

# Healthier Communities Select Committee Supplementary Agenda

Tuesday, 24 February 2015  
7.00 pm, Committee Room 2  
Civic Suite  
Lewisham Town Hall  
London SE6 4RU

For more information contact: Timothy Andrew (02083147916)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

## Part 1

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# Agenda Item 3

Healthier Communities Select Committee			
Title	Response from Mayor and Cabinet to matters referred by the Select Committee: Autism Spectrum Housing and the Sustainability of Community Health Initiatives		
Contributor	Executive Director for Resources and Regeneration (Head of Business & Committee)	Item	3
Class	Part 1 (open)	24 February 2015	

## 1. Purpose

This report informs Members of the response given at Mayor and Cabinet to Committee referrals arising from discussions on autism spectrum housing and the sustainability of community health initiatives at the Committee's meeting on 2 December 2014.

## 2. Recommendation

The Select Committee is recommended to receive the Mayoral responses.

## 3. Background

- 3.1 The Mayor considered the referrals entitled 'Comments of the Healthier Communities Select Committee on Community Health Initiatives' and 'Comments of the Healthier Communities Select Committee on the Campaign in Lewisham for Autism Spectrum Housing' at the Mayor and Cabinet meeting held on 17 December 2014. The Executive Directors for Community Services and Customer Services were asked to respond.

## 4. Mayoral response

- 4.1 Responses from the Executive Director of Community and Customer Services were considered at the meeting of Mayor and Cabinet on 18 February 2015.
- 4.2 The Mayor resolved that the responses be submitted to the Select Committee.

### Background documents

Minutes of the meeting of Healthier Communities Select Committee on 2/12/14.

If you have any questions about this report, please contact Kevin Flaherty, Head of Business & Committee on 0208 314 9327.

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<b>MAYOR AND CABINET</b>			
<b>Report Title</b>	Response to Healthier Communities Select Committee on the Campaign in Lewisham for Autism Spectrum Housing		
<b>Key Decision</b>	No	Item No.	
<b>Ward</b>	All		
<b>Contributors</b>	Executive Director for Community Services Executive Director for Customer Services		
<b>Class</b>	Part 1	Date:	18 February 2015

## **1 Purpose of Report**

- 1.1 The purpose of the report is to provide an initial response to the recommendations made by the Healthier Communities Select Committee arising from discussions held on the officer report entitled *Implementing the National Autism Strategy in Lewisham*, considered at its meeting on 2 December 2014.

## **2 Recommendations**

It is recommended that the Mayor:

- 2.1 Notes the information contained in this report in response to Healthier Communities Select Committee recommendations.
- 2.2 Agrees for the response to be forwarded to the Healthier Communities Select Committee.

## **3 Policy Context**

- 3.1 The contents of this report are consistent with the Council's policy framework. It supports the achievements of the Sustainable Community Strategy policy objectives:
- Ambitious and achieving: where people are inspired and supported to fulfil their potential.
  - Empowered and responsible: where people can be actively involved in their local area and contribute to tolerant, caring and supportive local communities.
  - Healthy, active and enjoyable: where people can actively participate in maintaining and improving their health and well-being, supported by high quality health and care services, leisure, culture and recreational activities.

3.2 The content is also in line with the Council policy priorities:

- Strengthening the local economy – gaining resources to regenerate key localities, strengthen employment skills and promote public transport.
- Clean, green and liveable – improving environmental management , the cleanliness and care for roads and pavements and promoting a sustainable environment.

#### **4 Background**

4.1 At its meeting on 2 December 2014 the Healthier Communities Select Committee, received an address from the Chair of the Campaign in Lewisham for Autism Spectrum Housing (CLASH). The Committee requested that the Mayor considered urgently, provision to meet the housing needs of adults diagnosed with autism spectrum disorder living in Lewisham.

4.2 This paper contains an officer response to that referral, setting out the activity that is already underway, in partnership with CLASH, in order to meet those housing needs.

#### **5 Housing and Autism Group**

5.1 A Housing & Autism group has been in existence for more than two years, with the objective of identifying deliverable options to meet the housing needs of adults diagnosed with autism spectrum disorder living in Lewisham.

5.2 Members of the project group include officers from the Council's housing, adult social care, public health and, joint commissioning teams, alongside representatives of CLASH and the Burgess Autistic Trust. The objectives of the project group are to:

- Establish a better understanding the level and nature of autism in the Borough
- Investigate existing housing services and placements for autistic children and adults
- Investigate potential sources of funding both current and future, revenue and capital
- Investigate options for the provision of an autism-specific housing scheme for local adults either within existing stock or new supply

5.3 The meeting is chaired by the Housing Strategy and Programme Manager, meetings are held bi-monthly and are usually well attended. Discussions have concentrated on two main areas, the provision of housing units for autistic adults and how the services required to support these clients to live independently would be commissioned and funded.

## **6 What options are currently available to those who are eligible for housing support?**

- 6.1 Under certain circumstances people with autism may qualify for the Councils' housing register. Band 3 of the Council's housing register includes medical priority, which is awarded by the Council's medical advisor if they are satisfied that current accommodation is aggravating the person's health issues and if the person or their household is not moved to alternative accommodation, it would result in that person suffering a significant deterioration in their health.
- 6.2 There are circumstances in which this could apply to people with autism. For example, the housing circumstances of a person with autism may make that person particularly anxious, in a way that would not be the case for somebody who did not have autism.
- 6.3 Mayor and Cabinet will be aware from a range of other reports that have been presented over the past two years, that the pressure the Council is experiencing in making accommodation available to those who need it – even those who qualify for housing – is extreme and at present there is no indication that it will relent. There are currently more than 8,500 households on the housing register, of whom 2,080 households are on bands 1 and 2, and so would be considered to have a greater housing priority than the client group in question. Furthermore, there are nearly 600 households who are homeless and housed in bed and breakfast accommodation, a situation that is so severe that now 80% of 2 and 3 bed properties that become available are let directly to homeless households.
- 6.4 In short, the pressure on available housing is great, and the number of units that become available for this client group is few.

## **7 What options are currently available to those who are eligible for social care support?**

- 7.1 If following a Community Care Assessment an adult with autism is found to have eligible needs using the Fair Access to Care Services (FACs) they may be eligible for support services in their own home or a residential/supported living placement.
- 7.2 The estimated prevalence for autism in adults has been variable due to differences in the way autism was diagnosed and defined<sup>3</sup>. Relatively newer reports suggest a prevalence of 400,00-500,00 adults in the UK have autism, or 116 per 10,000<sup>4</sup>. (*Dr Ratna Ganguly, Autism In Lewisham 2013*)
- 7.3 It is not possible to give a totally accurate number of people with autism living in Lewisham, as the current social care recording systems do not have Autism as a category for Support Reasons or Service User Group.

- 7.4 For those Lewisham residents with a Learning Disability as a primary support reason it is estimated that 20% are on the autistic spectrum and of those approximately 50% are living in their own/family homes and 50% are in supported living, residential care or residential college.
- 7.5 There are also a number of people with Autism Spectrum Disorder who do not have a Learning Disability who are FACS eligible and in receipt of support from Social Care.

## **8 What is the gap?**

- 8.1 The housing needs of adults with autism are extremely varied. For some FACS eligible people there will be the option of residential care or packages of care. At the other end of the spectrum some adults with autism may be able to live independently.
- 8.2 For those autistic adults who are not "FACS eligible", NHS Lewisham Clinical Commissioning Group has commissioned Burgess Autistic Trust to provide information and support services in areas such as benefits, accommodation, training and employment and education.
- 8.3 The 'gap' that has been of particular concern to CLASH, and which has been the focus of the project group, is the lack of options that are available to those adults with autism who are neither FACS eligible nor able to live independently. This gap covers a range of needs but might broadly be described as supported housing, and
- 8.4 There is currently no supported housing provision in Lewisham that is specific to adults with autism, and the group has been working over the past year to develop a new service model to address that gap.

## **9 Future Service Model**

- 9.1 The basis of a new model to fill this gap would be the provision of a small scheme, potentially within an empty Housing Association property (or a property that could be decanted to become empty), upon which a specialist autism provider would enter into a lease and offer a support service to the tenants. This type of accommodation would be suitable for adults with low level support needs, with support workers funded by an element of service charge covered by Housing Benefit.
- 9.2 Such provision would cater for a handful of people and the selection of residents would to a large degree be dependent on the nature of the accommodation, since, for example, issues of compatibility can easily arise when sharing is involved.



- 9.3 In theory this model could also be achieved by developing new build accommodation, on a similar approach to that used to create new extra care housing, but with a different target client group. In practice however housing associations tend to be reluctant to invest significant capital in new supported accommodation without also securing long term contractual commitments relating to the revenue-funded services which would be delivered in the new developments. Given the current and expected long term financial situation, it is difficult for the Council to provide sufficient guarantees around revenue funding for a group that may not be FACS eligible, and as such this approach is less likely to lead to a solution than the conversion of an existing property.
- 9.4 This proposal could be delivered by the Burgess Autistic Trust (BAT), which is already the specialist provider for this client group in the borough. As such Council housing officers and the BAT have been in discussion with a number of Housing Associations to determine if any are willing and able to help meet this need.

## **10 Next Steps and Conclusion**

- 10.1 The Chief Executive of BAT is meeting with a range of housing associations over the coming months, with a view to identifying a suitable property from which to pilot the proposed approach to providing supported housing for this client group. This therefore is a genuine opportunity to increase housing provision for people with autism in Lewisham, and address the concerns raised in the referral.

## **11 Financial Implications**

- 11.1 There are no specific financial implications at this stage. Financial analysis of any new developments will be undertaken once specific proposals emerge.

## **12 Legal Implications**

- 11.1 There are no specific legal implications arising from this response, save for noting that the Council's Constitution provides that the Executive may respond to reports and recommendations by the Overview and Scrutiny Committee.

## **13 Crime and Disorder Implications**

- 13.1 There are no crime and disorder implications arising from this report.

## **14 Equalities Implications**

- 14.1 There are no equalities implications arising from this response report.

## **Background Documents**

**None**

If you have any queries relating to this report please Jeff Endean, Housing Strategy and Programmes Manager, on 020 8314 6213

<b>Mayor and Cabinet</b>		
<b>Report Title</b>	Response to Healthier Communities Select Committee Referral on Public Health Sustainability of Community Health Initiatives	
<b>Key decisions</b>	Yes	<b>Item:</b>
<b>Wards</b>	All	
<b>Contributors</b>	Executive Director for Community Services, Director of Public Health	
<b>Class</b>	Part 1	Date: 18 February 2015

## 1. Summary

This report responds to the comments and views of the Healthier Communities Select committee, arising from discussions held on the officer report entitled, Sustainability of Community Health Initiatives, considered at its meeting on 2<sup>nd</sup> December 2014.

## 2. Recommendations

The Mayor is recommended to:

- 2.1 Note the response of the Executive Director of Community Services and Director of Public Health in relation to the issues raised by the Healthier Communities Select Committee and in particular their request for the Mayor's support for the Well London approach and projects.
- 2.2 Agree for the response to be forwarded to the Healthier Communities Select Committee.

## 3. Policy Context

- 3.1 The current policy context is the Health and Social Care Act which became law in March 2012 and provided the legal basis for the transfer of public health functions from the NHS to local authorities on 1 April 2013.
- 3.2 The Health and Social Care Act (2012) places a statutory obligation on the Council, Clinical Commissioning Group (CCG) and the NHS Commissioning Board to develop a Joint Strategic Needs Assessment to produce a joint Health & Wellbeing Strategy to meet the needs identified needs identified.
- 3.3 The historical policy context include: Saving Lives: Our Healthier Nation (Department of Health); Modern Local Government: In touch with the people (Department of Environment and Transport); Preparing Community Strategies Government Guidance to Local Authorities (Department of Environment and Transport); and A New Commitment to Neighbourhood Renewal: National Strategy (Social Exclusion Unit). These were policies introduced during the period the community health initiatives in this report were starting.

- 3.4 Community-based interventions or initiatives are often used in public health practice as a means of helping improve the health of populations in a defined geographical area. Such initiatives often consist of several interacting projects. There are presently two such initiatives up and running in Lewisham; the North Lewisham Health Improvement Programme and the Bellingham Well London Programme. Another two initiatives; one in Lewisham and the other in Downham are at the early exploratory stages.
- 3.5 The activities of the community based health initiatives in Lewisham are consistent with public health priority areas identified in the National Public Health Outcomes Framework as well as the Lewisham Joint Strategies Needs Assessment and the Lewisham Health and Wellbeing Strategy. The Lewisham health and wellbeing priority outcomes are: reduction of CVD and cancer mortality; Achieving a Healthy Weight; Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years; Improving Immunisation Uptake; Reducing alcohol harm; Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking; Improving mental health and wellbeing; Improving sexual health; Delaying and reducing the need for long term care and support.
- 3.6 The community health initiatives also contribute to the priority outcomes of Lewisham's Sustainable Communities Strategy (Healthy, Active and Enjoyable).
- 3.7 Furthermore, the community health initiatives contribute to Lewisham's Adult Integrated Care Programme which is supported by the Better Care Fund (BCF). Many of the projects and activities of the community health initiatives, particularly those directed at prevention and behaviour change, contribute to health and social care integration.

#### **4. Background**

4.1 The Healthier Communities Select Committee initially received an update report on the 11<sup>th</sup> December 2013 on the North Lewisham Health Improvement Programme and the Bellingham Well London Programme and then a follow up report on 2<sup>nd</sup> December 2014. These programmes are co-ordinated by LBL Public Health.

#### **4.2 The North Lewisham Health Improvement Programme**

This programme was established in 2008, as part of the implementation of the Lewisham Health Inequalities Strategy in response to recommendations by the Lewisham Strategic Partnership. The aim of this programme was to take a community development approach to improving the health of residents in Evelyn and New Cross wards in order to reduce inequalities in health in these wards as compared with the rest of Lewisham Borough. The learning from the programme was to be transferred, if appropriate, to other areas in the borough with similar health challenges.

#### 4.3 The Bellingham Well London Programme

As part of the national Neighbourhood Renewal programme Bellingham was one of five Neighbourhood Management areas in 2006 -2008 where health partners and the local authority worked together at a local level to help address health issues. As the Neighbourhood Renewal programme drew to a close, the Well London programme, in consultation with the Primary Care Trust Public Health department and the Bellingham Health Forum, utilised the Well London programme as an opportunity for sustaining some of the partnership working on health that had been developed.

4.4 The Well London programme was ideal because it provided a coherent framework for integrating a range of existing community engagement, consultation, investments and activities to increase reach, efficiency and effectiveness at the very local level. It also supported a community development approach, building individual and community capacity for well-being and resilience through core, capacity building and locally prioritised theme projects focussing on specific issues and needs. Furthermore, the programme was underpinned by robust research and evaluation led by Institute of Health and Human Development at University of East London.

4.5 Bellingham became one of 20 neighbourhoods in London that the Well London Phase 1 worked with between 2007-2011. Phase 1 led to some positive outcomes which were recognised in 2011. It received the Royal Society of Public Health Award and was endorsed by Professor Sir Michael Marmot who said:

*‘.....Empowering individuals and communities, and giving people a voice is integral to addressing health inequalities. I am delighted the Partnership has achieved well-deserved recognition for its work.’*

4.6 With the continued support of Big Lottery in 2012, Bellingham continued as a Phase 2 and is currently one of 11 areas in 9 London boroughs.

