



# Lewisham Safeguarding Adults Board

Annual report 2012/13

Published January 2014

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# Foreword



I am very pleased to introduce the Annual Report of the Lewisham Local Adults Safeguarding Board (LASB) for 2012/13. The report outlines progress made in preparing for the advent of legislation which will place Vulnerable Adult Safeguarding on a statutory basis (widely expected by 2015), as well as the LASB's response to the considerable organisational changes which have taken place this year.

Although the LASB still has some way to go in developing its governance in line with the anticipated legislative changes, a sound basis for this has been established with the changes to the Board's structure and membership this year. This annual report shows evidence of increased partner involvement and a widening of the business plan to take in a broader range of activities aimed at keeping vulnerable adults (or adults at risk) safe from harm or neglect.

The Board has responded to events at Winterbourne View care home and to the Francis report on events at the Mid Staffordshire Hospital, by strengthening its assurance systems and reviewing the way that local commissioners work together, and with the Care Quality Commission (who regulate these services), in order to improve the local safeguards for adults placed in the care sector. The introduction of a casework approach for adults who might be at risk of harm will support better joint working between local agencies.

Although there remain many challenges in developing safeguards for vulnerable adults, good progress has been made this year, and I look forward to working with the local partnership to develop the Lewisham response over the next period.

Christine Doorly  
Independent Chair

# Abbreviations

ASB	Anti-Social Behaviour
ASC	Adult Social Care
AWLD	Adults with Learning Disabilities
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
CTN	Come To Notice
DOLS	Deprivation of Liberties Safeguards
HWB	Health and Wellbeing Board
LAS	London Ambulance Service
LCCG	Lewisham Clinical Commissioning Group
LFB	London Fire Brigade
LSAB	Lewisham Safeguarding Adults Board
MPS	Metropolitan Police Service
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 key achievements of the Lewisham Safeguarding Adults Board (LSAB) in the year ending at the end of March 2013 and plans for the future. The report details:

- How adults at risk are protected in Lewisham
- National and local changes to adult safeguarding
- Our key achievements during 2012/13
- Key safeguarding facts and figures for Lewisham
- Our plans to improve safeguarding practice

## The Lewisham Safeguarding Adults Board (LSAB)

The LSAB oversees how organisations across Lewisham work together to safeguard adults at risk of harm or who have experienced harm or abuse. The Board is chaired by Chris Doorly.

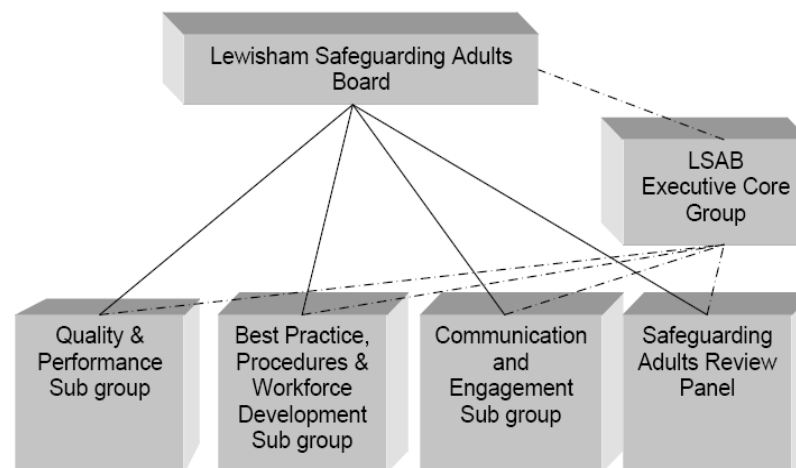
Members of the Board include representatives from Lewisham Council, Metropolitan Police, London Ambulance Service, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Trust, Lewisham Clinical Commissioning Group, London Fire Brigade, housing providers including Lewisham Homes, voluntary organisations, GPs, and probation services.

Subgroups under the LSAB have been formed to carry out specific functions and deliver on priority actions identified by the Board. Membership of the subgroups reflects the expertise required and also includes those organisations represented on the LSAB itself.

The LSAB Executive Core Group meets three times a year to review the effectiveness of the partnership arrangements supporting safeguarding work in Lewisham and assist with resolving any barriers to this work.

The LSAB is accountable to the Healthier Communities Select Committee of the Council and links to the Lewisham Health and Wellbeing Board, which is a multi agency group with statutory responsibilities.

## Diagram 1. Lewisham Safeguarding Adults Board and subgroups



# National and Local Changes in 2012/13

A number of key developments had a major impact on adult safeguarding work nationally and locally, and will continue to have a significant effect on this work over the next few years. Some of these key changes and local responses are highlighted below, and also referred to elsewhere in this report.

## ***The Health and Social Care Act (2012)***

This Act introduced the most far reaching changes to the NHS since its introduction in 1948, including establishing:

### **Health and Wellbeing Boards (HWB)**

Lewisham HWB brings together key leaders from health and social care to improve the health and wellbeing of their local population.

### **Clinical Commissioning Groups (CCG)**

Clinical Commissioning Groups (CCGs) are led by GPs and other clinicians and have responsibility for commissioning most local healthcare services. They are overseen by NHS England, who have developed the new 'Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework', published March 2013.

Lewisham CCG appointed safeguarding lead clinicians who attend the LSAB and a lead nurse practitioner to undertake project work to promote improved practice and reduction of safeguarding incidents.

### **Public Health Transfer**

From April 2013, local authorities took on responsibility for most local public health functions; supported by Public Health England.

