Safeguarding is everybody's business

Lewisham
Safeguarding Adults Board
A working partnership to prevent abuse

Lewisham Safeguarding Adults Board Annual Report April 2014 - March 2015

Produced Jan 2016

Contents

Foreword

I am very pleased to introduce this Annual Report, which covers the period of work in preparation to the introduction of the Care Act 2014.

From April 2015 Lewisham Safeguarding Adults Board (LSAB) will need to step up to the requirements of the Care Act and work is currently underway to achieve this. This report lays out the actions which have been taken to date and the priorities for the coming year in taking this work forward. In addition, it should be noted that funding has been agreed to enable the LSAB to have a comprehensive business support team to enable this work to go forwards. This will ensure that all sectors of the community are made aware of how to access safeguarding services, and meet the need for all professionals to understand their respective roles in safeguarding, as well as embedding this at an organisational level across the partnership.

I would like to thank all those who have contributed to the Board this year, including both Board members, individuals and partners who have chaired the sub groups and contributed to the Boards work. I look forward to working with the Lewisham Partnership in the coming year in fully implementing the Care Act and in ensuring that Adults at risk in Lewisham increasingly receive effective and person-centred services which truly meet the outcomes which they are seeking.

Chris Doorly
Independent Chair: Lewisham Safeguarding Adults Board
January 2016

Executive summary

The main focus for the Board in 2014-15 was preparation for compliance with the Care Act 2014 following implementation in April 2015. With statutory guidance only published in October 2014 there was little lead-in time. However significant progress was achieved, by the Chair, Interim Business Manager and Board Member organisations.

A majority of the board partnership agencies modified and revised their existing training to meet the requirements of the Care Act and the Safeguarding National Competency Framework.

The Lewisham Safeguarding Adults Quality Assurance framework was agreed and further work undertaken to develop a clear picture of the specific assurances and evidence the Board will need to be confident that adults at risk in Lewisham are safeguarded.

The Safeguarding Adults at Risk Self-Assessment Audit was completed by key organisations and two challenge and support events held. Resulting compliance action will be monitored by the Board.

Recruitment for the Lewisham Safeguarding Adults Board Team, Business Manager, Development Officer and Administrator, will take place in 2015 – 16. This team will help to ensure that the Board carries out its role and function in compliance with the Care Act 2014 and relevant statutory guidance.

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&GNHST	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 2015. The key priorities for the work of the partnership during the year include:

- A progress summary on the priorities identified by the board last year
- Preparation the LSAB for its statutory role
- Understanding the National and Local influences that affect safeguarding adults
- The impact of Deprivation of Liberty Safeguards new court ruling
- A summary of work undertaken by the board and its' members during 2014 - 15
- Priorities for the next year

The Lewisham Safeguarding Adults Board (LSAB)

This section describes how the Board operates and how it worked towards its statutory role which came into force on 1st April 2015. The overarching purpose of the board is to help and safeguard adults with care and support needs by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- assuring itself that safeguarding practice is person-centred and outcome-focused;
- working collaboratively to prevent abuse and neglect where possible;
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

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 four 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 of 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 six Safeguarding Adults Principles:

Empowerment	Presumption of person-led decisions and informed consent.
Prevention	It is better to take action before harm occurs.
Proportionality	Proportionate and least intrusive response appropriate to the risk presented.
Protection	Support and representation for those in greatest need.
Partnership	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:

- Metropolitan Police Lewisham
- Lewisham and Greenwich Healthcare NHS Trust
- South London and Maudsley NHS Foundation Trust
- Lewisham Homes
- Lewisham Strategic Housing
- Lewisham Adult Social Care
- Lewisham Children and 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 and Quadrant Housing Group
- London Probation Trust
- Community Rehabilitation Company
- Lewisham Public Health
- Lewisham Joint Commissioning Group
- NHS England