### 5. Response

5.1 On the 2<sup>nd</sup> December 2014, members of the Healthier Communities Select Committee considered a report from Public Health on the progress made on the delivery of community health initiatives, how the projects within these initiatives were contributing to the delivery of public health policy, and a proposal for their future sustainability. A link to this report is provided below under background documents.

5.2 The Committee commended the value and success of the community health initiatives in Bellingham and North Lewisham and welcomed efforts to extend funding for the Well London Phase 3. The Committee placed on record its support for the Well London approach and projects based on similar principles and requested the Mayor to do the same.

- 5.3 Both programmes have continued to engage individuals, agencies and communities in their respective geographical areas in health improvement activities and projects. Apart from positive healthy lifestyle outcomes, the programmes also contribute to creating community resilience by building individual and community capacity for well-being.
- 5.4 Since the report of the 2<sup>nd</sup> December 2014 to the Healthier Communities Select Committee, Public Health has continued discussions with the Greater London Authority and University of East London who are leading on resourcing the Well London Phase 3 programme. Lewisham remains one of the preferred candidates for the Phase 3 funding, based on the plan outlined in section 7.3 of the report, referenced below.
- 5.5 The Well London Phase 3 (from 2015) is now being planned by the GLA and UEL to cover much larger and/or whole commissioning areas. This will mean working at larger scale in each site, but with a smaller number of local authorities, RSL/Housing Associations and/or CCGs or Federations of GP Practices and with potential for new links with secondary care. It will involve establishing a number of Well London 'hubs' across the commissioning area/s, focussing on the most disadvantaged neighbourhoods and with wider coverage being achieved through the ripple effect observed in the previous Phases.

## **6. Financial Implications**

- 6.1 The work described in this report would not involve any net cost to the Council but would be funded externally. UEL and GLA have indicated that the level of funding per Well London site would range from approximately £70,000. Additional funding will be provided depending on how many hubs each site intends to develop. The level of this additional funding is yet to be worked out.
- 6.2 Funding of these programmes in the future, as described in this report will not be adversely affected by any proposed savings identified in the PH budget for 2015/16.
- 6.3 The financial implications will be dependent on the outcome of the discussions with the GLA and UEL on future funding. A report will be made to Mayor and Cabinet once at the earliest opportunity once the outcome is known.

## **7 Legal Implications**

- 7.1 There are no specific legal implications arising from this response, save for noting that the Council's Constitution provides that the Executive may respond to reports and recommendations by the Overview and Scrutiny Committee.

## **8 Crime and Disorder Implications**

There are no specific crime and disorder implications arising from this report.

## **9 Equality Implications**

- 9.1 There are no specific equalities implications arising from this report however addressing health inequalities is a key element of the Lewisham Health and Wellbeing Strategy.
- 9.2 An Equality Analysis Assessment (EAA) was carried out on the Lewisham Health and Wellbeing Strategy.

## **10 Environmental Implications**

- 10.1 There are no specific environmental implications arising from this report.

### **Background Documents**

Report to the Healthier Communities Select Committee on the Sustainability of Community Health Initiatives (2<sup>nd</sup> December 2014):

<http://councilmeetings.lewisham.gov.uk/documents/s32344/07%20Sustainability%20of%20community%20health%20initiatives%20021214.pdf>

If there are any queries on this report please contact **Danny Ruta, Director of Public Health** on 020 8314 8637.

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Healthier Communities Select Committee			
Title	The Lewisham Safeguarding Adults Board Annual Report for 2013-14		
Contributor	Executive Director for Community Services	Item	7
Class	Part 1 (open)	24 February 2015	

## Reasons for lateness and urgency

The report has not been available for 5 clear working days before the meeting and the Chair is asked to accept it as an urgent item. The report was not available for despatch on Thursday, 12th February because some of the key data had not been finalised. The report cannot wait until the next meeting because it has been delayed for some time so it is recommended that it is taken at this meeting.

### 1. Summary

- 1.1 This report and accompanying papers provide the Healthier Communities Select Committee with detail of the work of the Lewisham Safeguarding Adults Board (LSAB).

The Annual Report for 2013-14 summarises the key messages from the Lewisham Safeguarding Adults Board (LSAB). The report also highlights the activity that has taken place during 2013/14 to ensure that all organisations in Lewisham work in partnership to promote safeguarding adults and the prevention of abuse.

### 2. Recommendations

- 2.1 It is recommended that the Healthier Communities Select Committee:
- Note and comment on the achievements to date in the annual safeguarding report 2013/14.
  - Note and comment on the goals that were set for 2014/15.
  - Note the budget pressures that will be generated over the coming year to manage the growing and critical area of demand in relation to Deprivation of Liberty Safeguards (DOLs).

### 3. Policy context

#### 3.1 National Policy

Safeguarding Adult Boards were originally developed following DH guidance issued in 2000 entitled 'No Secrets'. Although there were no legislative requirements, the guidance set out the Government's expectations for areas to establish multi agency safeguarding adult boards.

The guidance advised that key statutory and voluntary sector agencies, led by the local authorities, met regularly to oversee and promote a range of activities to

protect vulnerable adults. It also advised on the production of an annual report on activity undertaken and plans for the forthcoming year.

The Care Act 2014 has replaced 'No Secrets' and brings together a multiplicity of current legislation and guidance –which relates to adult social care - into one place. It will place the LSAB on a statutory footing for the first time, in line with children's safeguarding arrangements from April 2015.

The Local Authority will remain the lead agency for adult safeguarding. The Act places a 'duty to co-operate' on statutory agencies in order to enhance the current working arrangements.

It places new legal duties on how local authorities and partner agencies respond to 'concerns' about adults at risk, and stipulates that safeguarding boards must hold formal case reviews in certain circumstances.

Safeguarding Adult Boards must now produce an annual report, strategy and plan. In addition Boards will have a greater strategic role to hold the partnership of agencies to account for delivery of the strategy and the performance and quality of services.

It should be able to ensure the effectiveness of the partnership in preventing and helping adults at risk, and will have significant powers to demand action, from partner agencies.

The CQC as the regulator of care for health and social care is one of the most important partner agencies for safeguarding boards. During the last year the CQC has undergone a national review of their regulatory approach and has strengthened some areas of practice. The CQC's stated intention is that they are to be represented within the work of all safeguarding adult boards.

The Deprivation of Liberty Safeguards (Mental Capacity Act, 2005) help ensure that an institution only restricts an individual's liberty safely and correctly, and only when all other less restrictive options have been explored. The Local Authority manages this process and reports to the local Safeguarding Adult Board. In March 2014 the Supreme Court judgment in the case of "*P v Cheshire West and Chester Council and another*" and "*P and Q v Surrey County Council*" lowered the threshold for a deprivation and significantly widened the scope of the Mental Capacity Act Deprivation of Liberty Safeguards themselves. The impact on Lewisham Adult Social Services is described in the LSAB report

### 3.2 Local Policy

In 2011, a London-wide multi agency policy and procedure was launched for safeguarding adults which Lewisham adopted the same year. This has been the practice guidance used since 2011 and has driven changes to local agency policy and procedures. An updated version of the London wide policy is being developed at the time of writing this report and will be available in April 2015.

The work of the LSAB contributes to the 'Safer' priority within the Lewisham Sustainable Community Strategy supporting people to live free from abuse.

#### **4. The Lewisham Safeguarding Adults Board Key Achievements 2013/14**

4.1 The activity and next steps of this Board were reported to the Committee in the previous financial year. The outcome of work undertaken in 2013/14 is described below.

4.2 The aim was to strengthen the governance and accountability of the LSAB through agreement by all partners to a Compact describing expectations of each organisation as a member of the Board.

The LSAB Compact final document went to all partner agencies for agreement at the September 2013 LSAB meeting for their endorsement and agreement.

4.3 The aim was to strengthen and align the strategic work of the partnership agencies to develop a cohesive Lewisham Safeguarding Adults Strategy and Business Plan to guide the work and bring resources together.

This process is ongoing as it will now need to encapsulate the requirements of the Care Act 2014 and the Care and Support Statutory Guidance.

4.4 The aim was to establish an identity and raise the profile of the work of the Board and the partnership to engage with the wider community and partnerships and promote awareness.

During 2013/14 members of the Board have been involved more closely with the work of the Safer Lewisham Partnership and the initiatives of the borough's Crime Reduction Services.

Work in partnership with the membership of the board and Crime Reduction Services to implement the action plan following a domestic homicide review, has resulted in a conference for practitioners across the partnerships that raised further awareness and promoted the use of risk assessment strategies in relation to the combination of domestic abuse, mental health needs and drug abuse. Another event is planned for 2015.

In order to promote further awareness of adult safeguarding within the wider community an article about safeguarding adults was placed in the December 2013 quarterly edition of the community newspaper 'Lewisham Life'.

4.5 Work has taken place within the Quality and Performance sub group to establish a multi-agency quality assurance and performance reporting framework. The information gathered will provide the Board with an opportunity to analyse the standards and quality of services and to identify areas of risk that may require intervention from the partnership agencies.

4.6 Agreement was made by the LSAB in December 2013 to undertake an audit using the newly drafted NHS England Safeguarding Adults at Risk Self-Assessment tool. The outcome of this process will be reported in the 2014/15 LSAB annual report.

#### **5. The objectives for 2014/15**

- 5.1 The review of activity undertaken in 2013/14 has led the Board to set the following goals for 2014/15 and 2015/16. They are described below and aligned to the work streams of the Board and its sub groups.
- 5.2 Under the governance and partnership work stream of the LSAB it has been identified that there are further opportunities to increase the effectiveness of partnership working, to enhance preventative work and the reduction of risk to adults in the community. For example, ensuring that Home Fire Safety visits referrals to the London Fire Brigade are included on assessment checklists for all health and social care staff who visit people in the community.
- Another objective within this work stream is to finalise the governance and strategic strengthening for the operation of LSAB and its activities to comply with the Care Act 2014.
- 5.3 The policies, protocols and procedures work stream will be centred on completion of review all existing LSAB policies, protocols and procedures to ensure they are Care Act compliant. Additionally work will take place to establish the new arrangements for care of pressure sores across the health and social care economy.
- 5.4 The training and workforce development work stream will be delivering phase 2 of the Making Safeguarding Personal (MSP) project, and embedding the learning from phase 1 of the MSP project across the partnership. A key focus of the work within this subgroup will be to continue reviewing training programmes to ensure they meet the requirements for Care Act 2014 compliancy.
- 5.5 The Safeguarding Adult Review panel has identified that learning from Safeguarding Adult reviews occurring nationally and locally needs to be more effective across all agencies. Strategies for this will be developed in 2014/15.
- 5.6 The Quality and Performance objectives are ongoing from work carried out in 2013/14. Completion of both the implementation of the Lewisham Adults Quality Assurance and Performance Framework and the Safeguarding Adults at Risk Self-Assessment Audit are essential to the LSAB oversight of the effectiveness of the Board. Analysis of this information will also be important in respect of informing the LSAB's strategy and business plan.
- 5.7 The Communication and Engagement work stream will deliver the 'brand' for the LSAB for use across the borough in raising awareness and promoting safeguarding adults information. Further events are planned to share learning from the current guidance, local and national case reviews and good practice from Safeguarding Adults activity. The brand and information is to be used in the redesign of a Safeguarding Adults web page (on the LBL website) to highlight the work of LSAB and all the partner agencies.

## **6. Financial implications**

- 6.1 There will be an increased number of applications for DOLS. The costs for this increase in workload for Lewisham Adult Social Care Services is anticipated to be £250,000.

## **7. Legal implications**

7.1 There are no additional legal implications arising from this report.

## **8. Crime and disorder Implications**

8.1 There are no specific crime and disorder implications arising from this report. However, the LSAB works in close collaboration with Safer Lewisham Partnership members to ensure joint approaches to overlapping issues such as domestic violence and hate crimes.

## **9. Equalities implications**

9.1 The LSAB has a leading role to ensure that all people in Lewisham are aware of adult abuse, have information on how to recognise it and where to report their concerns. In particular it ensures that those most at risk such as older adults, those people with learning disabilities and those people with mental health needs are advised and supported to recognise abusive behaviour and how to alert services.

9.2 In analysing the activity data collected, the LSAB is able to both provide information and identify trends in relation to the types of people being abused and the alleged perpetrators. This is invaluable in directing the Board to target activity and interventions towards those individuals, groups or sections of the community most at risk. This further enables the Board to understand the data in terms of those protected characteristics outlined in the Equality Act 2010.

## **10. Environmental implications**

10.1 There are no environmental implications arising from this report.

## **11. Conclusion**

11.1 This report highlights the progress the LSAB partnership has made during 2013/14 and work still to be done in preparation for the impending statutory status and responsibilities. Nevertheless the foundations were laid in 2013/14 and the work that is underway this financial year is anticipated to deliver the set goals.

### **Background documents**

*No Secrets DH 2000 [No Secrets: guidance on protecting vulnerable adults in care - Publications - GOV.UK](#)*

*The Care Act 2014 [Care Act 2014 Part 1: factsheets - Publications - GOV.UK](#)*

*Care and Support Statutory Guidance 2014 [Care Act 2014: statutory guidance for implementation - Publications - GOV.UK](#)*

*The Mental Capacity Act 2005 [Mental Capacity Act 2005](#)*

*Protecting adults at risk: London Multi Agency Policy and Procedure to safeguard adults from abuse* <http://www.scie.org.uk/publications/reports/report39.pdf>

If there are any queries on this report please contact Cheryl Spencer, Safeguarding Strategy Development officer, Tel: 020 8314 6139.



**Lewisham Safeguarding Adults  
Board  
Annual Report  
April 2013-March 2014**

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## Foreword



I am pleased to introduce the Lewisham Adults Safeguarding Board (LSAB) Annual Report for 2013-2014. The LSAB faces some challenging times ahead in meeting the requirements of the Care Act which comes into force in April 2015. During this year the LSAB has laid the foundations in terms of key areas of activity. Work has continued within the Local Authority to ensure that the principles of the national initiative 'Making Safeguarding Personal' are developed and embedded, thus ensuring that adults at risk get the outcomes they want from safeguarding actions and are empowered by the safeguarding processes in Lewisham.

The Safeguarding Board has continued to identify where the safeguarding adult work priorities lie and to focus on these, for example, improving the quality of commissioned care, and improving the management of pressure ulcers in health and social care settings are themes identified in 2012/13.

In moving forward the LSAB has set priorities and actions for 2014-15 to be in a position to meet the new statutory duties of the Care Act and the statutory guidance which accompanies this significant legislation.

Chris Doorly  
Independent Chair: Lewisham Safeguarding Adults Board

## Executive summary

The Lewisham Safeguarding Adults Board annual report 2013/14 provides an overview of the boards achievements against priorities identified in the previous year. Going forward progress against these priorities and additional challenges will continue to ensure the board meets the statutory requirements of its role that comes into effect in April 2015.