### **Lewisham and Greenwich NHS Trust**

On 1 April 2013 the Trust was created from the Lewisham NHS Trust when it took on responsibility for Queen Elizabeth Hospital, Woolwich

## ***The Care Bill***

During July 2012, a draft Care and Support Bill was presented to Parliament, containing clauses to move adult safeguarding onto a statutory footing with specified responsibilities to ensure protection of the whole community. Since then the Bill has gone through a number of parliamentary stages and is now known as the Care Bill.

The Care Bill includes a legal duty for local authorities to make enquiries when they have a reasonable cause to suspect that an adult in their area that has a need of care and support, is at risk of abuse or neglect, or is unable to protect themselves. The local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in that adult's case.

The Care Bill also confirms, for the first time in law, that "abuse" includes financial abuse. That includes having money or property stolen; being defrauded; being put under pressure in relation to money or other property; and, having money or other property misused.

The Care Bill proposes that local authority Safeguarding Adults Boards undertake a formal case review if an adult at risk in their area either experiences serious abuse or neglect, or dies in circumstances where abuse or neglect are known or suspected.

Lewisham has begun to address these legislative changes through strengthening the safeguarding adults partnership and the LSAB. Changes to operational structures in social care have been proposed to embrace a more integrated working with health partners in the community and to deliver integrated safeguarding adults practice.

### ***Disclosure and Barring Service (DBS)***

On 1 April 2013, under the new Protection of Freedoms Act 2012, the Criminal Records Bureau and the Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS). This service provides criminal records checks and maintains the list of individuals registered and barred from working with children and adults at risk.

In February 2013, the final report from the Mid Staffordshire NHS Foundation Trust Public Enquiry, also known as the Francis Report, was published. The report described widespread failings in the standards of care of patients and a high number of related deaths between the years 2005-2008. The report identified 290 recommendations for change predominantly directed at healthcare services.

Implications for all agencies are being considered and LSAB works with the Lewisham CCG to support implementation of urgent recommendations and future priority planning.

### ***Mental Capacity Act and Deprivation of Liberty Services***

The Deprivation of Liberty Safeguards (DOLS) provide additional protection for the most vulnerable people living in residential homes, nursing homes or hospital environments through the use of a rigorous, standardised assessment and authorisation process. They protect those who lack capacity to consent to arrangements made for 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 there is no other way to take care of that person safely.

### ***Winterbourne View Hospital***

In May 2011, the BBC programme Panorama revealed the appalling abuse of patients at Winterbourne View Hospital in South Gloucestershire. Winterbourne View was a private sector hospital, with residents placed by health trusts from all parts of the UK. It was regulated by the Care Quality Commission (CQC), with the primary responsibility to investigate safeguarding issues resting with the local authority. Significant failings were found throughout the service. Staff were deemed to have 'routinely mistreated and abused patients with a learning disability'. There were management and operational failings, covering the most basic and fundamental issues – training, workload, supervision and managerial monitoring.

The main messages emerging from the subsequent report was that "only local action can guarantee good practice, stop abuse and transform local services" and to do this local health care and care services must take action to:

- 1) develop a person-centred approach to commissioning placements, taking into account views of people with learning disabilities and their families;
- 2) ensure that there are flexible community-based services;
- 3) focus on early detection, prevention and long-term support to prevent people reaching crisis levels and having to go into hospital;
- 4) deliver care for the individual so that we can understand factors which might distress people and make behaviours more challenging;
- 5) make reasonable adjustments for people with learning disabilities who have mental health needs so that they can make use of local generic mental health facilities; and
- 6) ensure services are carefully planned to care for children who are transitioning into adulthood and adult services in order to avoid crisis.

### ***Integration of care services – first steps***

During 2012/13 work was undertaken to look at areas where Lewisham Adult Social Care could build on current practice and further integrate safeguarding responsibilities. This involved a review of staffing structures, care pathways and audits of practice and outcomes for patients and service users.

This work has influenced plans for reorganisation in Lewisham, including the creation of a multi-agency team to quality assure casework and provide professional support to staff in all organisations undertaking safeguarding work.

Building on these changes, Lewisham is involved in the “Making Safeguarding Personal” project in 2013/14, which aims to ensure staff undertaking safeguarding investigations are clear on outcomes that patients/service users want for themselves. The results of this project will be incorporated within the relevant work streams of the integration project.

### ***Care Quality Commission (CQC) Safeguarding Protocol 2013***

In February 2013, the CQC launched a revised safeguarding protocol expressing their commitment to safeguarding. This was in the wake of



# Key Achievements in 2012/13

The LSAB partner agencies made commitments to work on specific activities to improve safeguarding arrangements for adults at risk in their organisation and in Lewisham:

## Governance

The LSAB met four times during 2012/13 and held a workshop event in February 2012 to identify key work areas for the Board to develop and improve. The areas identified were:

- the governance of the LSAB and associated partnership arrangements;
- understanding the effectiveness of safeguarding services in Lewisham;
- undertaking targeted work with groups of people most likely to be at risk to prevent harm or abuse;
- ensuring the workforce is skilled and well trained in adult safeguarding across the partnership; and
- ensuring safeguarding adults policies and procedures are in place across the partnership.

These actions were turned into a Business Plan and achievements are reported here.

Sub-groups of the LSAB were established to lead on specific pieces of work and a multi-agency senior officer group was established to support the work of the board and subgroups (see Diagram 1 above).

## Partnership Working

In Lewisham, there are a range of ongoing partnership initiatives which contribute to the safeguarding of adults in the borough.

Lewisham has newly formed a Multi Agency Safeguarding Case Conference (MASCC) to co-ordinate complex safeguarding investigations and review outcomes. This helps to improve information sharing, identify trends and act quickly to prevent abuse or harm.

Voluntary Action Lewisham supports the Communications and Engagement Subgroup of the LSAB. In addition, regular providers meetings have been held to discuss how best to promote safeguarding good practice among the voluntary sector and raise awareness of residents in Lewisham.

The Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. Lewisham has seen domestic violence incidents almost halve over the last five years.

Following a Lewisham Clinical Commissioning Group (LCCG) review, the LSAB identified the need for a single lead person to develop a coherent strategic and operational approach across Lewisham to manage incidences of pressure ulcers. These may be an indication of neglect by carers or self neglect, and without effective management present risks to the overall health of the adult. The LCCG Designate Nurse for safeguarding adults took on this project and has established a multi agency action plan to tackle this issue and to monitor the improvements in practice and processes required. The impact of this work will be reported in the next annual report.

The London Ambulance Service (LAS) has identified safeguarding leads within their service to act as a key point of reference and liaison for staff and external agencies.

The Lewisham and Greenwich NHS Trust has appointed a specialist lead post for safeguarding adults to raise awareness and address known gaps in procedures and process.

### Data collection and analysis to improve service and partnership effectiveness

It has been recognised that there are improvements to be made in both the collection and analysis of information about adult safeguarding. Improvements in recording and reporting are planned for 2013/14.

The LSAB Quality & Performance subgroup has undertaken a mapping exercise to identify the performance data needed from each agency. This will be used to shape the future multi-agency performance reporting and quality assurance framework.

Safeguarding Adults Self Assessments were received from SLaM and Lewisham Hospital, and the progress of their action plans will be monitored through the Q&P sub group. The SLaM self assessment identified a need to review information and records systems to meet requirements and improve safeguarding practice and performance. The outcomes of this review will likely form the basis for understanding how all organisations in the partnership work towards improving safeguarding adults.

The Metropolitan Police Service (MPS) database, shared with local health and social care staff in the Multi Agency Safeguarding Hub (MASH) for children's safeguarding, has been developed to include notification data on adults who 'come to

notice' (CTN) of being at risk of harm or abuse. Some CTN adults require safeguarding services and it is expected the database enhancements will significantly improve the speed at which action can be taken by the safeguarding services on alerts raised by the MPS.

### Making People Safe – targeted work

Organisations within Lewisham have worked collaboratively to identify and safeguard those most at risk within the borough.

Lewisham Youth Offending Service worked with 12 voluntary and community organisations to develop their capacity to help young people and their parents who are susceptible to serious youth violence and gang involvement, including the selling of drugs. Visible policing and combined Police and tenancy enforcement has resulted in sustained reduction in crime on the Honor Oak estate. This community led approach has also reduced ASB complaints.

DoLs information and guidance in the safeguarding training for all staff has helped double the number of urgent DOLS requests reported by the then Lewisham NHS Trust in 2012/13. Identified through the LSAB monitoring, this change provides assurance that restraint/restriction is only used when it is in the best interest of patients.

London and Quadrant Housing introduced a programme of training courses on stress awareness, conflict resolution, personal safety, and communication skills in September 2012. Targeted at vulnerable residents to enable them gain more confidence and to better protect themselves from potential abuse or harm, the courses have proved popular and more have been requested.

In June 2012, the Multi Agency Hoarding Protocol and Panel were launched to support hoarders as a high risk group vulnerable to fire, self neglect, poor health and abuse from others. The initiative supports the work of local organisations by sharing information and best practice, providing an expert panel for complex cases and a comprehensive guide for professionals, with 61 people supported in 2012/13. A full report on this work will be made in the next annual report.

## Staff safeguarding training, advice and support

The LSAB believes that the foundation of good practice is to equip staff to do their job with appropriate training and advice.

The LSAB adopted the National Capability Framework for Safeguarding Adults during 2012/13. A programme of training was devised to improve the capability of adult social care staff, with a focus on the needs of frontline staff & their managers, In addition courses for volunteers & others from the voluntary sector were provided. A total of 147 Council staff and 354 non-Council staff received training.

Mapping adult safeguarding training across all agencies within the partnership has begun. This is aimed at improving the efficiency and effectiveness of training provided through shared resources, targeted training and updating events for all roles within the partnership workforce.

In 2012 Lewisham Homes completed their first mandatory two-year training programme for all service providing managers, staff, operatives and contractors. This tailored training has been provided to over 300 staff, taking into account their roles, to ensure that they are aware of safeguarding issues and how to report them.

The Supporting People Service, which offers housing related support services, has provided safeguarding awareness training for staff over the past year that has resulted in an increase in safeguarding referrals.

Specific training for the Safeguarding Adults Investigating Officer and Safeguarding Adults Manager took place within mental health services at SLAM, resulting in more referrals to the Safeguarding Adults Service.

## Safeguarding Policies and Procedures

During 2012/13 the 'London Multi-Agency Safeguarding Policy and Procedure to safeguard adults from abuse' was further embedded across the partnership. This prompted a review and redevelopment of safeguarding procedures within the Council.

Regular review visits to housing support services by Supporting People Team Monitoring Officers now include a check of safeguarding policy and procedures. Any deficits are addressed through the review action plans.

The safeguarding adults policies and procedures of the London Ambulance Service, the Lewisham Healthcare NHS Trust (now the Lewisham and Greenwich NHS Trust) and Lewisham Homes were all reviewed and updated in 2012/13. The changes improved compliance, ensured the alert process was effective and user friendly and that lead safeguarding staff were readily available. Feedback from staff showed increased confidence in raising alerts when it was believed an adult was at risk.