Governance and operational structure

The LSAB is a self-governing independent body with a set of legal responsibilities and duties which came into force on the 1st April 2015. The Board's work is supported through the activities of four sub-groups (which became five groups in late 2014 - 15) which focus on key work streams to enhance the effectiveness of the Board. The membership of these sub-groups includes representatives from local organisations as well as the organisations represented on the LSAB itself. Diagram 1 shows the sub-groups that report to the LSAB

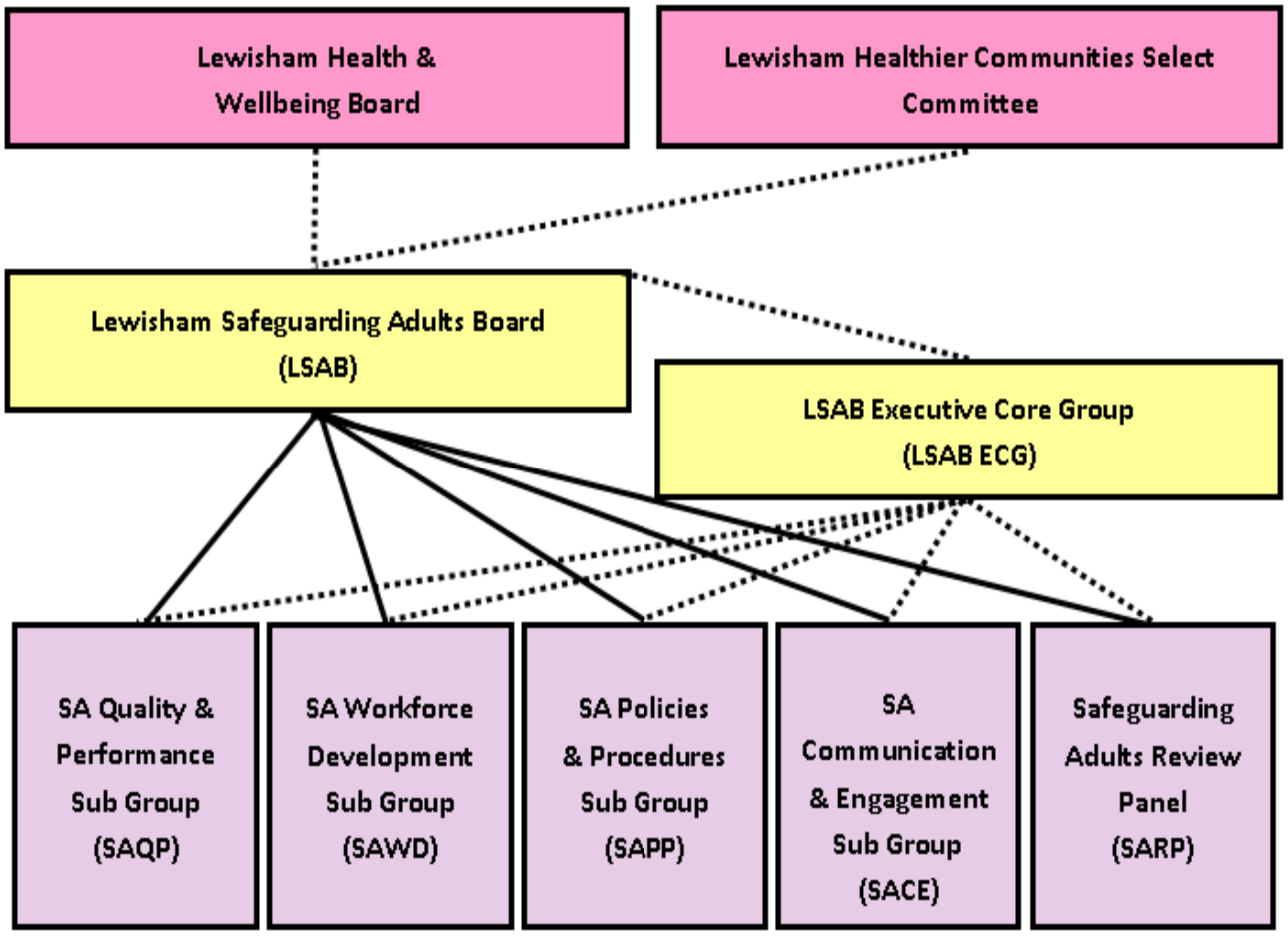
directly and link to the LSAB Executive Core Group (ECG) as part of the governance process

