged – A comparator over the last 4 years

More allegations of domestic abuse and financial abuse.

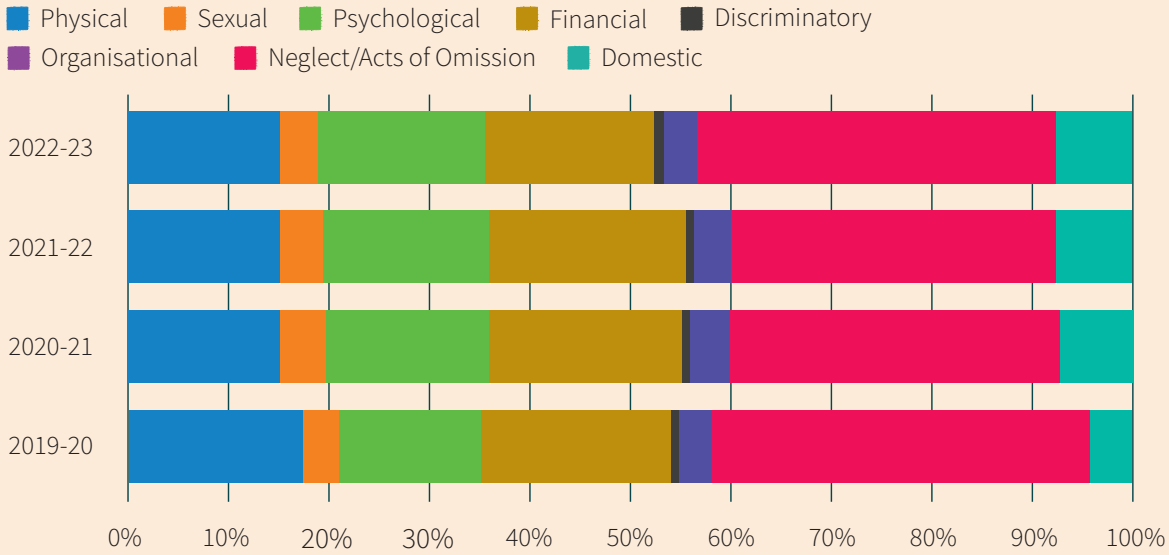
The frequency with which different types of abuse were alleged – WCC



Safeguarding concerns may involve allegations of more than one type of harm or abuse. The table above shows the frequency with which different types of abuse were alleged for those S42 enquiries which were completed in the last four years. Over this period proportionately fewer enquiries have involved physical abuse and neglect or acts of omission, while proportionately more have involved financial abuse and domestic abuse. This is an interesting move away from health and social care staff reporting abuse related to a commissioned service towards abuse normally associated within a person's own home. The rise in financial abuse safeguarding concerns against the elderly has been a key project for the board and its partners for the last 2 years and remains high on the agenda of the Safeguarding Ambassadors in their raising awareness campaigns. People over the age of 65 are particularly at risk given that many are seen to have substantial savings.

London comparator sees some increase in domestic abuse

The frequency with which different types of abuse were alleged – London.