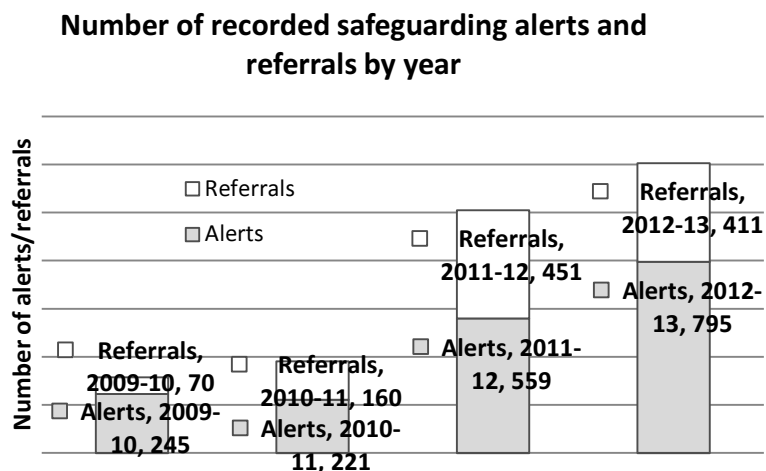
New support tools have also been developed, tested and revised. Lewisham Homes have adopted a case management system for monitoring adult tenants most at risk.

The Lewisham Healthcare NHS Trust board received bi-monthly reports on the number of safeguarding adult alerts that showed a significant increase in alerts indicating the revisions and training were successful in their aims.

# Key Facts and Figures

Lewisham provides annual adult safeguarding information for the Department of Health in the Abuse of Vulnerable Adults (AVA) return. The data is used to assess activity in Lewisham and plan future LSAB work. A summary is set out below:

## Alerts and referrals between 2009/10 and 2012/13



2009/10-2012/13 Comparison, Abuse of Vulnerable Adults Return - Lewisham Final Data

In Lewisham the number of alerts increased every year, and referrals increased until 2012/13, when they fell slightly. One possible explanation is the improved referral pathway and training.

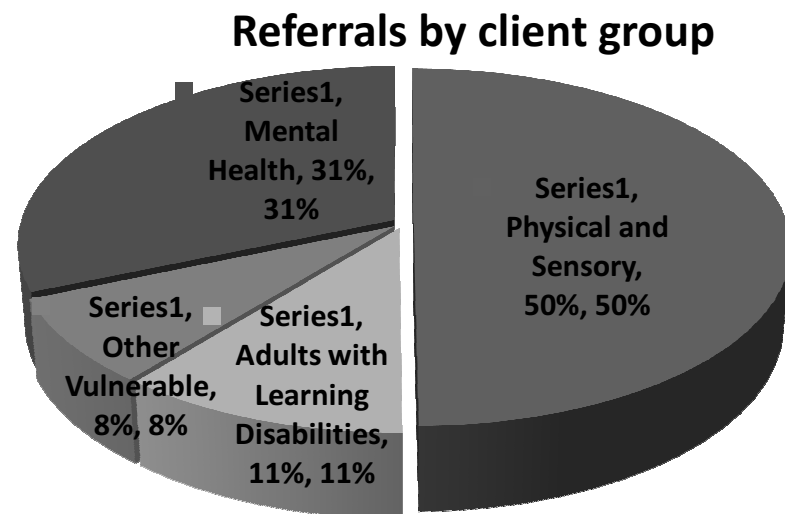
Lewisham raised more alerts during 2012/13 than comparator boroughs on average, but less than the national average<sup>1</sup>. This

<sup>1</sup> Abuse of Vulnerable Adults in England 2012-13. Health and Social Care Information Centre

may reflect the awareness, training and close partnership working in Lewisham to improve recognition of abuse or harm.

Approximately half of all alerts were fully investigated as safeguarding referrals. National and comparator groups showed similar rates of investigation.

## Client Group Referrals

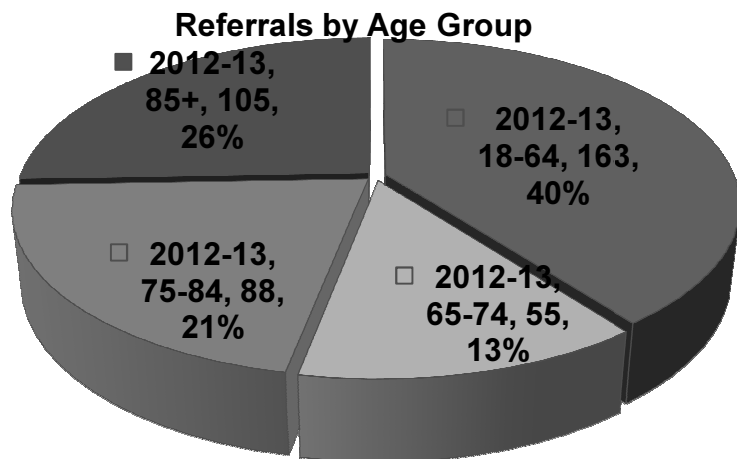


Adult at Risk Client Categories, Abuse of Vulnerable Adults Return, 2012-13, HSCIC

Most safeguarding referrals related to adults with physical or sensory needs, in line with the service user population. The highest increase in referrals related to adults with mental health needs, and adults with learning disabilities saw a smaller increase. Safeguarding referrals for adults with mental health needs were higher than both the comparator borough and national averages, but referrals for adults with learning

disabilities were lower than comparator borough and national averages<sup>2</sup>.