There were 632 safeguarding alerts during 2013/14 compared to 795 in the previous year, with 411 alerts and 409 alerts each year respectively, needing further investigation as safeguarding adult cases. This indicates that awareness of safeguarding adult's issues is remaining at a fairly steady level and that knowledge of what is a safeguarding adult concern is improving.

To further support continued improvement of safeguarding practice Lewisham signed up to the national programme "Make Safeguarding Personal ", and began the journey towards a greater focus on recording and achieving the desired outcomes expressed by the adult at risk of harm or abuse. This approach has meant the individual is at the centre of the process and retains control over decisions and actions taken.

Work to meet the requirements of the Deprivation of Liberty safeguards (DOLS) has remained a high priority and new legal rulings announced in March 2014 will challenge those standards. Applications have increased throughout the year which means that more people are receiving the protection of these safeguards than ever before, requiring the Board to be more vigilant in its overview of this activity.

To help support the development of improved safeguarding practice across the partnership, the board has revised its approach to serious case reviews, renaming these safeguarding adult reviews, in line with the requirements of the Care Act. Learning from this work will be disseminated widely across the Board partnership.

An analysis of safeguarding trends has identified the need to focus on reducing the risks of pressure ulcers by providing training and support to care providers on the management of pressure care. A common assessment tool is used to categorise the ulcer and treatment pathway. This project is continuing and the results will be available for the 2014/15 Board report.

A key focus of the Board's work has been to ensure that training is provided so that staff and other key partners, such as voluntary and independent sector provider organisations are able to understand their responsibilities to safeguard adults at risk of harm or abuse. The Board's training and development programme provided mainly through Lewisham Council and key statutory partner agencies, offers a programme that covers awareness training, investigator training, and opportunities for e-learning depending on the level of safeguarding knowledge and expertise required by each worker. This will be reviewed in the coming year to accommodate changes to practice stemming from the Care Act.

As the new legislative responsibilities from the Care Act 2014 have been understood by the Board, it has become clear that oversight of partner agencies performance and quality assurance is vital. To ensure the effectiveness of safeguarding adult arrangements a multi-agency quality and performance framework has been progressed significantly during 2013/14. It has laid the foundations for mutual challenge and support which will allow the opportunity to apply preventative measures at an early stage as concerns are identified.

For the LSAB there are more challenges ahead and the priorities set for 2014/15 require all partners to keep up the momentum and continuity that has developed during 2013/14 to ensure the Board meets its new statutory requirements from April 2015.

## Abbreviations

ASC	Adult Social Care
AWLD	Adults with Learning Disabilities
CQC	Care Quality Commission
DOLS	Deprivation of Liberties Safeguards
GP	General Practitioner
HWB	Health and Wellbeing Board
LAS	London Ambulance Service
LBL	London Borough of Lewisham
LCCG	Lewisham Clinical Commissioning Group
LFB	London Fire Brigade
L&GNHS T	Lewisham & Greenwich NHS Trust
LSAB	Lewisham Safeguarding Adults Board
MPS	Metropolitan Police Service
MSP	Making Safeguarding Personal
MASH	Multi-Agency Safeguarding Hub
NHS	National Health Service
Q&P	Quality and Performance
SLAM	South London and Maudsley NHS Trust

## Introduction

This report details the work of the Lewisham Safeguarding Adults Board (LSAB) for the year ending March 2014. Details of the key priorities for the work of the partnership include:

- A progress summary on the priorities identified by the board last year
- Preparing the LSAB for its statutory role
- Understanding the National and local influences that effect safeguarding adults
- A description of the positive impact on practice gained from being part of the Making safeguarding personal pilot
- How the Deprivation of Liberty safeguards following the new court ruling is applied
- A summary of work undertaken by the board and its' members during 2013/14
- safeguarding adult activity undertaken by Board member agencies to deliver the aims and objectives defined by LSAB
- Priorities for the next year

## Progress report of the LSAB's work towards key priorities

The annual analysis of local activity information from member organisations, case reviews nationally and locally, and any new research or initiatives alongside the context described in the demographics and safeguarding activity data directs and shapes the work priorities for the board. This section details the key priorities from last year's report (2012/13) and the progress achieved during 2013/14:

### Priority 1

Strengthen and align the strategic work of the partnership agencies to develop a cohesive Lewisham Safeguarding Adults Strategy and Business Plan to guide the work and bring resources together.

### Outcome

This process has continued as it now needs to reflect the requirements of the Care Act and the Care and Support Statutory Guidance. Further work is planned with senior managers of the key partner agencies during 2014 - 2015 to ensure the strategy and business plan for the LSAB fully reflects the expectations of the Care Act for all member organisations.

### Priority 2

Monitor Lewisham's progress in response to the recommendations of Winterbourne View Hospital enquiry and the Francis Report.

### Outcome

Updated reports were received by the LSAB at the June 2013 meeting which highlighted the need for an overview and analysis of service quality and performance information for all services across the borough, as well as those used externally. It was agreed that the issues raised and requisite actions for Commissioning services, safeguarding adult services, the safeguarding adults partnership governance, and quality and performance monitoring approaches across the partnership will be continue to be reported to the LSAB,

and some of the work was subsumed into the tasks of the LSAB subgroups (see Quality & Performance sub-group report below).

### **Priority 3**

Establish a Lewisham Safeguarding Adults Board Compact which describes the role of the LSAB and what is expected of each organisation as members of the LSAB.

#### **Outcome**

The LSAB Compact final document went to all partner agencies for agreement at the September 2013 LSAB meeting for their endorsement and agreement.

### **Priority 4**

Agree an audit process to assess performance of the Safeguarding Board multi-agency partnership organisations.

#### **Outcome**

An agreement was made by all agencies at the December 2013 LSAB meeting to undertake an audit using the newly drafted NHS England Safeguarding Adults at Risk Self-Assessment tool. The final version of this tool was issued in January 2014 and it was agreed at the April 2014 LSAB meeting that the work to complete the audit would be undertaken. The Challenge and Support Events to consider the submissions were then held in September 2014. The outcome of this process will be reported in the 2014/15 LSAB annual report.

### **Priority 5**

Produce a Lewisham Adult Safeguarding Workforce Development Plan.

#### **Outcome**

Progress has been made and further work is now required during 2014/15 so that all health and social care agencies are able to meet the forthcoming requirements of the Care Act 2014, to improve skills and knowledge for those delivering safeguarding adults services.

### **Priority 6**

Establish a multi-agency quality assurance framework and performance reporting framework.

#### **Outcome**

The foundation stones of the both frameworks were laid during 2013/14 led by the Quality & Performance sub-group (see their report below).

### **Priority 7**

To raise the profile of the Board and its work by engagement with the wider community and partnerships

#### **Outcome**

During 2013/14 members of the Board who work with the Safer Lewisham Partnership and the initiatives of the LBL's Crime Reduction Services have shared overlapping learning and concerns with LSAB. The Domestic Homicide Review Task and Finish Group has focused on two of the reviews and there has been a strong emphasis on sharing the learning across partnerships. This group has been chaired by the Executive Director for Community Services who is also a member of LSAB and able to link DHR issues to

safeguarding adults practice. This initiated the recommendation to hold a conference organised jointly between the LSAB and Crime Reduction services focusing on domestic abuse, mental health and drug abuse. This was held in early 2014 and was well received and attended. Another event is planned for 2015.

In addition an article about safeguarding adults was placed in the December 2013 quarterly edition of the community newspaper *Lewisham Life* to inform the wider community.

## Priority 8

Work with Children's services and Children's Safeguarding Board to ensure that we have arrangements in place to work collaboratively

## Outcome

The LSAB is more closely linked to the Lewisham Safeguarding Children's Board (LSCB) both through having a joint Chair and the Director of Children's & Young People Services now attending LSAB. There has been initial exploration of joining some of the sub-group activity and having joint protocols. These options will be considered further in 2014/15 as the Board continues to implement the requirements of the Care Act 2014.

## The Lewisham Safeguarding Adults Board (LSAB)

This section describes how the Board operates and how it is working towards its statutory role.

The LSAB oversees the priorities set by the partnership and supports how organisations across Lewisham work together to safeguard adults at risk of harm or who have experienced harm or abuse. The Board meets four times a year and has an independent chair, Chris Doorly, who is also the chair of the Lewisham Safeguarding Children's Board. Chris has a background in the management of social care services as well as within the regulation and inspection of care services. She has been the Independent Chair of the LSAB for the past 3 years.

In Lewisham the Board believes that "Safeguarding is Everyone's Business". Its pledge to the people in Lewisham is that by working together and in partnership the risk of abuse or harm can be reduced by raising awareness of safeguarding to adults. As intelligence is gathered from across the partnership activity trends can be analysed and areas of concern identified so that preventative measures can be applied to keep people safe.

The approach and work of the LSAB is underpinned by the following **Safeguarding Adults Principles**:

- |                        |  |
|------------------------|--|
| <b>Empowerment</b>     | Presumption of person led decisions and informed consent.  |
| <b>Prevention</b>      | It is better to take action before harm occurs.  |
| <b>Proportionality</b> | Proportionate and least intrusive response appropriate to the risk presented.  |
| <b>Protection</b>      | Support and representation for those in greatest need.   |
| <b>Partnership</b>     | Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. |



**Accountability** Accountability and transparency in delivering safeguarding.

### **The current membership of the LSAB:**

- Lewisham Metropolitan Police
- Lewisham & Greenwich Healthcare NHS Trust
- South London & Maudsley NHS Foundation trust
- Lewisham Homes
- Lewisham Adult Social Care
- Lewisham Children & Young People's services
- Lewisham Crime Reduction and Supporting People Services
- Lewisham Clinical Commissioning Group
- London Fire Brigade
- London Ambulance Services
- Voluntary Action Lewisham
- Healthwatch Lewisham
- London & Quadrant Housing Group
- London Probation Trust
- Lewisham Public Health
- Lewisham Joint Commissioning Group
- NHS England

### **Governance and operational structure**

The work of the Board is supported by four sub-groups. They each have a focus on key work streams that enhance the effectiveness of the Board. The membership of these subgroups includes representatives from local organisations as well as the organisations represented on the LSAB itself. The diagram below shows the governance structure for the LSAB.

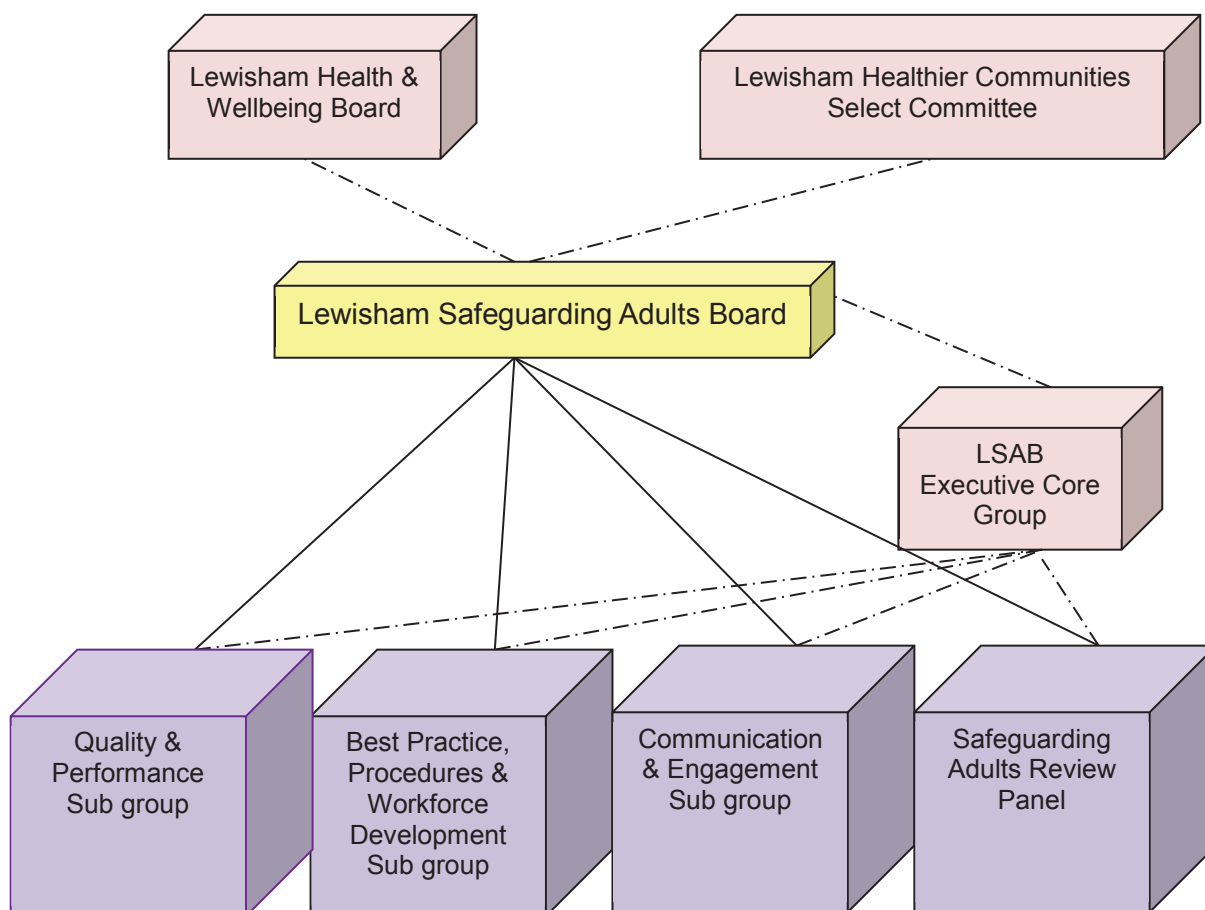
The governance of the Board is supported by the establishment of an Executive Core Group. Members of the Executive Core Group are Chief officers from the following organisations: the local authority, the Metropolitan Police Service, the Clinical Commissioning Group, South London and the Maudsley NHS Foundation Trust, Lewisham Healthcare NHS Trust, Joint Commissioning for the LBL and the LCCG, Public Health for Lewisham and the Chair of the Board. It is planned that the LSAB Executive Core Group will meet three times a year to review the effectiveness of the partnership arrangements supporting safeguarding adults work in Lewisham. It will also assist with resolving any barriers to this work and will keep a strategic steer on the work of the LSAB.

The LSAB currently provides the annual report to the Healthier Communities Select Committee of the Council in order to provide assurance of how well safeguarding adults is going in Lewisham and to identify any areas of concern and challenge. In addition there are links to the Lewisham Health and Wellbeing Board, which is a multi-agency group with statutory responsibilities. With the passage of the Care Act 2014 these relationships will evolve further.

## **Diagram 1**

### **Lewisham Safeguarding Adults Board and subgroups**





## Sub groups report about activities

The sub groups play a key role in addressing and delivering the majority of the priority actions and outcomes for the board. The membership and business plan for each group is reviewed annually and they report to the Board throughout the year. A brief summary of the year's activities for each group is shown below.

### Best Practice Policy & Procedures and Workforce Development

During 2013/14 the sub-group developed a questionnaire to map the safeguarding adult training taking place in the borough. This was widely distributed to a range of commissioned services to gather information on existing training and workforce development activity. This was the first stage development of a workforce development strategy. Activity to review policy and procedures was put on hold to await the arrival of the Care Act guidance and revised London multi-agency policy and procedures. The sub-group also sponsored the development of the Making Safeguarding Personal project (see below for more details).