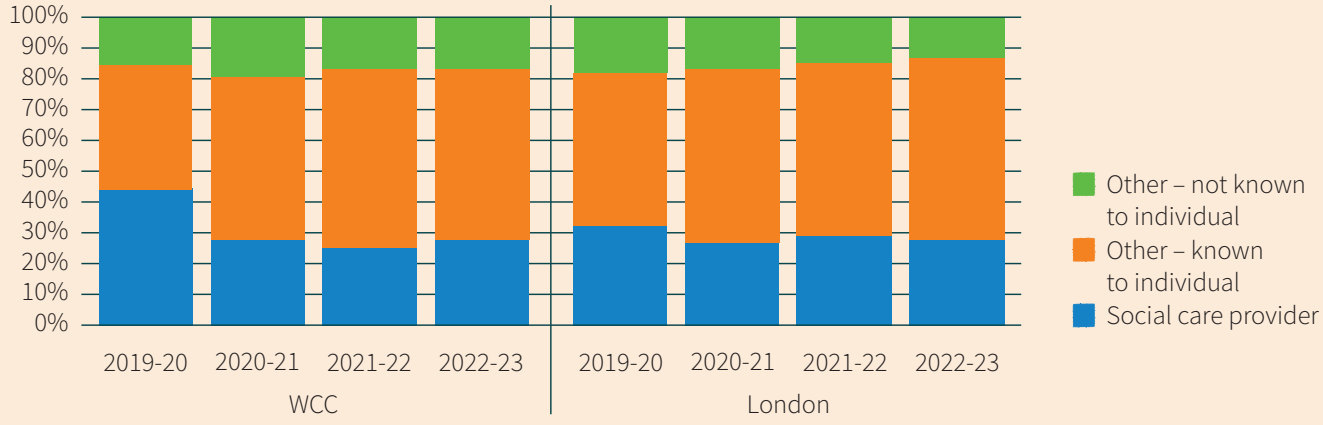


This contrasting trend in neglect/acts of omission and domestic abuse has also been reflected across London to some extent, although across London as a whole neglect/acts of omission account for a higher proportion of the allegations raised . We know that Westminster has relatively few care homes in its borough compared to other councils which may account for this difference.

The source of risk

Reduction of abuse coming in from Care Homes and Home Care.

Whether the source of risk was a social care provider or someone else, and, if someone else, whether they were known to the adult at risk.

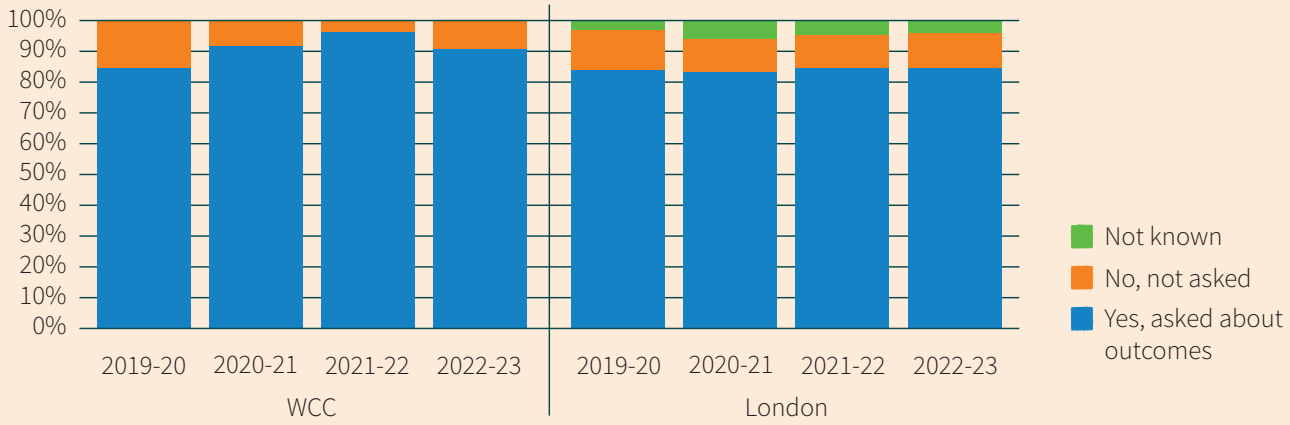


Neglect and acts of omission are most often associated with providers of adult social care such as a home care agency or care home. Consistent with the trend noted above there has been a decline in WCC and across London in the proportion of S42 enquiries completed where a social care provider was the source of risk, and a corresponding increase in the proportion where the source of risk was not a social care provider but was known to the adult at risk, for example a family member.

The Adult at risk and their outcomes

Good outcomes results above London Average

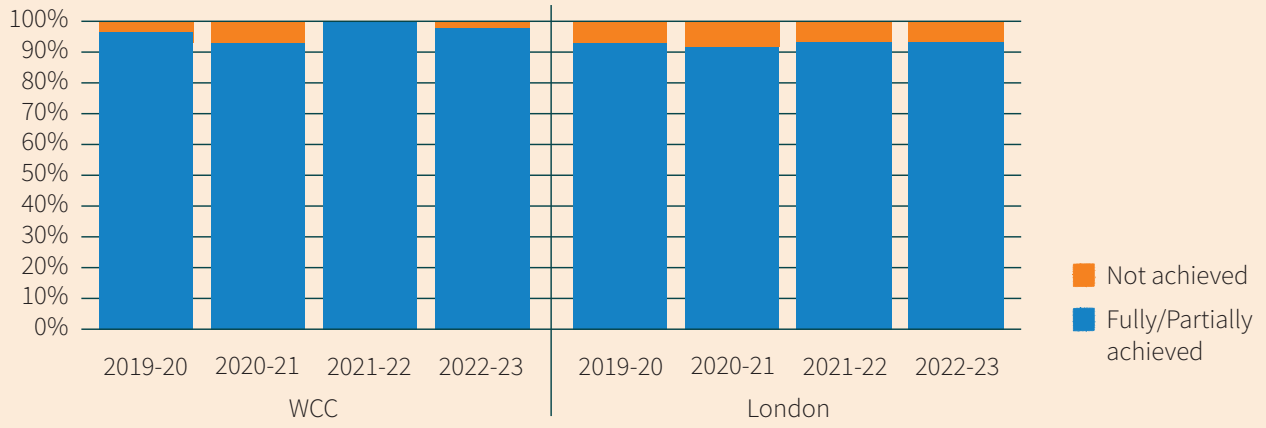
Whether the adult risk, or their representative, was asked what their desired outcomes were.