The governance of the Board and sub-groups is supported by the Executive Core Group (ECG). 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. The LSAB Executive Core Group meets three times a year to review the effectiveness of the partnership arrangements supporting safeguarding adults work in Lewisham. It also assists with resolving any barriers to this work and keeps a strategic steer on the work of the LSAB. The sub-groups can also bring issues to the attention of the ECG with the agreement of the LSAB Chair.

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 progressing in Lewisham and to identify any areas of concern or challenge. In addition the Annual Report is shared with the Lewisham Health and Wellbeing Board, which is a multi-agency group with statutory responsibilities. The Care Act 2014 implementation is likely to evolve these relationships further.

Diagram 1

Lewisham Safeguarding Adults Board and sub-groups



Progress report of the LSAB's work towards key objectives

The work priorities for the board are directed and shaped by a number of factors including: local demography alongside analysis of local safeguarding activity information; as well as lessons learned from national or local case reviews; and research or new initiatives. This section details the key priorities from last year's report (2013 - 14) and the progress achieved during 2014 - 15:

LSAB objectives for 2014 - 15

The Board's priority objectives for 2014 - 15 going on into 2015 - 16 are set out below. The activities were aligned to the sub-groups and work streams of the Board. As anticipated much of the year has been occupied with establishing process and structure in preparation for the Care Act implementation most of the project activity will be undertaken in year 2 - 2015 - 16.

The strategy and business plan development began in earnest following the publication of the Care & Support Statutory Guidance in October 2014.

1. Governance, partnership and resources objectives (the LSAB)

a) 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 London Fire Brigade are included on assessment checklists for all staff who visit people in the community.

Outcome
Commissioners have worked with Domestic Care Providers in the Borough to introduce an amendment to the local protocol for assessments to include criteria which trigger a referral to the London Fire Brigade for a Home Fire Safety visit.

b) Complete the governance and strategic strengthening for the operation of LSAB and its activities to comply with the Care Act 2014.

Outcomes
Building on priority 1 from last year's objectives and as shown in the structure (Diagram 1), operation of the LSAB was revised to comply with the requirements of the Care Act 2014.

A RAG (red, amber and green) rated Care Act Compliance Plan for the Board was developed through the Executive Core Group to set the agenda for the work of the sub-groups going forward. Review of the sub-groups and compliance tasks required identified the need to separate the tasks of the Best Practice, Policy and Procedures and Workforce Development group into two separate working groups the Safeguarding Adult Workforce Development group (SAWD) and the Safeguarding Adult Policies and Procedures group (SAPP).

c) 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.

Outcome
The ECG member agencies agreed a proposal to jointly fund a small team consisting of a Business Manager, Development Officer and Administrator to be recruited in 2015.

Policies, protocols and procedures objectives

a) Complete the work to establish the new arrangements for care of pressure sores across the health and social care economy.

Outcomes

In May 2014 by Lewisham & Greenwich NHS Trust introduced a pressure ulcer panel at University Hospital Lewisham to review all pressure ulcer incidents. The panel offers a consistent approach to the review and management of pressure ulcers and, by only using the single RCA investigation tool, releases time for the staff to effectively manage their clinical duties.

In relation to safeguarding it was agreed that the panel would be recognised as the safeguarding strategy meeting, where incidents are escalated as safeguarding concerns, in order that there were no initial time delays in the reporting process. It then offers assurance that the appropriate risk assessment has been carried out, as the immediate actions taken on recognition of the pressure ulcer are noted on the synopsis and also indicated within the Serious Incident report which identifies what actions had been completed to ensure the patient is made safe.