### Quality & Performance sub group

In September 2013 the Quality & Performance sub-group initiated and sponsored a new project group to take on the development of a partnership wide Quality Assurance Framework to enhance and support the work of an existing service quality and safeguarding multi agency monitoring group hosted by Adult Social Care.

These are the areas of work that the project group focussed on:

- Quality Standards

- Data recording, collection and evaluation
- Systems and tools

Significant progress has been made and at the time of writing this report the new tools and collating systems are being piloted with staff.

### **Communications & Engagement sub group**

During 2013/14 the sub group wrote an article on safeguarding adults for Lewisham Life which was published in the December 2013 edition, which was well received and stimulated interest from several community groups. A safeguarding adult's presentation was also made to the Health & Social Care Providers Forum.

### **Safeguarding Adults Review Panel**

The panel met once in December 2013 to consider 3 potential SARs. It was agreed that none of the cases presented met the criteria for a serious case review. Multi-agency management reviews were commissioned for two of the cases. Both of which have been continued and completed within 2014/15 and will be reported in the LSAB annual report for 2014/15.

## **The National and Local context for Lewisham Safeguarding Adult Board**

### **The Care Act 2014**

The Care Act legislation and the guidance have had a significant impact on safeguarding adults practice and the role of the safeguarding adults' boards during 2013/14. At the time of completion of this report the guidance has been finalised and is available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/366104/43380\\_23902777\\_Care\\_Act\\_Book.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf)

In summary, the changes that the Care Act 2014 introduces are:

- That it puts safeguarding adults boards on a statutory footing;
- It makes safeguarding enquiries a corporate duty for councils under Section 42 of the Care Act;
- It makes safeguarding adult reviews (former serious case reviews) mandatory when certain thresholds have been met and the parties believe that safeguarding failures have had a part to play;
- Places duties to co-operate over the supply of information on relevant agencies;
- Places a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them;
- Re-enact existing duties to protect people's property when in residential care or hospital;
- Places a duty of candour on providers about failings in hospital and care settings, and creates a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide.

## Preparation for the Care Act in Lewisham

The new legislative changes have been anticipated for some time and are expected to impact significantly on the role of safeguarding boards and approaches to safeguarding practice. Work begun in 2012/13 has continued in 2013/14 to strengthen the governance and membership of the LSAB. With the new statutory status comes a range of scrutiny and challenge responsibilities for LSAB to ensure the effectiveness of safeguarding services within the borough.

The strategic role of the LSAB is essential in bringing partners, services and commissioners together to work cooperatively, collaboratively and openly; able to challenge one another about practice and process so that safeguarding adults is delivered effectively and sensitively and remains a priority for all partners.

## Making Safeguarding Personal Programme

In 2013 a national programme 'Making Safeguarding Personal' was launched led by the Local Government Association, in conjunction with the Association of Directors of Adult Social Services. This was a safeguarding practice improvement initiative aimed at shifting the emphasis in safeguarding adults from process, to a commitment to improve outcomes for people at risk of harm or neglect.

Local authorities were invited to participate and commit to developing a more person centred approach to safeguarding which focussed on developing a real understanding of what people wish to achieve. The project aimed to work with people to explore how to support and empower people at risk of harm to resolve the circumstances that put them at risk. Local authorities who participated needed to ensure that the recorded information could be aggregated and reported to Safeguarding Adult Boards. Lewisham's involvement is described within the report from Lewisham Adult Social Care Services.

## Mental Capacity Act Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DOLS) provide additional protection for the most vulnerable people living in residential homes, nursing homes, hospital environments and supported housing through the use of a rigorous, standardised assessment and authorisation process. They aim to protect those who lack capacity to consent to arrangements made in relation to their care and/or treatment, but who need to be deprived of their liberty in their own best interest to protect them from harm. They also offer the person concerned the rights:

- to challenge the decision to deprive them of their liberty;
- for a representative to act for them and protect their interests; and
- the right to have their status reviewed and monitored on a regular basis.

DOLS help ensure that an institution only restricts liberty safely and correctly and only when all other less restrictive options have been explored. The Local Authority manages this process and reports to the local Safeguarding Adult Board. In March 2014 the Supreme Court judgment in the case of "*P v Cheshire West and Chester Council and another*" and "*P and Q v Surrey County Council*" lowered the threshold for a deprivation and significantly widened the scope of the Mental Capacity Act Deprivation of Liberty Safeguards themselves. The impact on Lewisham is described in the report from Lewisham Adult Social Care Services.

## Care Quality Commission

During 2013/14 the Care Quality Commission (CQC) underwent significant review and reorganisation in the wake of the recommendations from the report on the Winterbourne View Hospital and the Robert Francis report on Mid Staffordshire Hospital. A new strategy and plans for service changes were developed and consulted on nationally.

Following the outcome of the consultation the following changes were implemented:

- New inspection regimes for NHS services and mental health trusts were established,
- New fundamental standards put in place, chief inspectors appointed
- Five basic questions asked of services including 'Are they safe?'
- Appointment of lead inspectors of teams specialising in certain areas of care with skilled and expert staff
- Programmes for failing providers to quickly take action to protect those people affected.
- Processes for listening to carers and people's experience of services
- Publish better information for the public
- More thorough tests for those applying to be care providers
- Closer working with partners in health and social care to improve quality and safety of care and coordinate work more effectively

The CQC Safeguarding protocol put in place in early 2013 defined their relationship to local SABs so that work could be undertaken together to deliver safer services. The new CQC approach to inspection has overlapping areas with the role and priorities of SABs. It further reinforces the need to work closely so that there is efficient oversight of the standard and quality of service delivery.

## Demographics and demand for services in Lewisham

The following information describes the demographic context that impacts on safeguarding activity.

Some 275,000 people live in Lewisham. The borough has a young population, with a quarter of residents aged between 0 – 19. By contrast, just under 10% of the population is aged over 65. By 2021, Lewisham's population is expected to increase to 321,121, an increase of over 44,000 residents in a 10 year period. The number of residents aged over 65 is projected to be 9%.

There is no common definition of disability, but 14% of residents identify themselves as being limited in carrying out day-to-day activities. Just over 8% of residents identified themselves as providing unpaid care to a friend or relative. This percentage has remained the same since the 2001 Census.

As a locality, Lewisham is the 15th most ethnically diverse local authority in England. Two out of every five Lewisham residents are from a black or minority ethnic background. There are over 170 languages spoken in the borough.

Lewisham is the 31<sup>st</sup> most deprived local authority in England, and relative to the rest of the country its levels of deprivation are increasing.

From Lewisham's Joint Strategic Needs Assessment (JSNA) we know that, in general, people in Lewisham feel healthy. 83% of residents identify themselves as having good health or fairly good health. However, 5% identify themselves as having poor health or very poor health.<sup>1</sup>

Approximately 5,300 people received a service from Lewisham Adult Social Care Services during the course of 2013/14. 3,200 were aged 65 or more years old and approximately 72% of this group had physical health problems or physical disability as their primary need. 27% had a primary mental health need, with 1% having a learning disability. For 18 to 64 year olds, approximately 2,100 people per year; 30% had physical health or physical disability as a primary need for support, 29% had a learning disability and 41% mental health problems.

In summary, health outcomes vary across the borough. While some parts of the borough experience relatively good health, others experience high levels of ill health, deprivation and disability. Relating these factors to the current safeguarding referrals and areas of Lewisham could prove a useful in identifying those people most likely to be at risk of harm or abuse and for developing strategies to tackle these potential higher risk groups

## **Report of the Safeguarding Adult activity in Lewisham**

This section describes the detail of safeguarding activity carried out by Lewisham Adult Social Care Services and partnership agencies. This activity reported annually to the Department of Health is compared to other London boroughs and established national trends. Details of the comparator boroughs can be found in appendix 2 of this report. A summary of key data is set out below:

### **Safeguarding Referrals between 2009/10 and 2013/14**

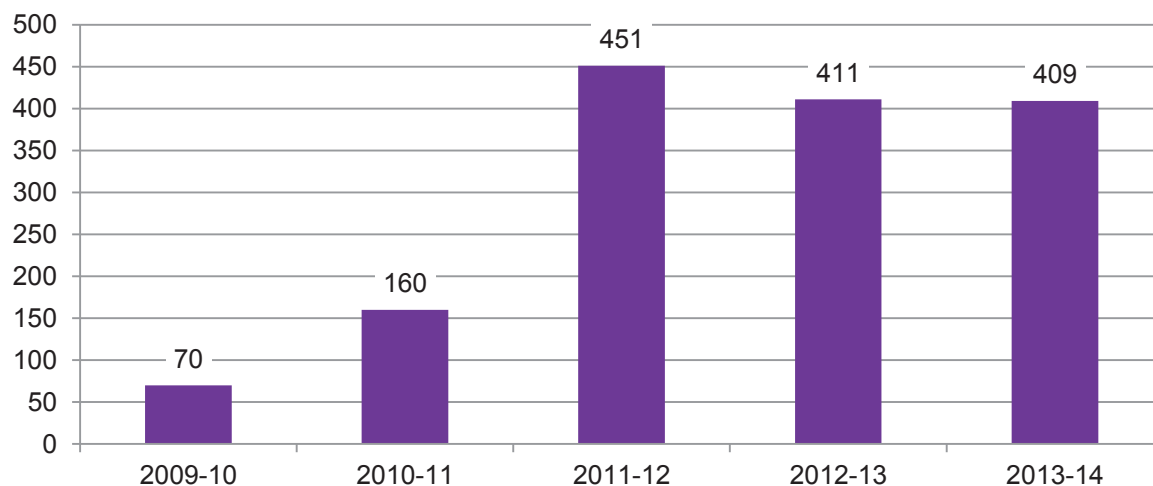
The SAR (Safeguarding Adults Return) data shows that numbers of referrals remain about the same for this reporting period, with 409 referrals made to the safeguarding teams for further investigation. In 2013/14 referrals in Lewisham were below average compared to our statistical neighbours, (see chart below). By way of comparison, Lambeth had over 1,000 referrals, whilst Merton had less than 200. Upon further analysis of this data by the Department of Health it is felt that the figures have been defined differently in each Local Authority and therefore not easily comparable.

Lewisham, for example, screens all safeguarding concerns through a qualified Safeguarding Adults Manager before they are recorded as a referral, rather than recording every alert received as a referral, which makes our figures appear lower. Lewisham referral rates have levelled off during the last few years and it is generally felt that this is because there is now a wider understanding of safeguarding, although the LSAB will continue to raise awareness in the local community to ensure everyone who could be concerned about an adults wellbeing and safety will know how to make a referral or to raise a concern.

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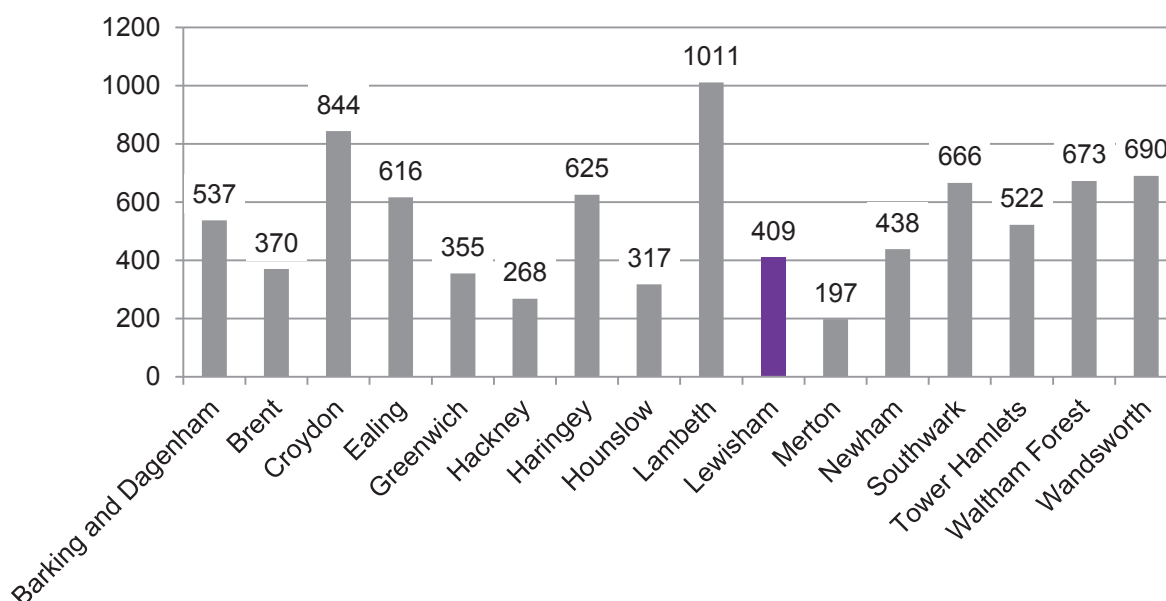
<sup>1</sup> Census 2011

## Numbers of Lewisham residents for whom a referral was made during the year



2013/14 NASCIS - Final Release - SAR

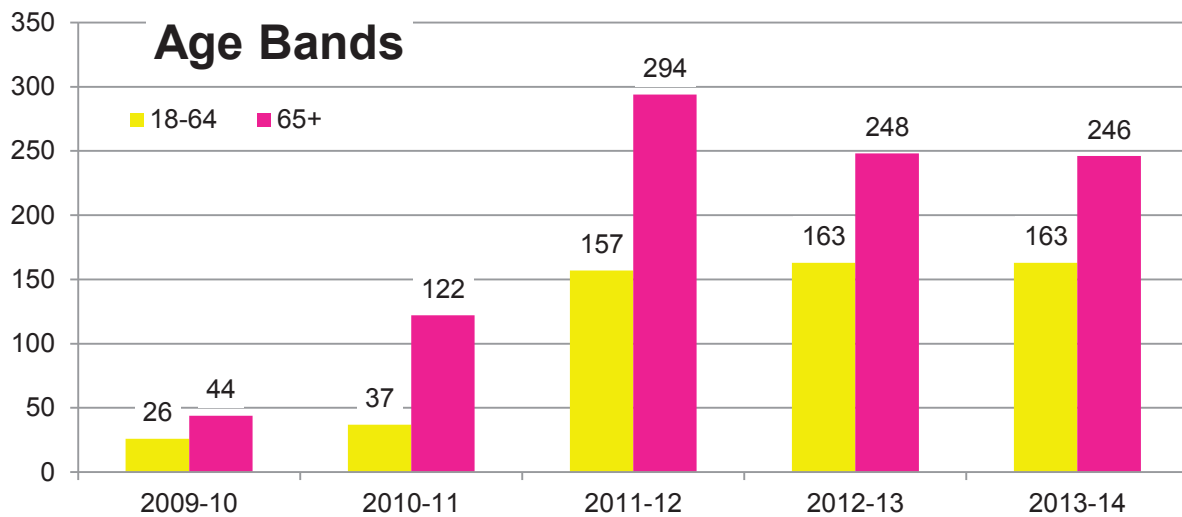
## Lewisham Comparator Neighbour information - Numbers of individuals for whom a safeguarding referral was made in 2013-14



2009/10-2013/14 Annual Comparisons, SAR – Lewisham Final Data

## Age of People Being Referred

Most safeguarding investigations relate to older adults aged 65+. Adults with a physical disability, including a sensory impairment, are the most likely to be referred. This trend is in line with Lewisham's comparator boroughs and previous years.