A central theme of Making Safeguarding personal is about building relationships. The adult at risk should be at the centre of activity. In the case of safeguarding this means having conversations with people (or their representative) about how to respond in safeguarding situations in a way that promotes involvement, choice and control as well as improving quality of life, wellbeing and safety.

Over the last three years in at least 90% of completed S42 enquiries the adult at risk or their representative has been asked what they would like to achieve through the enquiry. This has been consistently above the London average.

Whether the desired outcomes were achieved



It will not always be possible to achieve the outcome the adult would wish for and sometimes it can only be partially achieved but over the last four years in over 90% of completed S42 enquiries the outcomes desired were judged to have been fully or partially achieved, consistent with the outcomes across London as a whole.

SAEB Quality Assurance

In this section:

- Best practice partnership guidance
- Annual Health checks for people with a disability
- Training Assurance
- Accurate application of the Mental Capacity Act

Quality Assurance in adult safeguarding is about assessing the quality of the work we undertake as a partnership to Safeguard vulnerable adults and understanding the impact of this work in terms of its effectiveness in helping to keep vulnerable adults safe.

Effective quality assurance will contribute to a culture of continuous learning and improvement. In this section we have quality assured a number of partnership systems to support making safeguarding personal and to ensure that we keep vulnerable adults at the centre of decision making which include:

- Best practice partnership guidance on how to make a good quality referral
- Assurance from NHS North West London on Annual Health checks for people with a disability
- Safeguarding Training assurance from NWL Integrated Care Board
- Guys And St Thomas NHS Foundation Trust accurate application of the Mental Capacity Act

Best practice partnership guidance on how to make a good quality referral

A Safeguarding Audit commissioned by the Safeguarding Team exposed areas for improving the quality of the safeguarding referrals across the partnership. The data reports run on the audit findings confirmed the audit outcome and highlighted 2 areas for improvement and understanding.

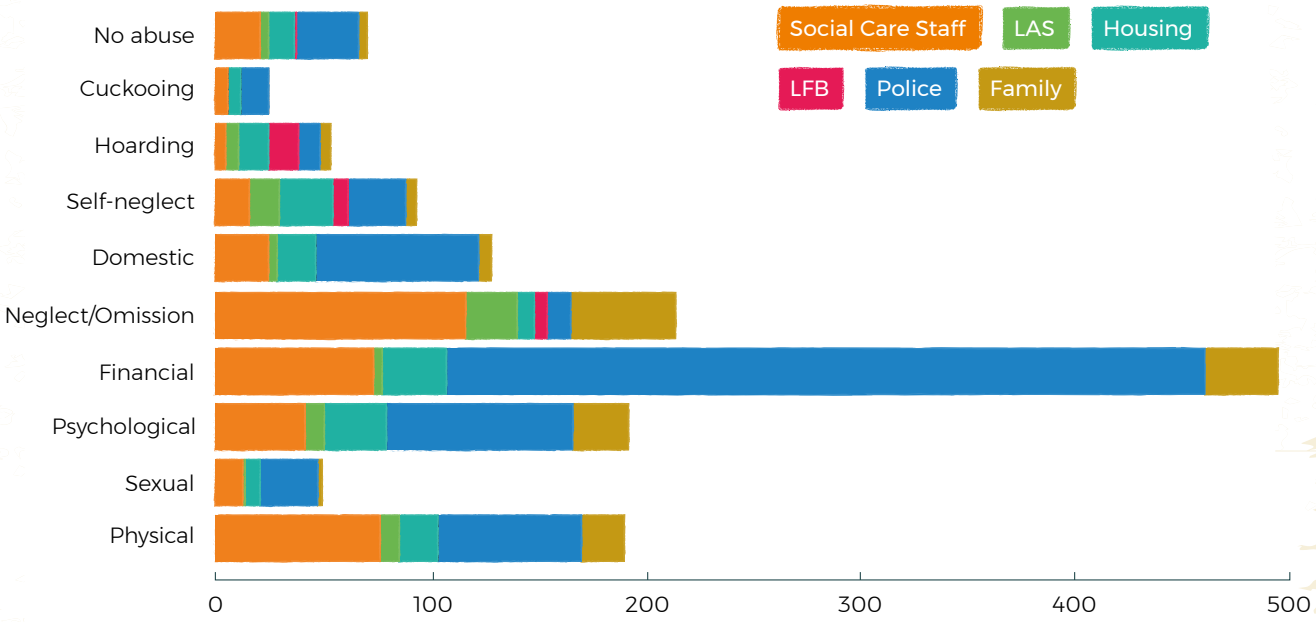
Rarely had the adult at risk been involved, or consulted prior to the safeguarding referral being sent to ASC. In the majority of cases sent to ASC teams **less than 27%** of people had been asked or informed that a safeguarding referral had been made. In mental health cases this **increased to 52%**.