## Referrals by Age Group



Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

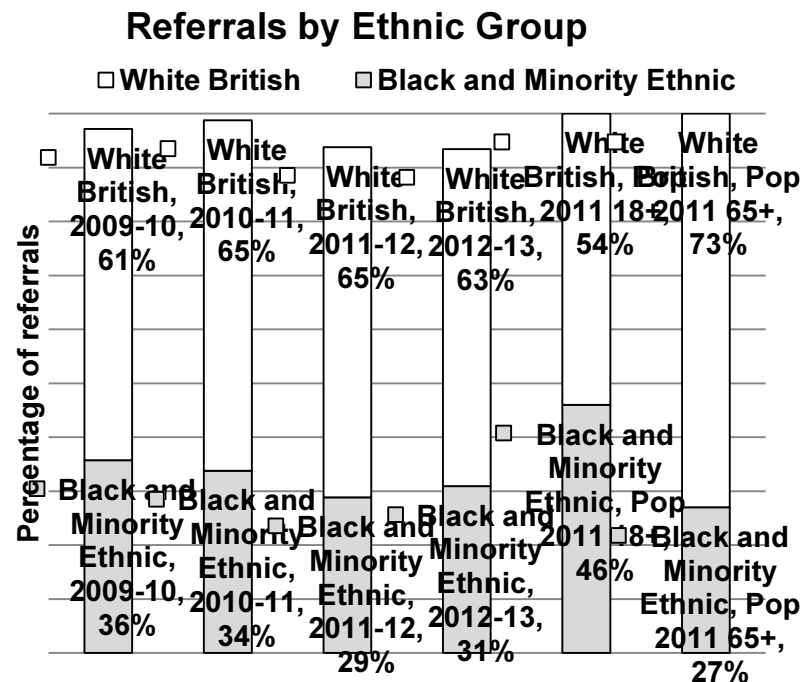
Lewisham's referral rate compared favourably to the national average in 2012/13. Adults aged 18-64 were less likely to be referred in Lewisham than in comparator boroughs and those aged 85 and over were slightly more likely<sup>3</sup>.

This may be due to the higher proportion of younger adults and lower proportion of older adults in the overall population.

<sup>2</sup> Abuse of Vulnerable Adults in England 2012-13, Health and Social Care Information Centre

<sup>3</sup> Abuse of Vulnerable Adults in England 2012-13, Health and Social Care Information Centre

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



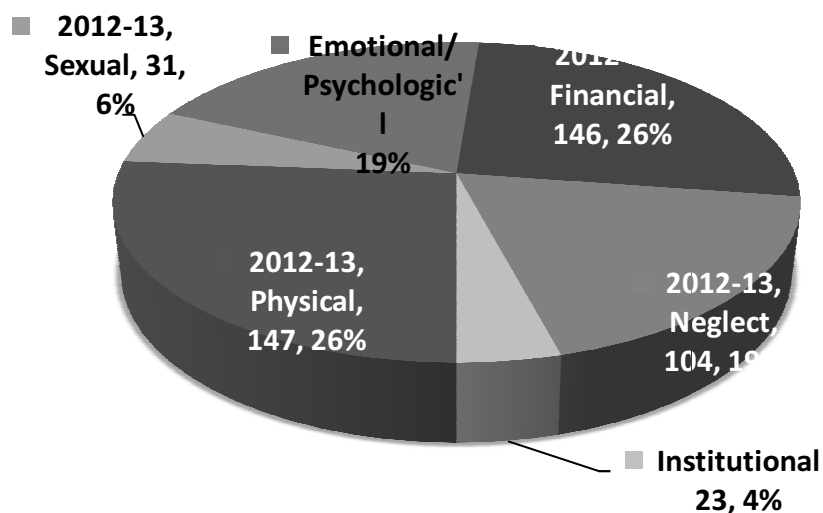
Ethnicity of Adult at Risk, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

More people from Black and Minority Ethnic communities were referred than the overall ethnic profile of Lewisham's population might suggest. However, this may reflect the majority of referrals were from for adults aged 65+, as the 65+ BME communities were smaller than the overall population at around 27%.

A small percentage were unknown, so figures do not total 100%.

## Types of alleged risk or harm

### Alleged Type of Risk or Harm



Abuse or Risk Alleged, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

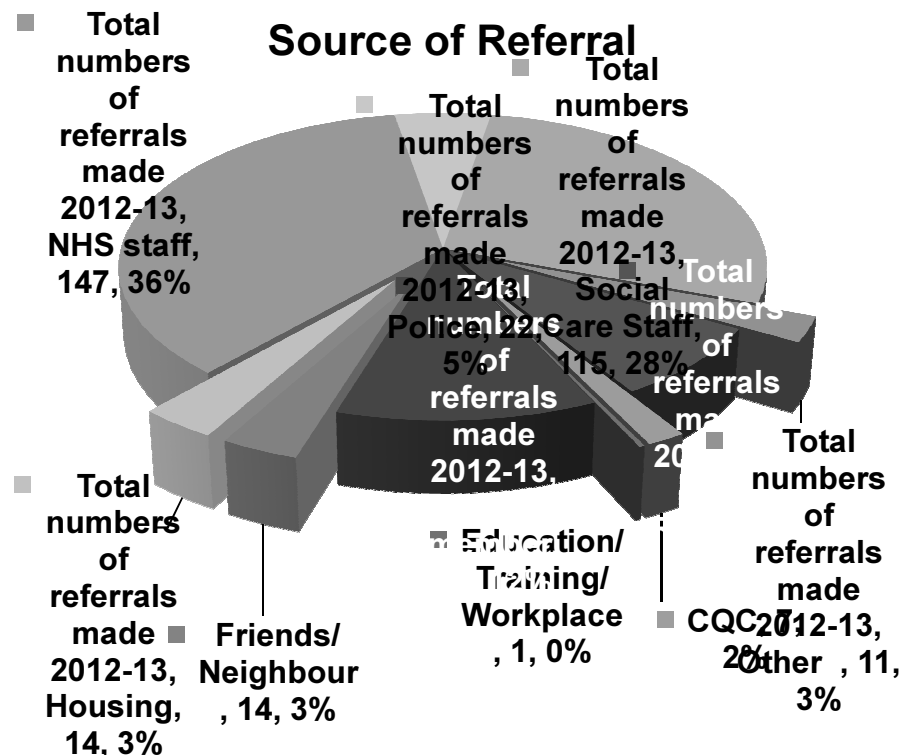
Financial and physical abuse were the most reported types of abuse, although the financial abuse in Lewisham was lower than comparator borough and national averages<sup>4</sup>. Victims of financial abuse were likely to be older women, with those aged 85 and above most at risk, as well as younger men. Younger women were more at risk of physical abuse. Older men were at risk of both financial abuse and neglect.