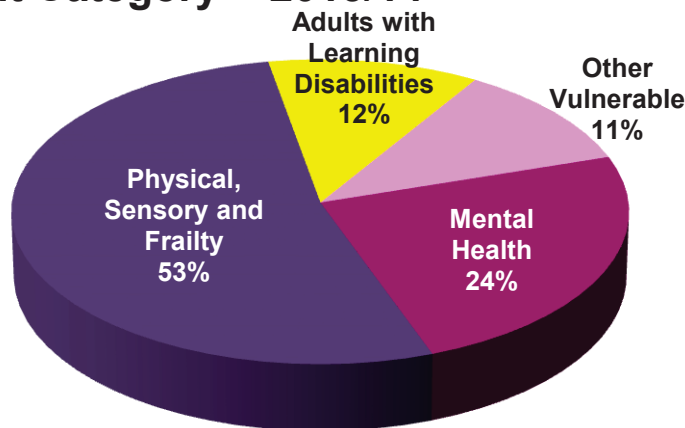


2013/14 NASCIS - Final Release - SAR

### Needs of People Being Referred

The client category (which is changing to be known as the primary support reason from April 2014) continues to show most as having physical, sensory and frailty needs.

### Client Category - 2013/14



2013/14 NASCIS - Final Release - SAR

### Referrals by Ethnic Group 2009/10 to 2012/13

Fewer people from Black and Minority Ethnic (BME) communities were referred than the overall ethnic profile of Lewisham's 18 population might suggest. However, this may reflect that the majority of referrals were from for adults aged 65+, and as the 65+ BME community is smaller than the overall population at around 27%. A small percentage was unknown, so the figures do not total a 100%.

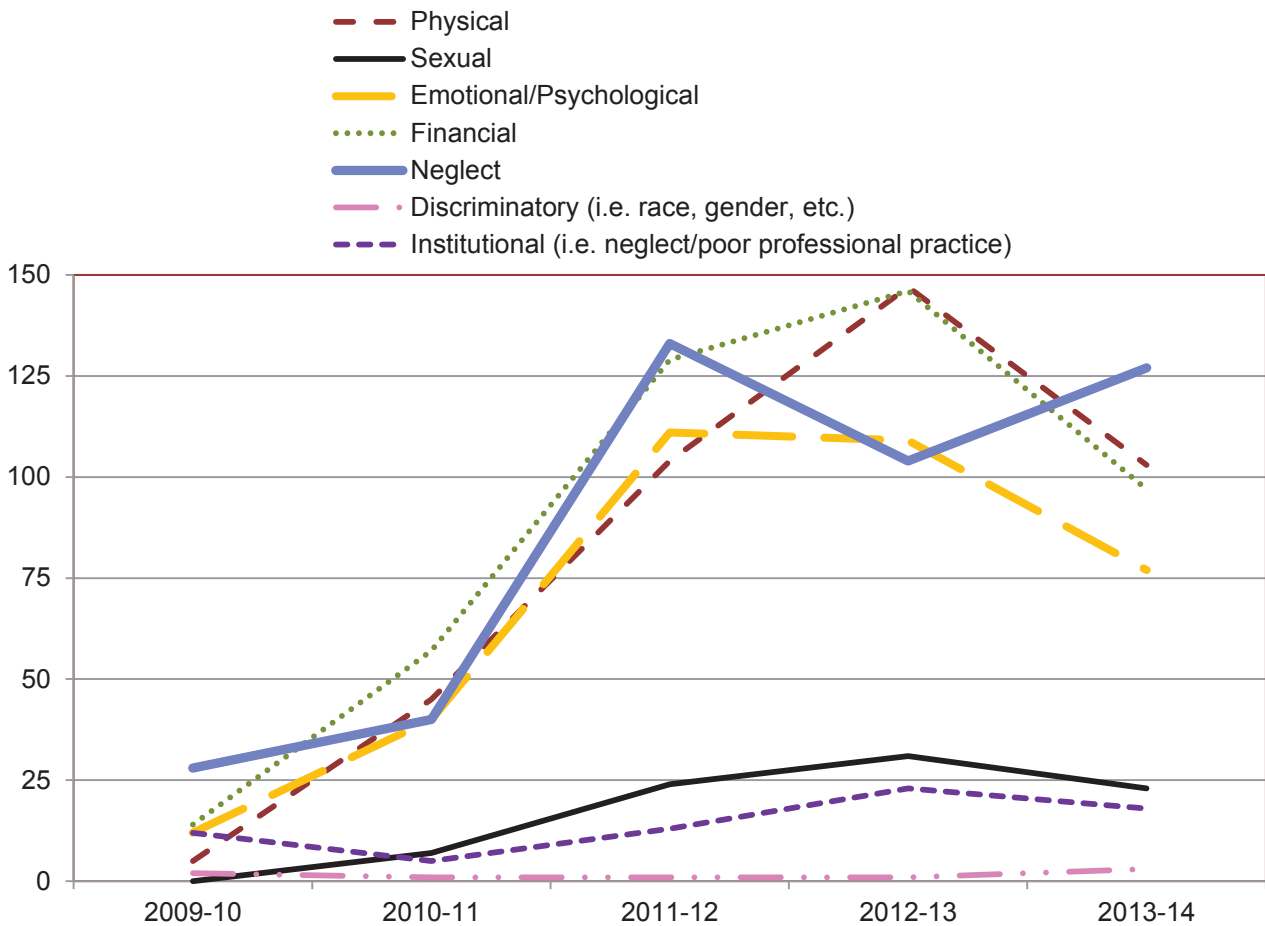


## Referrals by Ethnic Group



2013/14 NASCIS - Final Release - SAR

## Type of abuse by case numbers - 2013/14



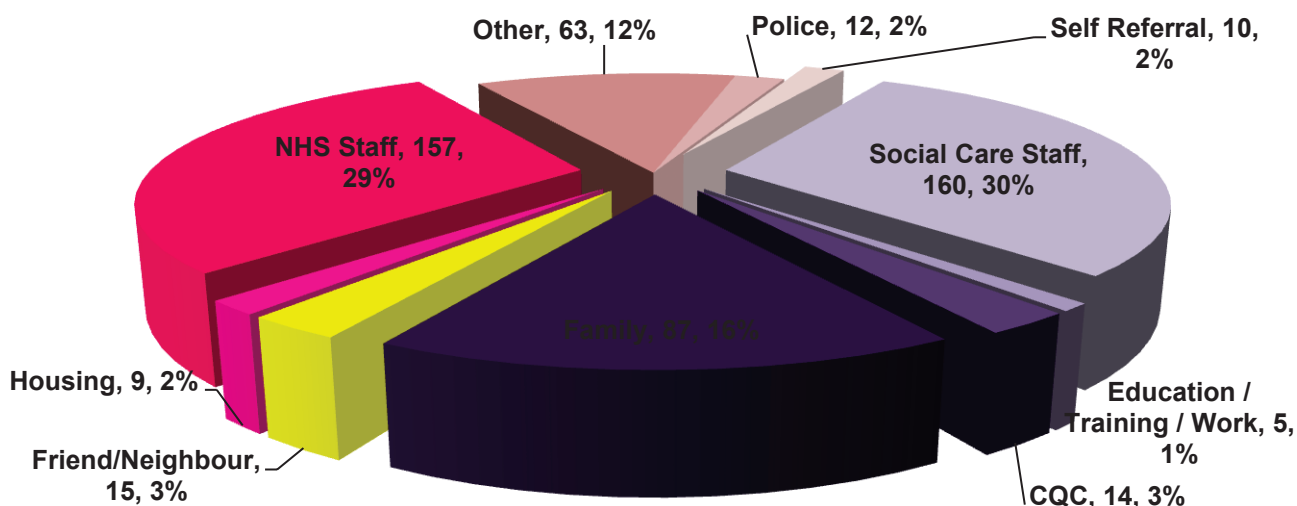
2013/14 NASCIS - Final Release - SAR

## Referral Source

The chart shows a good balance of referrals from most organisations, although the number coming from the Police (12) are down on 2012/13 (22). (Other, includes the voluntary sector and the London Fire Brigade).



### Source of Concluded Referrals

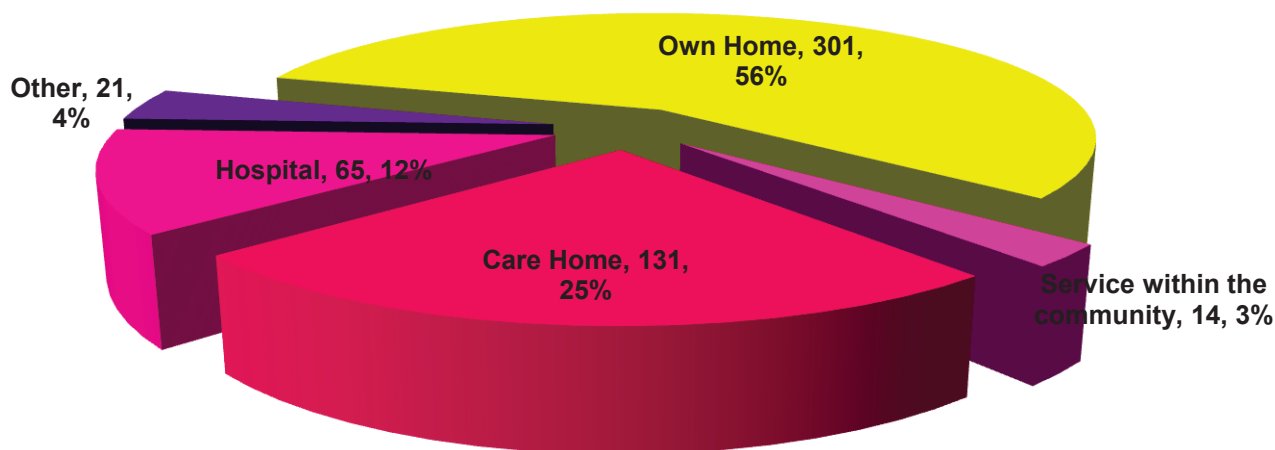


2013/14 NASCIS - Final Release - SAR

### Location of the alleged risk or harm

The alleged abuse was more likely to be in someone’s own home (56%) than in any other setting, including a residential and nursing care home setting. The source of risk or harm in one’s own home continues to be most likely perpetrated by a family member (51%), of which partners form 10% and other family members 41%.

### Location or Setting of Risk

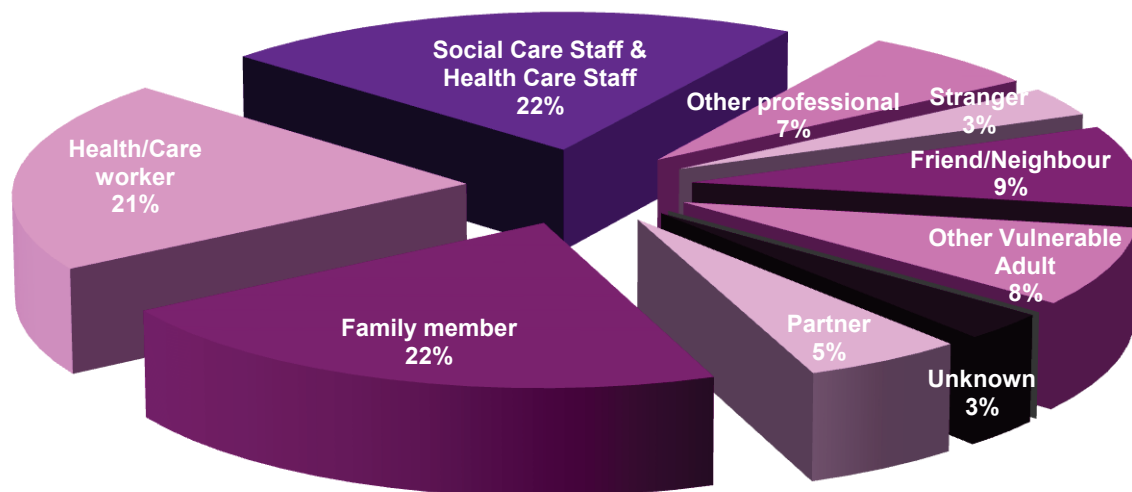


2013/14 NASCIS - Final Release – SAR

### The source of the risk or harm

The source of risk or harm in one's own home was most likely to be a family member (27%), which included partners (5%) and other family members (22%). As in previous years, family members are the most likely source of harm or risk with social care staff being the second most cited source, but the percentage of alleged perpetrators being family member has dropped from 54% of cases in 2012/13.

### Source of Risk to the Adults - 2013/14



*Alleged person to have caused harm or abuse, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data*

### Analysis of data

The data recorded provides the LSAB with evidence that identifies trends and supports any need for preventative intervention from across the partnership. From the data we can see that neglect (131) and physical abuse (102) were the most reported types of abuse, representing a quarter of all referrals.

The increase in neglect is significant compared to 2012/13 (104). However, on average our comparator boroughs have a higher proportion (29%) and greater number (190) of referrals relating to neglect.<sup>2</sup> Victims of neglect are likely to be older people, with those aged 75+ most at risk. Younger women aged 18-64 were more at risk of emotional and physical abuse, and young men aged 18-64 more at risk of financial abuse.

The number of alleged abuse incidents due to institutional neglect or poor professional practice has decreased since 2012/13, but still represents 4% of all referrals. This decrease is a reflection of the impact of bringing performance information together so that care providers can be identified at an early stage when there are signs that suggest they may be finding it difficult to provide the quality and standard of care to people who have increasingly more complex conditions.

There is a decrease in the number of cases where financial abuse is the primary issue both in number and as a percentage of the total number of cases. This suggests that the Trading Standards and Metropolitan Police Lewisham campaigns to empower vulnerable

<sup>2</sup> 2013/14 NASCIS - Final Release - SAR

Lewisham residents to help protect themselves from fraud and other financial crimes has had a positive impact on the level of financial abuse.

## Reports from the organisations represented on the LSAB

### Lewisham Adult Social Care Services

In this section are the reports of the Lewisham Making Safeguarding Personal project led by Lewisham Adult Social Care services and the Mental Capacity Act & Deprivation of Liberties scheme activity which the local authority has lead responsibility for. Case studies have been used to illustrate the content of these two sections.

### Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DOLS)

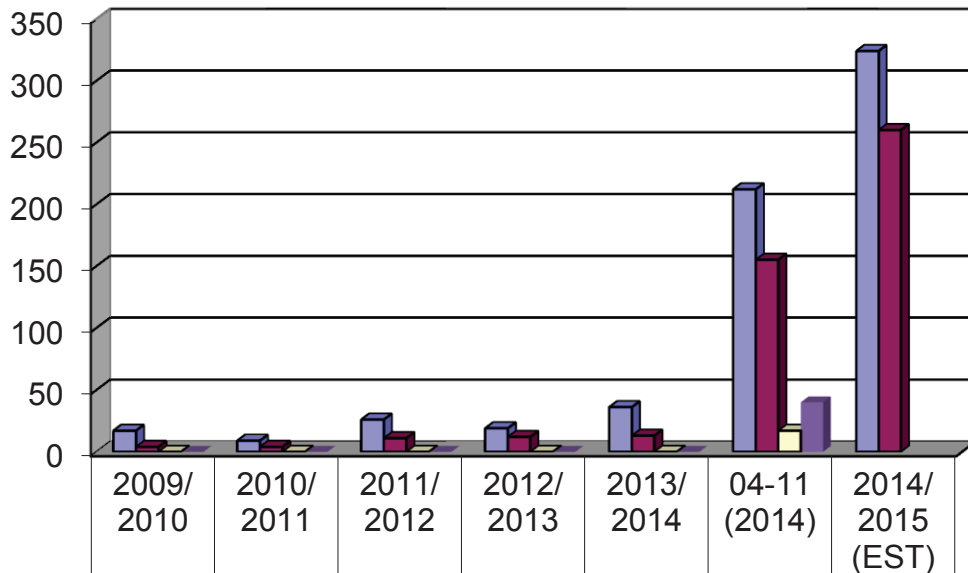
The Deprivation of Liberty Safeguards (DOLS) duties are contained within an amendment to the Mental Capacity Act (2005). They apply to people who have a mental disorder and who lack capacity to consent to the arrangements made for their care and treatment, but for whom receiving care or treatment in circumstances that amount to a deprivation of liberty, it is necessary to protect them from harm and is in their best interests. The local authority has lead responsibility for delivering this service on behalf of all health and social care partners. The LSAB has a responsibility to oversee how these duties are carried out and receive regular reports on the use of restrictions or restraints granted by the authorisation of a DOLS order by the supervisory body (the local authority).

### DOLS activity in Lewisham 2013/2014

During 2013/14 a total of 36 applications were received requesting authorisations under the Safeguards. This represented an increase of 38% from the previous year and evidenced an increasing level awareness of the safeguards, particularly within health settings. 38% of all referrals were from hospitals, the vast majority coming from University Hospital Lewisham. Of the applications received, 36% led to a Standard Authorisation being granted and these tended to be short authorisations lasting 3 months on average. A monthly monitoring form was devised for Managing Authorities to complete and return to demonstrate that they were actively reviewing cases where a Standard Authorisation was in place.

Towards the end of 13/14 officers worked with the Independent Mental Capacity Advocacy service (IMCA) Pohwer, to develop specific training in relation to DOLS, the Mental Capacity Act and the IMCA service and training was delivered to medical staff at University Hospital Lewisham and to those senior managers within LB Lewisham responsible for signing Authorisations. There were plans to extend this training and to deliver in-reach DOLS training into all care homes in the borough. However, in March 2014 the Supreme Court made its judgment in the case of "*P v Cheshire West and Chester Council and another*" and "*P and Q v Surrey County Council*" which lowered the threshold for a deprivation and significantly widened the scope of the Mental Capacity Act Deprivation of Liberty Safeguards themselves. This has led to ten-fold increase in the number of applications under the Safeguards. At the time of writing this report, 257 applications had been received, and of those that had been assessed, 80% have led to an authorisation being granted. We are projecting that this figure will reach close to 350 by the year end.

**DOLs Applications Activity since 2009 in Lewisham illustrating the impact of the Cheshire West Judgement post March 2014**



■ Applications	17	9	26	19	36	212	324
■ Authorised	4	4	11	12	13	155	260
■ In Progress	0	0	0	0	0	17	
■ Not Authorised	0	0	0	0	0	40	

The case study below illustrates how DOLS not only safeguards a person’s human rights, keeping the person at the centre of decision making, promotes the least restrictive practice whilst ensuring that care treatment and support arrangements maximise their empowerment and liberty.

## Mental Capacity Act /DOLS Case Study

*Mr B is 84 years of age and was admitted into hospital with an acute infection and delirium and was subsequently diagnosed as having vascular dementia. Prior to his admission he had lived with his wife who reported a history of increasing confusion, a gradual deterioration in skills, verbal aggression, and wandering, particularly at night. His wife was finding it increasingly difficult to cope.*

*A decision was made that Mr B. needs could be met in a care home where he could receive the appropriate level of care and support. Mr B. was assessed as not having the mental capacity to make this decision due to the nature of the dementia and how this impaired his thinking. A placement was found in a specialist residential home for people with dementia however Mr B. was not able to settle into the new environment. He began to make repeated attempts to leave the home and would frequently ask to leave, and staff had to closely monitor him to ensure his safety and the safety of others. The care staff could not allow Mr B. to leave the home as he had no insight into the risks that this would pose to him and doors were locked to prevent him from leaving.*

*The manager of the home was concerned that they were depriving Mr B. of his liberty and requested an assessment under the DOL's which was undertaken by a Best Interest Assessor (BIA). The BIA has specialist training and experience to assess the situation and make recommendations in an individual's best interests. A Deprivation of Liberty order was subsequently authorised for a three month period, which ensured that there were legal safeguards for Mr B. and an external review of his situation.*

*The BIA attached several conditions to the authorisation, one of which was that an alternative placement should be found for Mr B. in the belief that it was the unsuitability of the current placement that was causing his life to be more restricted than it needed to be. Mr B.'s family were in agreement to this plan. A new placement was found in a care home close to where his daughter lived. He very quickly settled into this environment and established a routine with the assistance of the care staff and his family who continued to visit regularly. One month after the authorisation was granted Mr B. was reviewed and it was decided that the DOLS order was no longer necessary to keep him safe and it was therefore removed.*

## Lewisham Making Safeguarding Personal Project

### The Project

Lewisham Adult Social Care Services engaged in a national programme led by the Local Government Association in conjunction with the Association of Directors of Adult Social Services entitled 'Making Safeguarding Personal'. This intention of initiative is to shift the emphasis of safeguarding adults work from being process driven to be more person centred. It is driven by a commitment to improve outcomes for people at risk of harm or neglect by assisting them to explore and identify the outcomes they wish to achieve, and to better inform them about the safeguarding process itself. This way of working has provided more qualitative information on how people experienced the safeguarding process itself and on what difference any intervention or support has made to their lives.

### Aims for Lewisham

In Lewisham the pilot was used as an opportunity for Adult Social Care services to develop an approach that would ensure that the adult at risk would feel more in control of the situation, would feel that they are supported and have a more person centred response, and that the outcomes they want to achieve would reduce any risks for the future. The approach has also provided our safeguarding work with;

- A better understanding of what people wished to achieve and how they could be supported in decision making.
- The capability to capture, record and report on people's desired outcomes using their language
- The capability to measure how effectively these outcomes were met.
- A better understanding of how service users experienced the safeguarding process.
- Clearer information for service users involved in the safeguarding process.
- Establishment of a model of good practice that could be built upon and extended across all partner agencies.
- An understanding of the training and development needs that practitioners might require to underpin this approach

### The Method

The pilot methodology provided the safeguarding practitioner with three clear points of engagement throughout the safeguarding pathway which were aligned with the key stages of the safeguarding process.

- Information was developed for service users to clearly explain the safeguarding process and this was discussed at the initial meeting. A questionnaire designed to assist both the service user and the practitioner to discuss and explore the service user's wishes from the intervention and to identify the outcomes they wanted to achieve was completed at the initial investigation stage.

- A second questionnaire was completed later in the investigation process to review the outcomes with the service user. These were completed in face-to-face meetings so that a supportive relationship was established between the practitioner and the individual.
- A final questionnaire was completed at the end of the investigation to provide individual qualitative feedback on the following areas;
  - Being aware of safeguarding and how to get help
  - Being able to report abuse and having a say in the investigation
  - Feeling safe and enhancing well-being
  - Identifying any other issues the service user wanted to raise.

## Feedback

From the evaluation of the completed questionnaires:

- 69% of participants reported that they had their wishes either fully or partially met.
- Of those who took part in the pilot 100% reported that they felt both listened to and in control of the situation.
- 100% of participants reported that they felt happy with the action taken to protect them.

The questionnaires completed suggest that participants were happy overall with the action taken and the level of engagement they had with social work staff.

Feedback from the practitioners was that the face-to-face meetings enabled them to give time and support to service users, to maximise engagement, and to use their social work skills to ensure that people had the opportunity to consider and express their wishes fully. Practitioners report that by adopting this new approach, the service user's wishes and views became the primary focus in face-to-face discussions as opposed to explaining the process and feeding back on actions taken within the investigation.

## Achievements for staff and agencies involved

- This pilot has provided the opportunity to record, collate, and aggregate, qualitative as opposed to only quantitative data.
- The opportunity to measure the effectiveness of safeguarding interventions and whether they assist service users in achieving their desired outcome, and a means to evaluate how people experience the safeguarding service.
- The learning will help develop safeguarding adults practice and inform development needs and training plans.
- Practitioners reported that the pilot led to a shift in their practice, and they now feel more confident and skilled in assisting service user to think about outcomes and in supporting them in decision making.
- Adopting an outcome focussed approach with increased levels of engagement from the service user gave staff the confidence to think more creatively and to challenge current practice.
- Practitioners report increased levels of confidence and motivation through working in a more person centred way

## The outcomes for people who needed a safeguarding service



- Increased levels of engagement in the safeguarding process.
- Increased levels of contact with the investigating officer provided an opportunity for the service user to review their desired outcomes in the context of actions taken and decide future options.

The case study below describes a typical safeguarding referral where the MSP approach was used.

## Making Safeguarding Personal Case Study

*Mr X is a 52 year old man with a mild learning disability. Four years ago he had a stroke which resulted in left side weakness and left him with speech impairment. He uses mobility aids both indoors and outside.*

*Mr X was supported by his mother until she died in 2013. His mother left the 3 bedroom house where Mr X still lived and a substantial amount of money to be shared between Mr X and his brothers. Safeguarding concerns were raised by his brothers when they reported that they were experiencing difficulties contacting him, and when they visited had found that his home had been used by local drug users and criminals to store stolen goods and deal in illegal substances. They found that many of Mr X's personal items had been taken by these individuals and that the phone had been disconnected due to unpaid bills.*

*Mr X told his brother's that he had invited these individuals into his home believing that they were his friends, but of late, he was feeling threatened by their presence, and that they had threatened him with physical harm to extort money from him. He was worried about his safety and how he was going to get himself out of his situation.*

*Mr X's allocated social worker visited him in his home with one of his brother's present to talk through the safeguarding process and to establish his three wishes/outcomes. Initially Mr X was reluctant to engage with the social worker saying that he was concerned that his new friends would be angry and threatened and could retaliate placing him at increased risk of harm. The social worker was able to reassure him that he would be supported throughout to do what he wanted and no action would be anything without his consent, she also explained to him all the concerns about his welfare and the reasons why something needed to happen with regards to his situation to make him safe. She encouraged him to speak openly about his worries and anxieties and supported him in deciding what he wanted to happen next.*

*Mr X agreed he wanted to go ahead with an investigation and together with the social worker established his three wishes, these were;*

- *I want to be in control of what happens to help me and when and how it happens;*
- *I would like to stay in my own home;*
- *I would like to stay in control of my own finances.*

*A strategy meeting was held and an action plan was agreed, based around the outcomes that Mr X identified. Joint work was undertaken with the Police to address the criminal elements of the information disclosed. Everyone worked very carefully alongside Mr X and kept him involved and informed. Because of threats of reprisals against Mr X, the police implemented special measures including regular monitoring of the house and Mr X by community police officers (three visits per week), and increased patrols in the area to raise Police visibility. They also provided him with a panic alarm and other equipment designed to ensure his safety and the safety of his property. Whilst the investigation progressed Mr X's brothers provided increased support and visited or contacted him by telephone frequently. These measures enabled Mr X to remain in his own home, which he had identified as being important to him.*



## Making Safeguarding Personal Case Study (continued)

*The Police undertook a criminal investigation whilst the safety measures were in place. The social worker met with Mr X regularly, and once the security measures were implemented she spoke with him again about his three expressed wishes/outcomes. Mr X reported that he was happy with the measure that had been taken to keep him safe to date, and reported that although he had initially reported that he wanted to stay in his home, he no longer wanted this. It was the view of the social worker involved that providing Mr X with an opportunity to revise and review his outcomes enabled Mr X to revisit what he had initially felt was important to him.*

*The social worker asked if Mr X wanted to move immediately and he stated that he did not. Mr X felt that he continued to be in control of what was happening and that he was in control of his finances as the individuals involved no longer had access to him or his property.*

*The Police continued with the security measures that they had implemented, and agreed that these would stay in place up until the time that Mr X moved to Extra Care Housing. The Police investigation was concluded and the outcome was fed back to Mr X by the social worker and one of his brother's present.*

*The safeguarding episode was concluded, with Mr X consent, and with agreement that this would not conclude the involvement of the social worker to continue to pursue his wish to move. Mr X subsequently moved as a priority into Extra Care Housing where he is settling well.*

*His feedback from the process was that he was happy with the steps taken to support him and that he felt safe. The social worker reported that she found that the process of asking Mr X what his wishes were at the beginning and during the safeguarding episode gave her a clear focus on what Mr X wanted throughout.*

## **LBL Crime Reduction and Supported Housing Services**

### **1. Strategic activity which supports the aims of LSAB**

#### **1.1 Prioritising Violence against Women and Girls - Lewisham's Plan**

Violence against Women and Girls (VAWG) is both a form of discrimination and a violation of human rights. Locally we adopt the United Nations declaration on elimination of violence towards women, which defines violence against women as:

'Any act of gender based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women [or girls], including threats of such acts, coercion or arbitrary deprivation of liberty'

*United Nations Declaration on the Elimination of Violence towards Women (1993, Article 1)*

This Plan is Lewisham's first and aims to build on the existing work incorporated in the Council's Domestic and Sexual Violence Action Plan and support the Mayor of London's Mayoral Strategy on VAWG 2013-2017, which was launched November 2013 and informs this Plan. This pan-London strategy forms part of the London's Police and Crime Plan which demonstrates the Mayor and Deputy Mayor's commitment to reducing the prevalence of VAWG and improving confidence of victims in London.

As part of the development of the Lewisham VAWG Plan, a review of commissioned domestic violence and abuse service provision in Lewisham was undertaken to determine how VAWG needs can be addressed. This review led to a needs assessment undertaken in the summer of 2013, which showed that supporting the needs of service users could be expanded.

#### **1.2 Lewisham Crimes Against Older Persons Working Group**

In January 2014 The Lewisham Crimes Against Older Persons Working Group was established. The aims of the group are for services and voluntary groups that deal with older persons in Lewisham to work together to:

- Identify & support victims of Crime in Lewisham
- Equip older persons and their carers to reduce the risk of them becoming victims / repeat victims of crime

Members of this group include Trading Standards, Neighbourhood Community Service, Police, Adult Social Care, Lewisham Pensioners Forum, Community Connections, Lewisham Mindcare, LinkLine & Sheltered Housing.