Types of harm alleged from referral source indicated that the abuse type mirrored the organisational remit. Health and Social care staff raised the highest number of neglect and acts of omission abuse types as did families, these were related to care being commissioned either by social services or health. Housing raised the highest number of self -neglect cases. London Fire Brigade raised the highest number of Hoarding cases.

The table below shows abuse type alleged and the organisations who made the safeguarding referral. The data tells us that organisations tend to make safeguarding referrals related to their core business possibly missing other abuse types.

Type of harm / abuse alleged by referral source

1 April 2021 to 20 July 2022



	Social Care Staff	LAS	Housing	LFB	Police	Family
No abuse	21	4	12	1	29	4
Cuckooing	6	0	6	0	13	0
Hoarding	5	6	14	14	10	5
Self-neglect	16	14	25	7	27	5
Domestic	25	4	18	0	76	6
Neglect/Omission	117	24	8	6	11	49
Financial	24	4	30	0	354	34
Psychological	42	9	25	0	87	26
Sexual	13	1	7	0	27	2
Physical	77	9	18	0	67	20

The partnership wanted to ensure that, given the data evidence, support was made available to referring organisations in considering incidents of abuse outside of their core business.

A support tool was created in collaboration with the partnership to provide guidance to assist with risk assessment and decision making in respect of safeguarding concerns. The guidance aims to support organisations to weigh up risk to support consistent safeguarding referrals. It provides a framework for multi-agency partners to assist in identifying whether abuse and or neglect is taking place, and if a safeguarding concern needs to be referred to the local authority or whether alternative actions should be considered. Key abuse types are identified against a matrix of reportable or none reportable incident situations with clear guidance.