There was a reduction in the total number of grade 3 and 4 pressure ulcers reported as serious incidents in year 2014 - 2015. Analysis of this work has shown that the implementation of the panels has enabled and engaged the staff effectively in the identification of, and the management of pressure ulcers. Further work in 2015 - 16 is planned to expand approaches to improve the early identification and treatment of pressure sores in community settings.

b) Review all existing LSAB policies, protocols and procedures to ensure they are Care Act compliant.

Outcome

This work is delayed until 2015 – 16, awaiting the arrival of the new Pan-London policy and procedures. Interim policies are in place.

c) Produce a standard information pack on safeguarding adults for GPs and Primary Care services.

Outcome

This work was being led by the LCCG, due to a change of personnel in the lead role for safeguarding it has been delayed until early 2016.

2. Training and workforce development objectives

a) Roll out Making Safeguarding Personal (MSP) phase 2 projects and embed the learning from phase 1 MSP across the partnership.

Outcome
Progress has been slow and due to other service priorities and changes to the organisational structure. Phase 2 requires re-establishing alongside the wider rollout of Making Safeguarding Personal across the partnership.

b) Review the training available to ensure it meets current requirements and is Care Act compliant.

Outcome
A majority of the board partnership agencies have modified and revised their existing training to meet the Care Act standards and requirements. The LSAB annual audit process includes detailed information on training carried out and the impacts.

3. Safeguarding Adult Reviews objectives

a) Promote learning from Safeguarding Adult reviews and other serious incident enquiries occurring nationally and locally.

Outcome
During 2014 - 15 the LSAB has heard reports of the Domestic Homicide reviews that have been undertaken in Lewisham and the learning and recommendations have been shared within the safeguarding partnership. There were no Safeguarding Adult reviews undertaken in Lewisham in 2014 - 15.

4. Quality and Performance objectives

a) 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.

Outcome

The Lewisham Quality Assurance framework was agreed at Board. Further work was undertaken to develop a clear picture of the specific assurances and evidence the LSAB would need to be confident that adults at risk are safeguarded in Lewisham. This is known as the Lewisham Safeguarding Adults Assurance Window and underpins work to be undertaken through the LSAB Business plan.

b) Complete the Safeguarding Adults at Risk Self-Assessment Audit process (2014 - 15) and analyse the outcomes to inform the agency's and the LSAB's strategy and business plan.

Outcome
The audit process was completed by key organisations and two challenge and support events held where all member organisations could consider the self-assessments produced. The agency action plan from each assessment forms the basis of the agency's overall Safeguarding Adults Action plan which is monitored by the Board.

c) Consider the demographic data of Lewisham and correlate with Safeguarding Adults information.

Outcome
This work has been deferred to 2015 - 16 awaiting the arrival of capacity within the LSAB support team.

5. Communication and Engagement objectives

a) Hold further events to share learning from current guidance, local and national cases and practice from Safeguarding Adults activity.

Outcome
This development work will follow publication of the Pan-London policy and procedures in 2015 - 16.

b) Redesign the Safeguarding Adults web page (on the LBL website) to provide information about the LSAB and link to partner website.

Outcome
This piece of work has been part of a larger project to redevelop the Adult Social Care webpages as part of the Lewisham Council website begun in early 2015. The individual LSAB webpage is now in development and should be available in early 2016.

c) Implement use of the Board 'brand' for publicity and information.

Outcome
The brand has been widely used for LSAB documents and reports. It is intended to extend its use on a planned webpage hosted on the Lewisham Council website.

The national and local context for the LSAB

National Context

The Care Act 2014

The Care Act legislation and guidance have had a significant impact on safeguarding adults practice and the role of the safeguarding adults' boards during 2014 - 15.

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.

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 Adults 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 Service.

Care Quality Commission

During 2014 - 5 the Care Quality Commission (CQC) continued its reorganisation process in response to 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 2103 defined their relationship to local SAB's 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.

Local Context

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 less than 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 31st 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 - with 83% of residents identifying themselves as having good or fairly good health. However, 5% identify themselves as having poor or very poor health.