### **Local activity to support the aims of LSAB**

#### **2.1 Lewisham Prioritising VAWG work**

Lewisham Council commissioned a London-based VAWG charity in February 2014 to consult with local residents (women and girls only) on a variety of issues such as barriers to accessing services and whether a single service would be more beneficial. A recommendation from the consultation with local women and girls was for Lewisham to consider a one-stop-shop type service, where women and girls can access a variety of needs such as counselling, outreach support or crisis management.

From 1<sup>st</sup> April 2015, a VAWG service for male and female victims of gender-based violence will be available, which will have a single referral pathway to support victims more effectively. This service will be delivered by Refuge and will have support schemes such as familial abuse (violence amongst family members) and IRIS Programme<sup>3</sup> for GPs.

## **2.2 Visits to Mass marketing Scam victims**

The National Trading Standards Scams Team (NST) works with the Police and Royal Mail to identify businesses that engage mass marketing fraud and residents that are victims. In 2013 Lewisham Trading Standards agreed to receive names of residents from the NST with a commitment to make contact with these residents. Residents are written to with advice about dealing with all types of scams and are also visited. Trading Standards has carried out these visits with the assistance of Neighbourhood Community Safety Service and the Police. Before this contact is made the names are checked with ASC to see if residents are already known to Social Services. When a visit to a resident is made they are again advised about the different types of scams, they are also offered assistance to reduce the amount of unwanted mail they receive. When visited the majority of residents say they used to send off money but they no longer do so; it is hard to ascertain whether this is correct. After a visit is made any concerns are raised via SCAIT.

In 2013 / 14 the number of residents visited was 37. At the time of this report writing there have been 54 visits undertaken in 2014/15.

## **2.3 Scams Alert system**

One of the outcomes of this group is that an email scam alert system has been set up so that members are made aware of any bogus calling incidents or scams so that they can raise awareness with colleagues and residents.

3 alerts were issued between January 2014 – March 2014.

## **2.4 Talks to Elderly residents**

The Neighbourhood Community Safety Service has given talks to **24** different groups of elderly residents (eg community groups, residents of sheltered housing, faith groups). The purpose of the talks is give crime prevention advice which includes advice about avoiding Scams at the door, over the phone or through the post.

## **2.5 Truecall**

This is a device that can be plugged into a person's phone. It requires the resident to have 'caller id' set up on their landline then trusted numbers can be programmed also numbers that a person does not want to receive calls from. If a call is received from a number that is not on the trusted list then the person's handset won't ring. The Truecall device answers the call and handles it in different ways depending upon the level of security that is set.

The lowest security setting informs the caller that the person does not want to receive cold calls and only accepts calls from friends, family or invited callers who are invited to press a number on their keypad. A lot of nuisance / scam calls are generated by computers that cannot enter the given number and therefore won't be able to get through. The security setting on the device can be increased if need be. There is also the facility to record the message callers hear so in some cases we have recorded a message saying that calls are

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<sup>3</sup> Identification and Referral to Improve Safety (IRIS) will have an Educator who works especially with GPs and Practice staff in order to increase identification of risks, and safeguard vulnerable victims by making quicker referrals for support. This will be available from April 2015.

being monitored by Trading Standards. The other major benefit of this device is that the unit can be updated over the internet and therefore relatives have the ability to update the 'trusted' and banned' numbers and see what calls are being made to the resident's phone. In 2013 funding was obtained from the Safer Lewisham Partnership to purchase 30 units to be loaned to residents for a period of 6 months. Units were given to Trading Standards, LinkLine and Victim Support services to distribute to residents. Trading Standards fitted them to residents who had been victims of doorstep crime and / or telephone scams

## **South London & Maudsley NHS Foundation Trust**

### **1. Strategic activity to support the aims of LSAB**

South London and Maudsley NHS Foundation Trust appointed a Director of Social Care who provides the strategic leadership for safeguarding, and has a particular focus on developing and maintaining working relationships with all partners to ensure best quality standards of practice within services provided directly and commissioned.

### **2. Local activity to support the aims of LSAB**

The Trust recognised the need to strengthen its safeguarding adult's arrangements and so has embarked on the following service improvements and development activities in order to fulfil its role in safeguarding adults from abuse:

- The Trust Assistant Director of Nursing completed a scoping exercise of safeguarding adult arrangements and has identified areas that need to be strengthened in terms of governance and quality assurance.
- There has been consistent Trust representation at Local Safeguarding Adults Partnership Boards and their Subgroups.
- A bi-annual assurance meeting between Trust directors and Independent Chairs of the Safeguarding Adults Boards.
- The trust has commenced a revision of Safeguarding adults, MCA and DoLS Policies to take into account the changes introduced by the Care Act 2014 that will come into force from April 2015. The report will be updated as necessary once the Act is in force.
- A Safeguarding Quality assurance and performance dashboard is in development to ensure consistency and quality Trust wide
- A new Trust Safeguarding Adults Intranet Site (accessible to all 5,000 Trust staff) has been created to collate, and increase staff access to, national and local guidance, policy, contacts and support (as well as including a specific section to enable increased awareness of local protocols and ways of working).
- The Trust has a three-year rolling programme for carrying out DBS (former CRB) for those undertaking regulated activities. This is co-ordinated through the

Employee Services Team. Recruitment activity is reported on a monthly basis and includes compliance with DBS, the target is a 100% compliance

## **Metropolitan Police Service -Lewisham**

### **1. Strategic activity to support the aims of LSAB**

The overall aims of all of the staff at Lewisham Borough Police are:

- To provide the best possible service to all members of our community who require our services, whether that be as a victim of crime, because of an accident or personal crisis or simply for advice. Our aim is to provide you with the same level of service, as we would expect for ourselves.
- To reduce crime in line with targets we have set with our Safer Lewisham Partnership (previously the Crime and Disorder Reduction Partnership). This means reducing crime in ten key areas as identified as being of greatest concern to communities and as recorded annually in the British Crime Survey (BCS). These include personal robbery offences, burglary in people's homes, assault and criminal damage.
- To meet the sanction detection targets we have set with our partner agencies within the CDRP.
- To promote public safety and enhance citizen focus by responding to local needs through local neighbourhood panels, supported by Safer Neighbourhood Teams (SNT) in every ward across the borough. SNT constables, supported by Police Community Support Officers (PCSOs) will work in partnership with other agencies to tackle problems of concern to local people. To work with partner agencies to identify ways of achieving sustainable crime, disorder and anti-social behaviour reduction. We know that by tackling prolific offenders we can reduce crime on a day-to-day basis, but we are also seeking to find solutions, which prevent crime reoccurring and thereby make our community safer.
- To continue to deal robustly with prolific and persistent offenders. We will be doing this with our partners within the Crown Prosecution Service (CPS) Greenwich Magistrates and Woolwich Crown Courts, the National Offender Management Service and Drug Treatment Agencies. This work has been established and will continue throughout the coming year.
- To continue to improve the way in which we provide a service to victims of crime. We have a dedicated Victim and Witness Care Unit, and a Community Safety Unit dealing with all aspects of hate crime. Lewisham Police is committed to providing a good, professional service to all victims of crime, and we will continue to look for ways to improve the level of support we offer the public.

### **2. Local activity to support the aims of LSAB**

- Activity in conjunction with Trading Standards and Neighbourhood Community Safety Services to improve the safety of vulnerable residents and to enable older people to be more aware of possible abuse and how to protect themselves.

- The development of the MASH steering group to begin work to consider how safeguarding adults concerns could be managed through the same system as child protection referrals. More detailed planning will take place once the full impact of the Care Act changes is understood during 2014/15

## Lewisham Clinical Commissioning Group

### 1. Strategic activity to support the aims of LSAB

- One of the key aims for LCCG was to review and establish a single process for the management of care for Pressure ulcers within the health and social care economy across the borough. 4 task and finish groups have been established which are in the process of developing a strategy for implementation in 2014/2015.
- The LCCG has continued to monitor both NHS and private providers in relation to safeguarding activity including training in Safeguarding and PREVENT, through the LCCG Health Safeguarding Group.

### 2. Local activity to support the aims of LSAB

- The LCCG achieved authorisation and began on April 1st 2013. It had in place the appropriate safeguarding policies and Governance structure including a Nurse Director with responsibility for safeguarding.
- A designate Nurse for Safeguarding Adults has been in post since May 2013. The designate nurse supports the health safeguarding work within the LCCG working closely with both Community Services and the LSAB to ensure that the high profile of the safeguarding agenda is maintained across the health and social care partnerships.
- Development following review of quality within care homes to develop a Care Home Compliance Nurse to support and monitor the quality outcomes for care homes with the Local Authority.

## Lewisham Homes

### 1. Strategic activity to support the aims of LSAB

- Lewisham Homes is committed to provide training to all staff about safeguarding. A total of 301 staff were trained prior to this financial year and a further 31 were trained in 2013/14. These included manager, housing staff and caretakers.
- More than 90% of attendees felt they'd be able to use the knowledge gained, that the course was interesting, interactive and easy to follow and that they'd recommend the training to a colleague.



- In 2013/14 Lewisham Homes developed and implemented a module within their Capita Housing Module to track progress on safeguarding, hoarding and other vulnerable resident processes.
- Lewisham Homes chaired the Multi Agency Hoarding Panel, coordinating joined up responses to hoarding concerns in the borough. A total of 24 cases were referred to Lewisham’s Hoarding Alert process from July 2012 to March 2014. This work has an impact on reducing the safeguarding cases of neglect where hoarding is often a presenting concern.

## 2. Local activity to support the aims of LSAB

- Lewisham Homes monitor the number of safeguarding alerts that are raised each year. In 2013/14 there were 19 referrals of safeguarding concerns for adults, made by staff to our central safeguarding point.
- As a result 11 of these concerns were passed to Adult Social Services or the Community Mental Health Teams as safeguarding alerts. The remaining eight cases did not meet the criteria for a safeguarding referral but other actions, such as referrals to support agencies were taken.

Concern	Number of referrals
Adults at risk of abuse	8
Adults at risk of neglect	9
Other	2
Total number of concerns	19
<b>Total referrals passed to ASC/CMHT</b>	<b>11</b>

## 3. Goals for 2014/15

- To provide a revised toolkit approach to Hate Crime taking into account the EHRC’s ‘hidden in plain sight’ report. This will ensure a more consistent but flexible service to meet individual needs.
- To provide a revised toolkit approach to Domestic Abuse taking into account the “Adult safeguarding and domestic abuse guide to support practitioners and managers” issued by the LGA and ADASS. This will ensure a more consistent but flexible service to meet individual needs.
- Development of, and appointment to, a Vulnerability Coordinator post to manage the organisation’s approach to vulnerable clients and lead on safeguarding concerns.
- Be involved in Lewisham Council’s review of the hoarding panel, with a view to delivering a more responsive and effective service, improved data sharing and multi-agency working in 2015/16.

## London Fire Brigade (LFB)

### 1. Strategic activity to support the aims of LSAB

One of the key aims within the LFB London Safety Plan 2013-2016 is:

Prevention: *Engaging with London's communities to inform and educate people in how to reduce the risk of fires and other emergencies;*

This has a clear relationship to the central aim of the LSAB 'all adults at risk are safeguarded'. There are targets in relation to this aim which have two levels. The first is the level of reduction that is reasonably believed to be achievable through maintaining the current focus with the resources available. The second is a 'stretch target'. The stretch targets are more challenging and are likely to require changes to the way LFB delivers services, including greater involvement and support from partners, but will further improve the safety of London and Londoners achieved.

## 1.1 Performance Targets

- **Fires in the home**

Fires in the home cause more serious casualties (and fatalities) than any other incident type attended. **Target:** *By March 2016 to reduce fires in the home by two per cent (without stretch) and eight per cent with stretch.*

- **Home fire safety visits**

LFB believe that it is a good use of firefighters' time for them to give fire safety advice to people in their own homes about the risks they face. These are called home fire safety visits. **Target:** *By March 2016, every fire crew to complete a minimum of nine home fire safety visits each month, equating to 219,000 visits. Eight in 10 of the visits to be targeted at those people most at risk from fire.*

- **Fires in care homes and sheltered housing**

LFB are concerned by the number of older people who are still harmed or killed by fire in places where they should be safe. **Target:** *By March 2016 to reduce fires in care homes and sheltered housing by three per cent (without stretch) and nine per cent with stretch. Buildings (where legislation typically applies) by four per cent (without stretch) and 16 per cent with stretch.*

## 1.2 Changing behaviours

One of the biggest factors in the number of fires is the behaviour of people. By changing these behaviours LFB believe they can reduce the number of fires and the number of false alarm calls. A home fire safety visit, where firefighters visit people in their homes to provide fire safety advice and fit free smoke alarms, is the main tool to improve fire safety in the home. But a smoke alarm cannot prevent a fire – it can only alert the occupant that a fire may have started. The best way of reducing the potential for fires to occur is to change the behaviour of residents so the LFB is concentrating on ways to improve approaches to reducing risk behaviours.

In addition the LFB want to work more closely with health and social care services to target high risk groups by gathering information and analysing local data to identify these groups.

## 2. Local activity to support the aims of LSAB

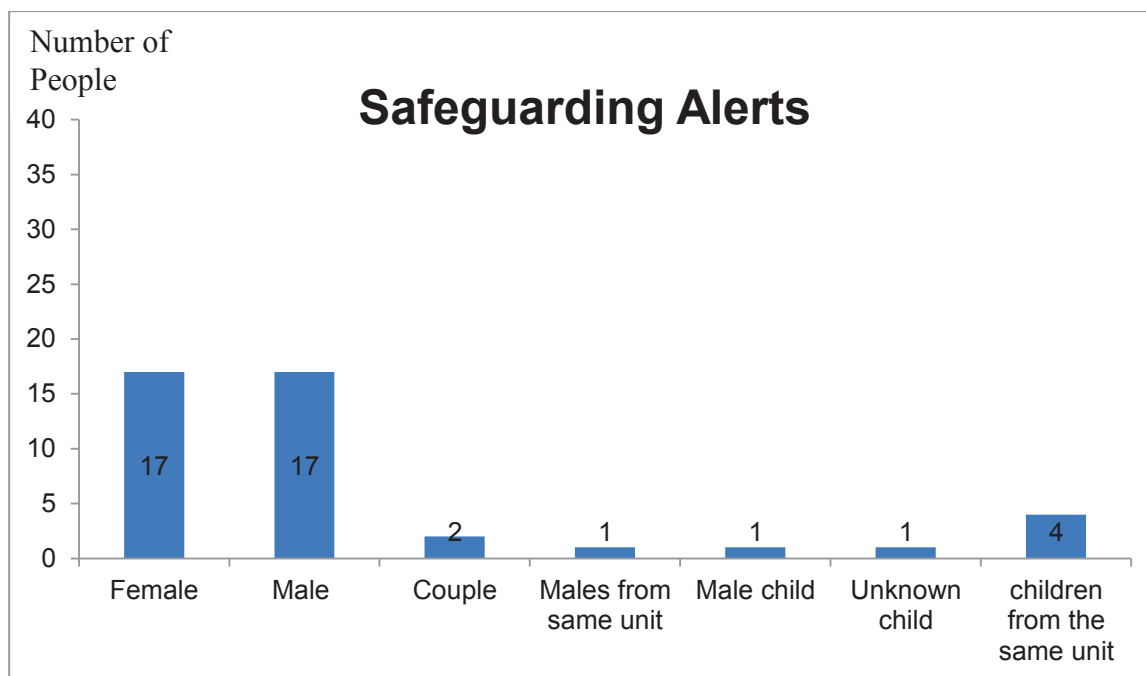
### 2.1 Safeguarding Alerts raised in Lewisham by LFB

The Lewisham FB has been monitoring the number of safeguarding alerts they have raised or have been actively involved in raising between 01 November 2013 and 31



October 2014 as part of their performance monitoring. There have been a total of 40 alerts were raised in the London Borough of Lewisham by Fire Brigade staff, these have involved 37 adults and 6 children (see the diagram below).