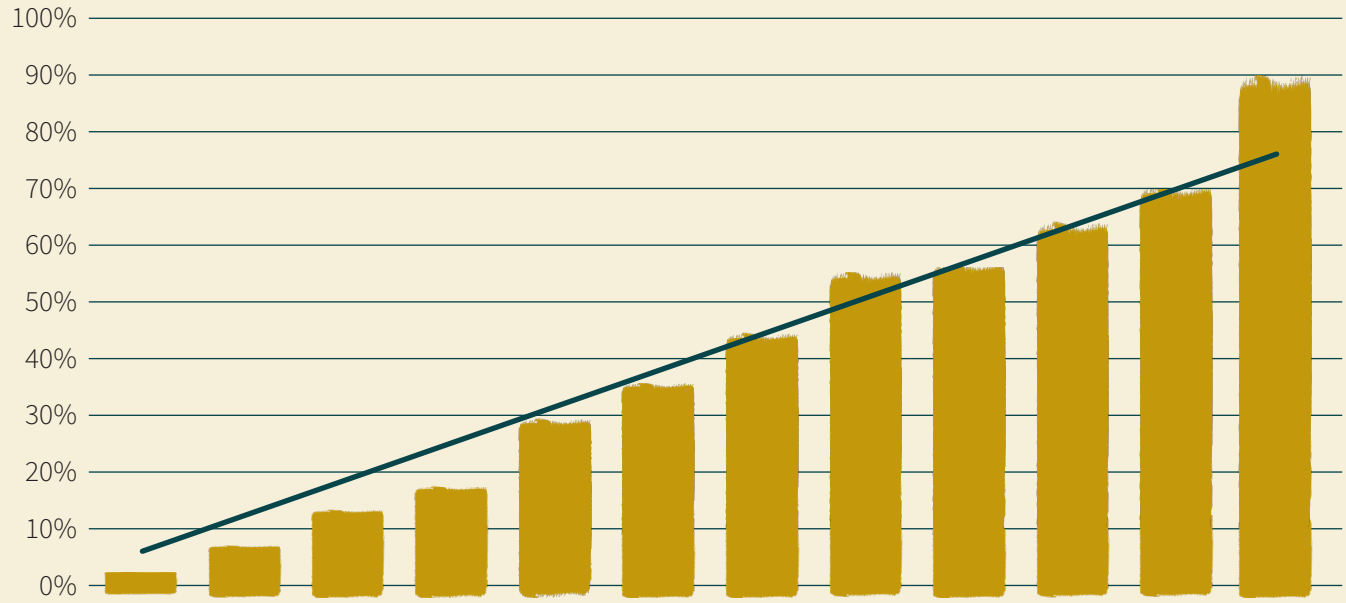
The framework can be found here on the SAEB website
Referring a Safeguarding concern. Practice Guidance (saeb.org.uk)

Assurance from NHS North West London on Annual Health checks for people with a disability

This is the third year we have reported to the SAEB on our Annual Health Checks of people with a disability.

We have seen an improvement in the delivery of annual health and believe that this is because we have worked more closely with our community healthcare provider and GP practices and networks to improve the training and make better the support offer. We have also worked with primary care leads to monitor progress against the national target of 75%.

Central London Annual Health Check Performance 2022/23 – Age Group 14 and over



	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Actual	3%	7%	12%	19%	30%	35%	43%	54%	56%	61%	67%	85%
Target	6%	13%	19%	25%	31%	38%	44%	50%	56%	63%	69%	75%

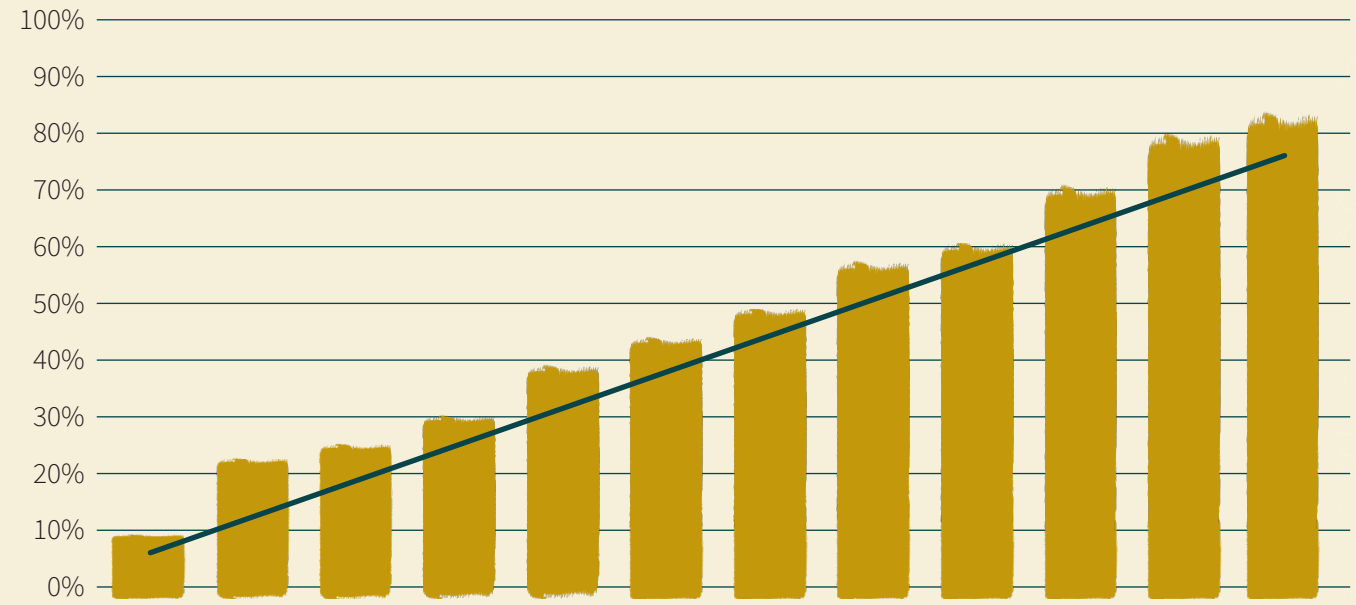
Central London

401 health checks completed from **546** on GP register this equates to **73%** completion rate which is just below the target for 2021/22.