The number of alleged abuse incidents due to institutional neglect or poor professional practice have risen to 4% since

<sup>4</sup> Abuse of Vulnerable Adults in England. 2012-13, Health and Social Care Information Centre

2011/12. However only 6 cases were substantiated and numbers overall remain low.

## Referral Source



Abuse or Risk Alleged, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data

Overall analysis of the previous four years referral data shows that in Lewisham, adult social care staff made the highest numbers of referrals annually. The data for the 2012-13 reporting period shows NHS staff have made the highest percentage of referrals (51% of all referrals made), with staff from mental healthcare services making up the majority of those referrals. A lower referral rate from social care staff and a higher rate of NHS

staff is thought to demonstrate good partnership working between these organisations and Lewisham Council.

### Self, Family and Friends Who Make Referrals

Self referrals increased from none in 2009/10 to 32 (8%) in 2012/13. Family member referrals declined over the same period, but were the third highest source of safeguarding referrals. Lewisham had a higher combined rate of self-referrals and referrals from family members, friends and neighbours than the comparator borough average<sup>5</sup>. This may indicate an overall good awareness of safeguarding within the community.

### Other Referrals from Partner Agencies

The Metropolitan Police (MPS), those working in the housing sector and the Care Quality Commission (CQC) all increased their rate of referral in 2012/13, although overall rates remained low. Referral organisations recorded as 'other' included the voluntary sector and the London Fire Brigade.

### Where did the alleged risk or harm take place?

Alleged abuse was more likely to be in someone's own home (49%) than a residential and nursing care home setting. This is in line with the comparator borough average, but higher than the national average<sup>6</sup>. The source of risk or harm in one's own home was most likely to be a family member (56%), which included partners (15%) and other family members (41%).

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<sup>5</sup> Abuse of Vulnerable Adults in England 2012-13, Comparator Report, Chart 10 –Locations alleged abuse took place. Health and Social Care Information Centre

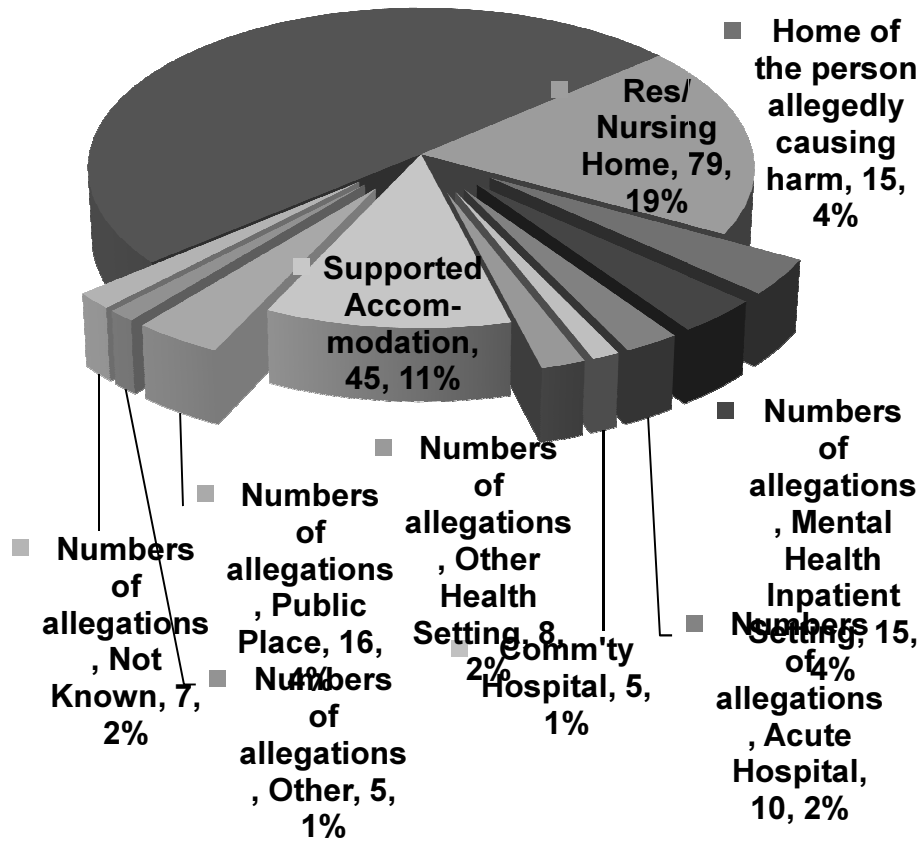
Referrals relating to adults living in supported accommodation rose the most in 2012/13 compared to 2011/12. Referrals relating to adults in care homes have seen the biggest decrease in the same period and are lower than comparator borough and national averages<sup>7</sup>. This category includes both temporary and permanent placements in residential or nursing homes.