Approximately 8,600 people received a service from Lewisham Adult Social Care Services in 2014 - 15 (an increase of almost 63% from 2013 - 14). Of these 6,062 (+ 89%) were aged 65 or older, with approximately 52% having physical health problems or physical disability as their primary need (previously 72%). 4.6% (previously 27%) had a primary mental health need, with 1% having a learning disability. For 18 to 64 year olds, just fewer than 2,600 received a service (an increase of approx. 24%). Of these, just below 30% had physical health or physical disability as a primary need for support, 25% (previously 29%) had a learning disability and 7% (previously 41%) had mental health problems.

It is noticeable, especially for the 65+ group, that there has been a substantial rise in numbers who have received a service in the year 2014 - 15. This is largely attributable to the dramatic changes, under the then impending Care Act, in the way adult social care and its services were re-organised and shifted towards prevention, to meet the needs of people and enable them to remain living independently in the community for longer. Two simple examples of this would be a shift to re-ablement or short term services to get people who have experienced a planned or unplanned hospital episode back living independently in the community and assessing the needs of every carer to support them caring for someone in the community.

The changes in the reporting framework required by the Health & Social Care Information Centre - from *Referrals, Assessments and Packages of Care* (RAP) to *Short and Long-Term Support* (SALT) data. SALT is a more outcomes focused data that we use to record the changes required by the Care Act has also had an effect on the type of data we collect for this particular statutory return.

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 Adult Reviews

There were no safeguarding Adult Reviews during 2014 - 15.

Reports from organisations represented on the LSAB

Lewisham Adult Social Care Services

In this section are the reports from Lewisham Adult Social Care Services on the Safeguarding Adult return 2014 - 15 (for which the local authority has lead responsibility), the Mental Capacity Act, and Deprivation of Liberties scheme activity. Case studies have been used to illustrate the content of these sections.

Lewisham Adult Social Care Services offer all forms of personal care and practical assistance for people in need, aged 18 and over. This support could be needed because of age, illness, disability, or a range of other social or health related circumstances.

Lewisham Council is the lead agency for safeguarding adults in Lewisham and provides the service which receives concerns raised about adults at risk. It provides the legal investigative response and manages the processes for making the person safe and reducing or removing the risk, in conjunction with partner agencies and services.

The service is provided through the Adult Social Care Services (ASCS) that have lead workers specially trained to investigate and manage the safeguarding adult process. All

social workers, occupational therapy staff and support planners receive mandatory safeguarding adult training. Key operational managers and senior social workers receive additional training to act as safeguarding adults' managers in order to manage safeguarding adult casework from initial referral to conclusion of the case.

Safeguarding Adult practice is monitored as part of regular supervision that workers receive, and audited on a regular basis. Cases which involve organisational abuse, health care services, care home or domestic care providers are usually scrutinized at a multi-agency meeting to confirm if the harm or abuse has taken place and ensure appropriate remedial action is taken by the provider agency. This forum reports to the Safeguarding Board and the Safeguarding Adult Review Group meeting using the LSAB Quality Assurance Framework.

Information regarding the quality or safety of a provider service is shared with commissioning colleagues and other agencies (as required) to ensure that improvements or regulatory action is undertaken.

A majority of the improvement actions for Lewisham's Adult Social Care Service identified within the Safeguarding Adults at Risk Audit 2014 were complementary to those objectives identified as priorities in the LSAB Annual report 2013 - 14. These included strengthening governance, developing the quality and performance framework, and improving communications (both internally and externally). These improvements have been partially completed as described above. Some actions such as establishing new policy and procedures to comply with the Care Act have been partially completed with interim arrangements in place until such time as the new Pan-London Policies & Procedures are completed; these are expected to be launched in February 2016.