498 health checks completed from **586** on GP register this equates to

85% completion rate which exceeds the target of **75%** for 2022/23.

West London Annual Health Check Performance 2022/23 – Age Group 14 and over



	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Actual	10%	21%	25%	31%	39%	44%	48%	55%	60%	71%	79%	86%
Target	6%	13%	19%	25%	31%	38%	44%	50%	56%	63%	69%	75%

West London

536 health checks completed from **709** on GP register this equates to **76%** completion rate which exceeds the target for 2021/22.

621 health checks completed from **728** on GP register this equates to **86%** completion rate which exceeds the target of **75%** for 2022/23.

Next Steps

- Exceed the National target for delivery of Annual Health Checks in 2023/24
- Ensure that all health checks to be completed face to face
- Improve the Quality of Annual Health Checks and experience of patients with learning disabilities
- Work with local learning disabilities team to promote quality standards required within the Annual Health Check and health action plan
- Improve compliance with the accessible information standard

Training Assurance provided by NHS North West London Integrated Care Board

Musthafar Oladosu: Designated Professional, Safeguarding Adults. Covering Kensington and Chelsea and Westminster.

This past year has been another exceptional 12 months for our Team. The enactment of Health and Care Act 2022 has meant that much of our focus has been on ensuring a seamless transfer of the NHS NWL Clinical Commissioning Groups (CCG) to the new NHS NWL Integrated Care Boards (ICB), completed in July 2022.

ICB Safeguarding training strategy

Work to produce the new ICB Safeguarding training strategy is at an advanced stage and the document will go live in quarter 1 2023-2024. We have appointed a new Safeguarding Training and MCA Quality Assurance Manager to ensure that the organisation has a clear safeguarding training agenda covering both children and adults safeguarding, further reflecting our commitment to Think Family and Transitional Safeguarding.

Safeguarding training courses

We launched our new training programme in January 2022 and sessions delivered to date include:

- Health of Asylum seekers
- Substance misuse, Self-neglect and the Mental Capacity Act (MCA) 2005
- Human Trafficking
- Executive Functioning and the MCA 2005
- Modern Slavery
- Best Interest Assessor (BIA) Refresher Training and an Introduction to the Mental Health Act 1983.

The sessions have been opened up to colleagues across the wider ICS footprint, which has helped evidence NHS NW London ICB's commitment to promote shared learning and exemplary partnership working for the benefit of the vulnerable adults under our care.

> Great presentation. Informative, especially as I work as a Lead Practitioner/ ANP in an urgent care setting.

> It was an excellence training very powerful. A real eye opener and a reminder of the complexities of safeguarding.

> The event was incredibly well delivered by a knowledgeable and experienced practitioner. The information was relevant to my working remit and it was easy to understand and embed within my practice.

The comments above reflect the ICB's commitment to ensuring that learning from Safeguarding Adult Reviews (SAR's) are shared and embedded in practice within the ICB, wider ICS this continues to support training for GPs who contribute to local SAR's and Domestic Homicide Reviews (DHR's).

Safeguarding Health outcomes Framework (SHOF)

During 2022 – 2023 we have completed a review of the framework to ensure that the tool is smarter, minimises duplication and is fit for purpose. The new improved template will be launched in April 2023 – 2024.

The framework informs the ICB the extent to which our NHS partners are making a difference to the safety of people who are at risk of, or who have suffered, abuse or neglect in their area and has been in use since 2019. It gives the agencies the opportunity to provide a quarterly assurance report that covers an overview of safeguarding activities as evidence of how the organisations are discharging their statutory safeguarding function. The document which is joint for children and adult safeguarding sets out clearly safeguarding roles, duties and responsibilities of the organisations. It also gives the organisations opportunity to report on good practice as well as areas of challenges and how these are being addressed.