A total of 28 referrals have been made directly to the local authority 9 (22.5%) by the Deputy Assistant Commissioner and 19 (47.5%) were locally referred by either the Station Manager or Group Manager. The remaining 12 (30%) were where LFB staff were involved however did not raise the alert directly.



## 2.2 Ambitions for 2014/15

To increase referral numbers for Home Fire Safety visits through direct contact with provider organisations of community health and social care staff and care homes. Only 18 referrals for Home Fire Safety visits were received from health and social care agencies during 2013/14

## Lewisham & Greenwich NHS Trust

### Summary of the Lewisham & Greenwich NHS Trust Adult Safeguarding Annual Report 2013/14

#### 1.Introduction

All staff within Lewisham & Greenwich NHS Trust have a responsibility for the safety and

wellbeing of patients and colleagues. It is a fundamental human right to be able to live life free from harm and abuse. The Lewisham & Greenwich NHS Trust Safeguarding Adults at Risk Policy and Procedure clearly sets out the roles and responsibilities of its staff for safeguarding and protecting adults at risk. The policy was reviewed and updated in 2014.

Lewisham & Greenwich NHS Trust has invested significantly in the Adult Safeguarding Team and the team is now up to full establishment. The Adult Safeguarding Team maintain a high clinical presence across all its sites and assist staff in the implementation of and adherence to the policy, with the ultimate aim of the protection of adults at risk.

The team now consists of:

- 1 Adult Safeguarding Manager
- 2 Adult Safeguarding Advisors
- 1 Adult Safeguarding Administrator
- 1 Learning Disabilities Safeguarding Advisor (employed by the Lewisham Learning Disabilities Team)

The Adult Safeguarding Team are also responsible for Deprivation of Liberty Safeguards (DOLS), Learning Disabilities, Domestic Violence, and the PREVENT agenda (the Home Office strategy for the identification and prevention of radicalisation).

Lewisham & Greenwich NHS Trust continue to support the Adult Safeguarding Board and its sub-groups to ensure health is represented accordingly.

## **2. Performance:**

The average number of alerts raised by staff during the reporting period 2013-14 was 36 alerts per month. This is an increase on the previous year (average of 30 alerts per month). This increase in quarter 4 is attributable to the integration of Lewisham Healthcare NHS Trust and Queen Elizabeth Hospital. In partnership with Social Care, a decision is then made as to whether the alert is progressed onto a referral. The Adult Safeguarding Team actively encourages staff to raise concerns via the alert process. This is to ensure that staff feel able to raise a concern even if they are not sure that it meets the safeguarding threshold.

The Trust always volunteers to participate in the yearly Self Assessment and Assurance Framework for Adult Safeguarding and has shared this year's completed framework with its multi-agency partners. The framework was completed to reflect adult safeguarding across the whole organisation.

## **3. What the Trust is doing well / achievements:**

The Trust has many policies and procedures that reflect the adult safeguarding agenda. These include specific safeguarding policies and also policies that refer or relate to adult safeguarding. Most of these policies have recently been reviewed and integrated to provide guidance to staff across all sites.

There is evidence of the Trusts commitment to adult safeguarding from patient and staff level, right up to the Trust Board. This is evidenced by the Trust reporting structure, quality dashboards, assurance reports and the safeguarding plan.

2014 has seen a significant increase in the number of Deprivation of Liberty Safeguard Applications. The Lewisham & Greenwich NHS Trust has responded to this increase in activity and reviewed its restraint and restriction procedures.

#### **4. Areas for improvement/challenges:**

During 2015 the Adult safeguarding Team aim to work on its monitoring systems to reflect fair and equal care/treatment for all adults at risk that are referred to the service. The team have an agreed action to introduce a monitoring form during 2014-2015. This will also include identifying the desired patient outcome from the alert. Evidence from the monitoring form will be used to identify any required actions and will be reported via the Adult, Children & Young People Safeguarding Committee. Identifying the patients' "desired outcome" will also provide evidence towards the "keeping safeguarding personal" agenda.

The PREVENT agenda has been a challenge to the organisation over the past year. However, Lewisham & Greenwich Trust has made significant progress with PREVENT training since this has been included in the Trust Induction. The Trust will continue to work on the promotion of the PREVENT agenda and it is expected that this work will increase the number of Channel referrals.

The Adult Safeguarding Team need to work on a patient/public information leaflet about how to raise a safeguarding concern within the organisation. To date this information is provided on posters and is also detailed on the Trust internet site.

During 2015 a priority for the team will be preparing for its statutory requirements set out within the forthcoming Care Act.

### **General Practice Services in Lewisham**

There is a G.P member of the LSAB who is the Senior Clinical Director/Governing Body Lead for Safeguarding at Lewisham CCG. He chairs the LCCG Health Safeguarding Committee where all local health providers provide quarterly reports of safeguarding activity.

Currently any safeguarding adult issues or concerns are circulated via the general practitioner internet system (GPI)

#### **Goals for 2014/15**

To further promote awareness of safeguarding adults amongst GPs and within GP practices. The development of the neighbourhood teams affords the opportunity to build up stronger links with GPs and practices and provide information, advice and support to manage safeguarding adult concerns.

### **Care Quality Commission**

The strength of the relationships between the Board and partner agencies has a significant impact on the work of the LSAB. The CQC as the regulator of care for health and social care, is one of the most important partner agencies for safeguarding boards. During the last year the CQC, has undergone a national review of their regulatory approach and has strengthened some areas of practice.

The CQC stated intention is that they are to be represented within the work of SAB's but it has proved difficult securing their attendance at the Lewisham Board during 2013/14 as elsewhere. It is hoped to improve these links during 2014-15 in order to understand the operational interface between safeguarding from a regulatory commissioning perspective and also to improve our knowledge of the local provision through their locality reporting capacity.

Weekly reports of all regulatory visits are provided to adult social care performance and quality sub group. Alignment of this information with the intelligence gathered from complaints, contract monitoring and reviews helps to monitor the standards of care within the borough.

## LSAB Objectives for 2014/15

The Board's priority objectives for 2014/15 and 2015/16 are set out below and aligned to the subgroups and work streams of the Board.

### **Governance, partnership and resources**

- Increase the effectiveness of partnership working through joint projects that enhance prevention and reduction of risk to vulnerable adults in the community. For example ensuring that Home Fire Safety visits referrals to the LFB are included on assessment checklists for all staff who visit people in the community.
- Complete the governance and strategic strengthening for the operation of LSAB and its activities to comply with the Care Act 2014.
- There is a need for the board to have a permanent and robust infrastructure similar to that of the Lewisham Safeguarding Children Board to meet the statutory requirements of the Care Act 2014. The ECG will explore how the Board can be funded from contributions from the partnership.

### **Policies, protocols and procedures**

- Complete the work to establish the new arrangements for care of pressure sores across the health and social care economy.
- Review all existing LSAB policies, protocols and procedures to ensure they are Care Act compliant.
- Produce a standard information pack on safeguarding adults for GPs and Primary Care services

### **Training and workforce development**

- Roll out Making Safeguarding Personal (MSP) phase 2 projects and embed the learning from phase 1MSP across the partnership.
- Review the training available to ensure it meets current requirements and is Care Act compliant.

### **Safeguarding Adult Reviews**

- Promote learning from Safeguarding Adult reviews occurring nationally and locally.

## **Quality and Performance**

- The completion and implementation of the Lewisham Quality Assurance Framework across the partnership including arrangements for safeguarding adult's performance and quality assurance reporting to the LSAB.
- Complete the Safeguarding Adults at Risk Self-Assessment Audit process and analyse the outcomes to inform the agency's and the LSAB's strategy and business plan.
- Consider the demographic data of Lewisham and correlate with Safeguarding Adults information.

## **Communication and Engagement**

- Hold further events to share learning from current guidance, local and national cases and practice from Safeguarding Adults activity.
- Redesign the Safeguarding Adults web page (on the LBL website) to provide information about the LSAB and link to partner website.
- Implement use of the Board 'brand' for publicity and information

# Appendix 1

## Record of Attendance at the Safeguarding Adults Board

The LSAB Compact requires that a report of the record of attendance of representatives from partner agencies is produced for the annual report

### Overview of Agency Attendance at the LSAB March 2013-December 2013

Agency Attendee	March 2013	June 2013	September 2013	December 2013
Metropolitan Police				
London Ambulance Service				
London Fire Brigade				
Lewisham & Greenwich NHS Trust				
SLaM				
L&Q Housing Group				
Voluntary Action Lewisham				
Lewisham Homes				
Children & Young People's Services				
Nurse lead - LCCG				
LCCG GP lead				
Healthwatch				
Crime Reduction -LBL				
Director Community Services LBL				
Adult Social Care- LBL				
Joint Commissioning				
London Probation Trust				
Public Health				
CQC				
Key		Attended		Had not yet joined the Board /new post
		Did not attend		

## Appendix 2

### Comparator Boroughs

Comparator groups are a selection of 15 councils considered to be similar to the chosen council (i.e. Lewisham). They are selected according to the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model, which identifies similarities between councils based on a range of socio-economic indicators. Boroughs that are comparable with the London Borough of Lewisham are:

- Barking and Dagenham
- Brent
- Croydon
- Ealing
- Greenwich
- Hackney
- Haringey
- Hounslow
- Lambeth
- Merton
- Newham
- Southwark
- Tower Hamlets
- Waltham Forest
- Wandsworth

# Appendix 3

## Glossary of terms

### **Abuse**

Abuse is the breaching of someone's human and civil rights by another person or people. It may be a repeated or single act, it can be unintentional or deliberate and can take place in any relationship or setting. It includes: physical harm, sexual abuse, emotional and psychological harm, neglect, financial or material abuse, and harm caused by poor care or practice or both in institutions such as care homes. It may result in significant harm to, or exploitation of, the person being abused.

### **Adult at risk**

Anyone aged 18 years or over who may be unable to take care of themselves due to age-related frailty, visual or hearing impairment, severe physical disability, learning disability, mental health problem, substance misuse or because they are providing care for someone else and therefore may be at risk of harm and serious exploitation.

### **Alert (safeguarding adult)**

An alert is when the local authority is first told that an adult at risk may have been abused, is being abused, or might become a victim of abuse. Anyone can raise an alert: professionals, family members, adults at risk and members of the public. Often an alert is raised because of a feeling of anxiety or worry for an adult at risk. This feeling can arise because the adult at risk has told you what they are experiencing, you have seen abuse or something risky happening, or you have seen other signs and symptoms such as bruises.

### **Alleged perpetrator(s) or Person/organisation alleged to have caused harm or risk**

Anyone who has been accused of abusing or neglecting an adult at risk, where this has not yet been proved.

### **Alleged victim(s)**

Adult at risk, who may have been abused, harmed or neglected by someone else, where it has not yet been proved that they are a victim.

### **Clinical Commissioning Group (CCG)**

Groups of GPs which, from April 2013, will design and buy local health and care services that local communities need, including: urgent and emergency care; most community health services; and mental health and learning disability services.

### **Commissioners**

People who purchase services, often from voluntary and independent sector organisations, to provide health and care services.

### **Care Quality Commission (CQC)**

Independent regulator of health and care services in England. CQC inspects providers such as hospitals, dentists and care homes to ensure the care they provide meets government quality and safety standards.



## **Deprivation of Liberty Safeguards (DOLS)**

Rules that ensure special protection is given to people who cannot make a decision ('lack capacity') to consent to care or treatment (or both) that will be given in a care home or hospital and stops them doing what they want to do ('deprives them of their liberty'). The hospital or care home has to get special permission to give the care or treatment and must make decisions that are in the person's 'best interests'.

## **Health and Wellbeing boards**

Forums that bring together key health and social care leaders to work in a more joined-up way to reduce health inequality and improve local wellbeing. They will listen to local community needs, agree priorities and encourage health and social care commissioners to work better together to meet local needs.

## **HealthWatch**

Taking over from Local Involvement Networks in April 2013 to give patients a voice when decisions are made about their care and when services are being commissioned. Healthwatch Lewisham reports directly to HealthWatch England.

## **Mental Capacity Act (MCA 2005)**

A law that supports and protects people who may be unable to make some decisions for themselves (people who 'lack capacity') because of a physical or mental disability or ill-health. It includes a test professionals can perform to tell whether someone can make decisions or not. It covers how to act and make decisions on behalf of people who 'lack capacity'. It is often used for decisions about health care, where to live and what to do with money.

## **Outcome**

This is the result of the safeguarding case or investigation. It includes the four categories: not substantiated, partly substantiated, substantiated and not determined/inconclusive that a case can be recorded under from a professional viewpoint. It also includes the results for both the alleged victim and the alleged perpetrator, that is, whether a protection plan was offered, what was included in it (such as community care assessment, application to Court of Protection, police action against the perpetrator or service improvement requirements in a care home), and whether this was taken up.

## **Partner agencies**

Organisations that are members of the Safeguarding Adults Partnership Board.

## **Referral (safeguarding adult)**

A referral is recorded when it is confirmed that a safeguarding investigation needs to be carried out in response to a report of alleged abuse. Usually, an alert is raised first and then this is confirmed as a referral, but not always. A safeguarding referral is different from other referrals to adult social care.

## **Safeguarding adults**

All work that enables adults at risk to retain independence, wellbeing and choice and to stay safe from abuse and neglect.

## **Service providers**

Organisations that deliver services, such as health and social care services.

**Service user**

A person who is a customer or user of a service particularly used in relation to those using social care services.

**Unpaid carer**

Family, friends or neighbours who provide unpaid support and care to another person. This does not include those providing care and support as a paid member of staff or as a volunteer.

# Appendix 4

## References

No Secrets DH 2000 [No Secrets: guidance on protecting vulnerable adults in care - Publications - GOV.UK](#)

The Care Act 2014 [Care Act 2014 Part 1: factsheets - Publications - GOV.UK](#)

Care and Support Statutory Guidance 2014 [Care Act 2014: statutory guidance for implementation - Publications - GOV.UK](#)

Protecting adults at risk: London Multi Agency Policy and Procedure to safeguard adults from abuse <http://www.scie.org.uk/publications/reports/report39.pdf>

Our Safeguarding Protocol - The CQC's responsibility and commitment to safeguarding [http://www.cqc.org.uk/sites/default/files/documents/20130123\\_800693\\_v2\\_00\\_cqc\\_safeguarding\\_protocol.pdf](http://www.cqc.org.uk/sites/default/files/documents/20130123_800693_v2_00_cqc_safeguarding_protocol.pdf)

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