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<sup>7</sup> Abuse of Vulnerable Adults in England 2012-13. Health and Social Care Information Centre

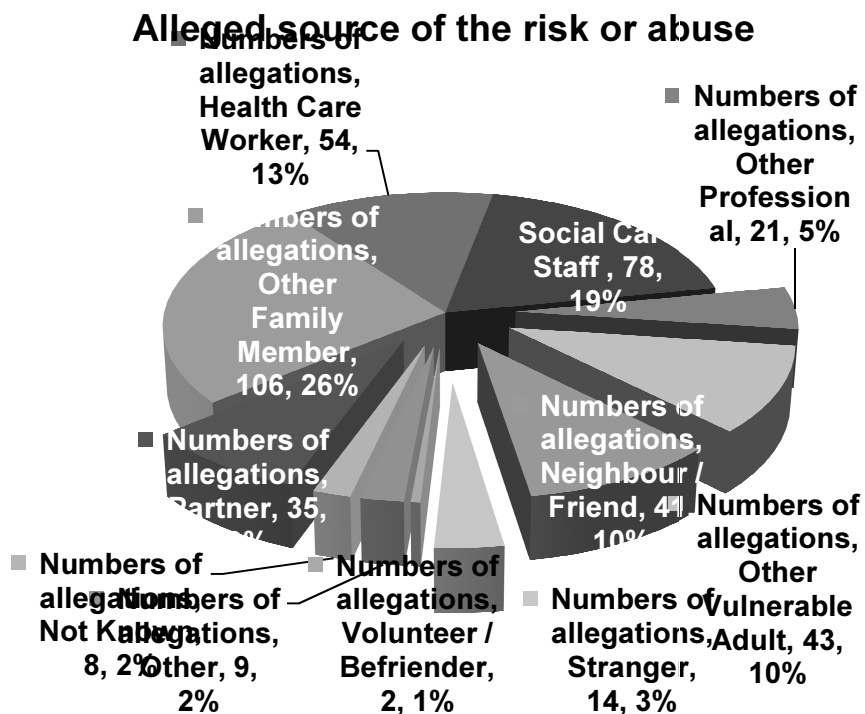


■ Where did the harm or abuse take place?



Location of alleged harm or abuse, Abuse of Vulnerable Adults Return, 2012-13, HSCIC

## Who are those alleged to be the source of the risk or harm?



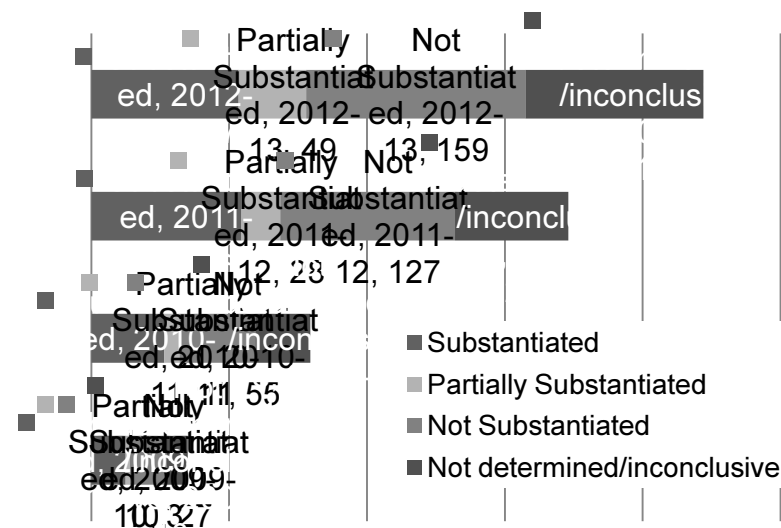
*Alleged person to have caused harm or abuse, Abuse of Vulnerable Adults Return, 2012-13, Lewisham Final Data*

The source of risk or harm in one's own home was most likely to be a family member (56%), which included partners (15%) and other family members (41%). Outcomes for completed cases were 40% substantiated or partially substantiated, 31% not substantiated and 29% inconclusive.

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.

## Outcomes of concluded safeguarding cases

### Outcomes of concluded safeguarding cases



### Numbers of concluded safeguarding cases

Lewisham concluded 444 safeguarding referrals in 2012/13, of which 35% were either substantiated or partially substantiated, which is lower than the 43% national average. Some 36% were not substantiated, higher than the 30% national average. A further 29% of cases had an inconclusive outcome; slightly above the 27% national average<sup>8</sup>. A safeguarding case may have an outcome of "not determined/inconclusive" if there is more than one possible perpetrator and if no evidence of the alleged abuses or harm can be established.

<sup>8</sup> Abuse of Vulnerable Adults in England. 2012-13, Provisional Report, Experimental Statistics

# LSAB Goals for 2013-14

In determining the goals and activity for the forthcoming year the LSAB have analysed all the information from activity, agency safeguarding plans, national and local incidents and the latest research into practice and policy in safeguarding adults.

## Key facts and figures: Analysis and Next Steps

Although still above the national average, the slight decrease in the number of referrals locally can be partly attributed to a number of the achievements such as:

- a clearer referral pathway;
- targeted training and awareness raising across the partnership;
- the introduction of specialist posts; and
- the partnership case conference approach.

However, the detection of abuse or adults at risk by non-social care and other professionals has increased the number of appropriate referrals from those settings, particularly from mental health.

The increase in self, family, friends and neighbour referrals to levels higher than the comparator borough average could indicate there is good awareness in the community. However it will be important to continue to raise awareness and ensure appropriate support is in place for carers and families who remain the most likely perpetrators of harm or abuse.

Low rates of referral for AWLD in Lewisham compared to both national and comparator borough averages needs further

investigation and could suggest that targeted training for staff in those services in 2013-14 is required.

As referral rates for financial abuse for all younger adults are lower than national and comparator borough averages, it may be necessary to broaden the message on the impact of financial abuse on all genders and age groups on future safeguarding publicity, and at training and events.

Although it would appear that detection rates for institutional abuse and poor professional practice are improving, there has not been a matched increase in substantiation of allegations. The Quality & Performance Sub Group of the LSAB will need to review the detailed activity to understand this trend.