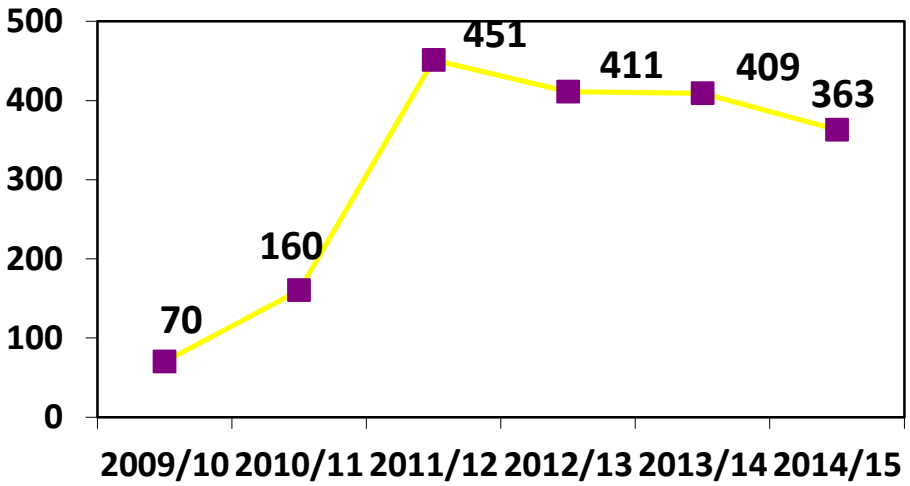
Safeguarding Adults Collection (formerly Return) 2014 - 15

Introduction

- The relatively new collection of data began in 2013 - 14. Originally called Safeguarding Adults Return, the acronym (SAR) was too easily confused with the Safeguarding Adult Review, so has been changed to Safeguarding Adults Collection (SAC).
- It records details of safeguarding referrals relating to adults aged 18 and over in England.
- For the purposes of this return, a safeguarding referral is where a concern is raised about a risk of abuse and this instigates an investigation under the safeguarding process.
- The data within this return does not include any cases relating to self-neglect or self-harm.
- The SAC 2014 - 15 covers the reporting period 1 April 2014 - 31 March 2015.
- During this reporting period there have been no Serious Case Reviews.

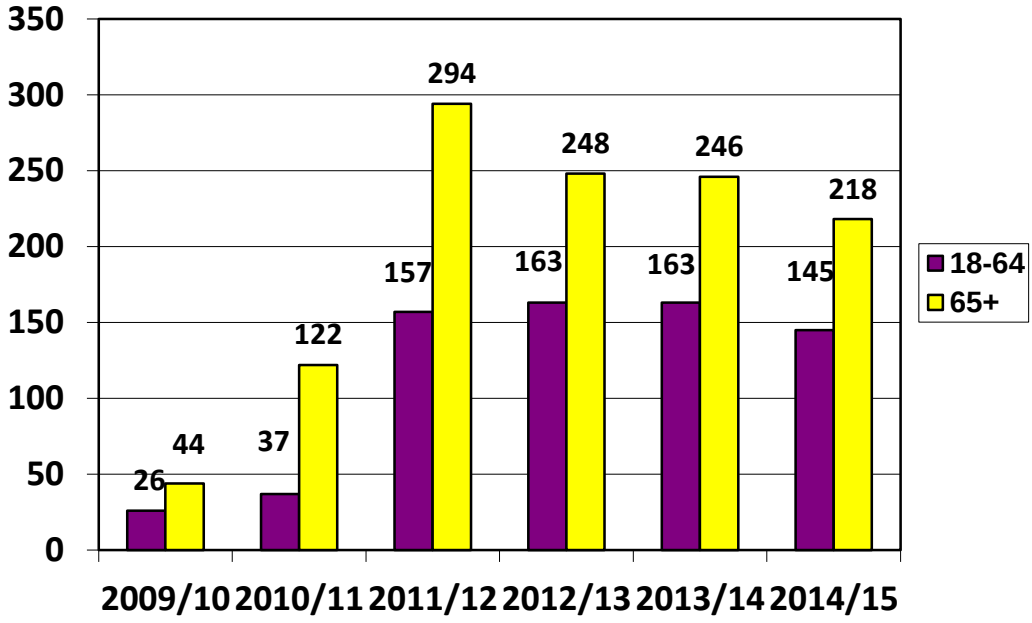
Number of referrals

In 2014 - 15 there were **363** safeguarding referrals relating to adults in Lewisham. This is the third consecutive year in which the number of referrals has decreased. Of all referrals in 2014 - 15, 88% of adults were already known to the Council.



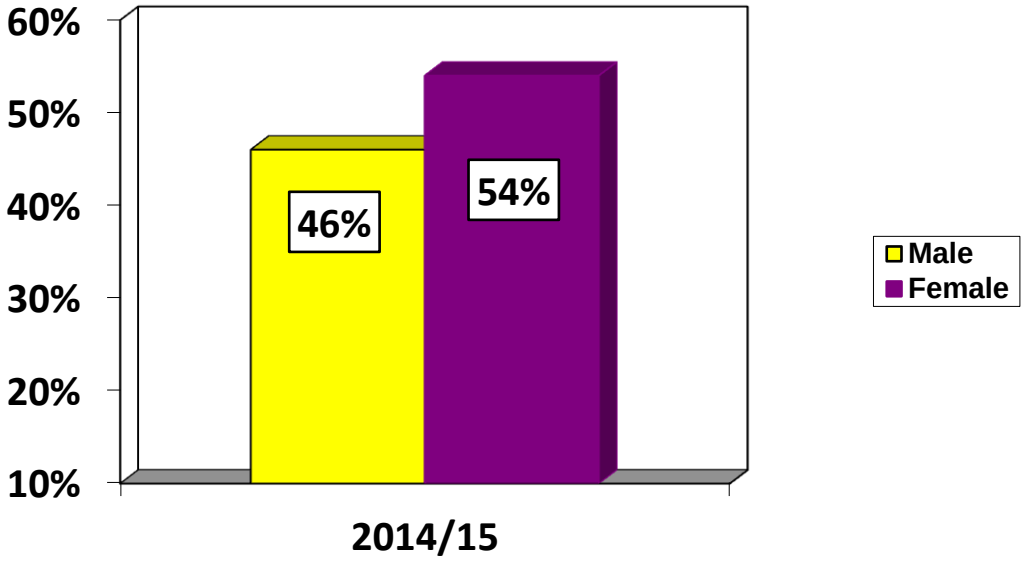
Referrals by age

In 2014 - 15, 60% of safeguarding referrals related to older adults aged 65+. The overall percentage of referrals for older adults aged 65+ remains unchanged for the last three years.