Partners will be asked to ensure that data collected clearly records the source of alert to enable trends in activity locally to be identified and understood.

## Further Analysis (other sources)

The self assessment introduced for health agencies during 2012/13 brought the importance of their role in the detection of abuse and safeguarding of adults at risk to the forefront. This approach of self audit and ratings enabled the Board to understand how each organisation is addressing safeguarding adults issues, their role in the system, how data is recorded and where improvements could be made.

The **Winterbourne View Hospital** enquiry recommended that local safeguarding boards should adopt a role of overseeing delivery of the of action plans and scrutinising the outcomes, mainly in respect of AWLD. The themes of **Francis Report** echo the concerns about patient safety, quality of care and the monitoring of services. The **Care Bill** (published in May 2013)

further endorses the role of the Board to coordinate, oversee and hold agencies to account for actions around safeguarding.

The partnership will work both strategically and operationally to address the issues identified by this report. This will enable the Board to ensure that the partnership organisations deliver effective, safe, high quality services and that appropriate monitoring systems are in place.

The recent initiatives and achievements in the Crime Reduction Service highlight the overlaps with adult safeguarding and domestic violence in particular. Collaborative work between the appropriate partner organisations will ensure learning and best practice is shared, particularly from the domestic homicide reviews.

### Goals for 2013-14

These are the key pieces of work that the LSAB will undertake in 2013-14:

- Strengthen and align the strategic work of the partnership agencies to develop a cohesive Lewisham Safeguarding Adults Strategy and Plan to guide the work and bring resources together.
- Monitor Lewisham's progress in response to the recommendations of Winterbourne View Hospital enquiry and the Francis Report.
- Establish a Lewisham Safeguarding Adults Board Compact which describes what is expected of each organisation as members of the LSAB.
- Agree an audit process to assess performance of the Safeguarding Board multi agency partnership.
- Produce a Lewisham Adult Safeguarding Workforce Development Plan.
- Establish a multi- agency quality assurance framework and performance reporting framework.
- Establish an identity and raise the profile of the work of the Board and the partnership to engage with the wider community and promote awareness.
- Work with Children's services and Children's Safeguarding Board to ensure that we have arrangements in place to work collaboratively.

- Support implementation of the Lewisham Management of Pressure Care action plan.

something risky happening, or you have seen other signs and symptoms such as bruises.

## Appendix 1: Glossary

### **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**

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

### **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.

### **AVA**

Annual collection of figures for the Department of Health

### **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.

### **Independent Safeguarding Authority (ISA)**

The ISA helps prevent unsuitable or dangerous people from working with children and adults at risk. It keeps lists of people who have harmed or pose a risk of harm to children or adults at risk and are barred from working with these groups. When an

organisation is employing someone, they can check the ISA's lists as part of the CRB check (see above).

### **Informal Carer**

See unpaid carer on p21 below.

### **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.

### **Multi-agency public protection arrangements (MAPPA)**

Process by which responsible authorities such as criminal justice and social care work together to manage violent and sexual offenders and try to reduce their reoffending in order to protect the public.

### **Multi-agency risk assessment conference (MARAC)**

A multi-agency specialist meeting that shares information on the highest risk domestic abuse cases focuses on the victim's needs and develops a safety plan for each victim. It is part of a coordinated community response to domestic abuse.

### **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**

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.

### **Safeguarding Alert**

See Alert on p19 above

### **Safeguarding Referral**

See Referral above

### **Safeguarding Strategy**

A document that lays out the steps we will take over the next three years to promote the safety and wellbeing of adults at risk in Lewisham, improve safeguarding practice, investigate suspected abuse and protect people who have been harmed.

### **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 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

# Adult Social Care Outcome Framework Indicators

## Background

The Adult Social Care Outcome Framework (ASCOF) was introduced in 2010 following the withdrawal of the National Indicator framework. It has been updated annually since then, and is based on the annual data returns made to the Health and Social Care Information Centre (HSCIC).

For 2012/13, the results have been made available in a new interactive format at <http://ascof.hscic.gov.uk>. This compares each authority with the national average, the regional average (London for Lewisham) and a group of comparator authorities determined by the CIPFA Nearest Neighbour Model. For Lewisham these are: Greenwich, Southwark, Lambeth, Hackney, Brent, Haringey, Ealing, Hounslow, Waltham Forest, Merton, Wandsworth, Tower Hamlets, Newham, Barking & Dagenham, and Croydon.

Domain 4 is the section that addresses outcomes for safeguarding adults. Here are the results for Lewisham

### 1. Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

#### 1.1 4A % people who use services who feel safe

This measure is based on a single question in the ASC user survey - Q7a: "Which of the following statements best describes how safe you feel?", to which the following answers are possible: 'I feel as safe as I want', 'Generally

I feel adequately safe, but not as safe as I would like', 'I feel less than adequately safe', 'I don't feel at all safe'. The indicator counts all those giving the first response as a percentage of all those responding.

We currently score 59.8%, below national (65.1%) but above comparator (58.7%) averages. Results have also improved steadily over the past three years.

#### 1.2 4B % people who use services who say that those services have made them feel safe and secure

This measure is based on a single question in the ASC user survey - Q7b: "Do care and support services help you in feeling safe?" The indicator counts all those saying 'Yes' as a percentage of all those responding either 'Yes' or 'No'.

We currently score 83.3%, above both national (78.1%) and comparator (73.4%) averages. Introduced last year, this year saw a slight drop in the result.



Voluntary Action Lewisham



London Ambulance Service **NHS**  
NHS Trust

**NHS**  
*Lewisham  
Clinical Commissioning Group*

Lewisham and Greenwich **NHS**  
NHS Trust