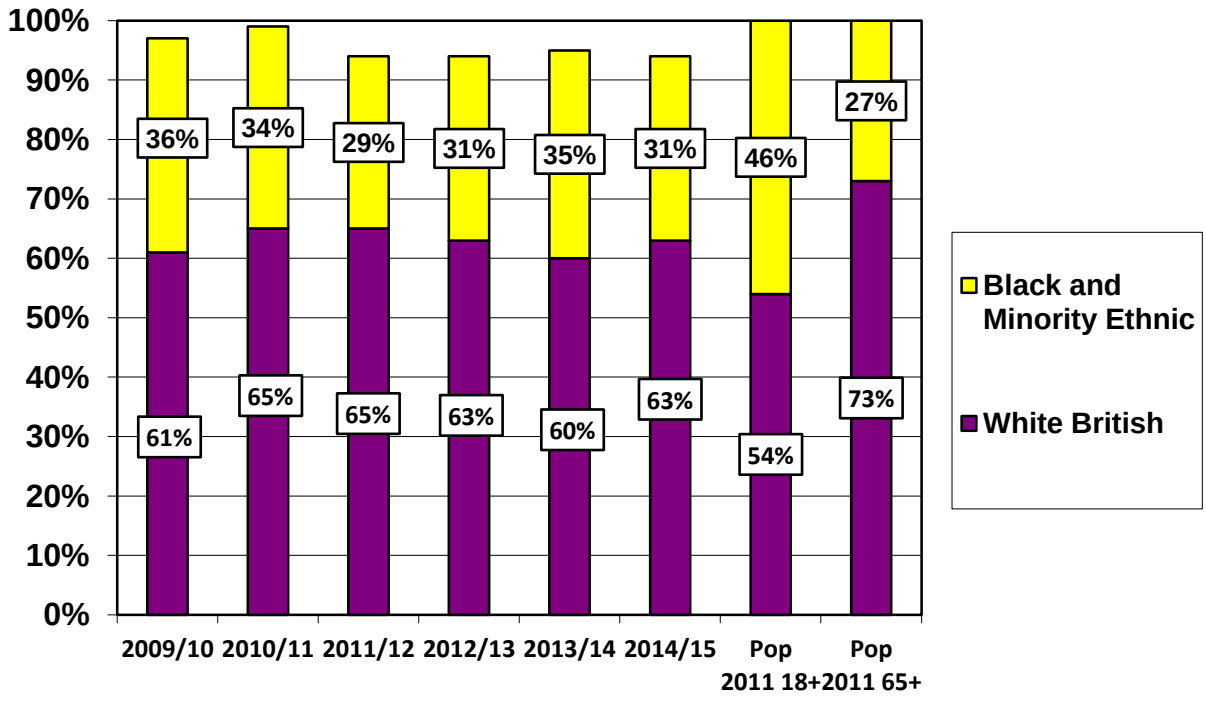
Referrals by gender

In 2014 - 15, just over half (54%) of the 363 safeguarding referrals were for female adults. This was 8% higher than the referral of male adults. The gender was unknown for one adult referral



Referrals by ethnicity

In 2014 - 15, the percentage of adult referrals from the BME community (31%) was lower than the overall borough profile for this community (46%) according to 2011 Census data. However, across all adult referrals the majority were for those aged 65+. The overall borough profile for BME falls to 27% at 65+. Therefore the 31%of BME adult referrals is more closely aligned to this profile.



Primary Support Reason

- Primary Support Reasons (PSRs) describe what type of support is being provided to the adult at risk.

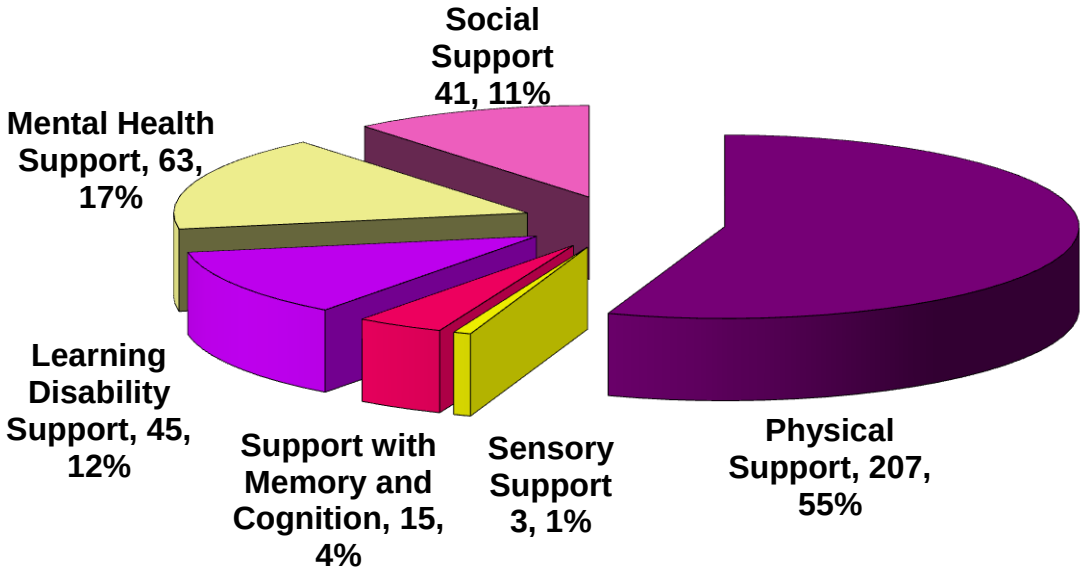
- PSR is determined through a social care risk assessment or review and then recorded on the local care management system.

- Each **different PSR** that was active at the time of the safeguarding incident is recorded regardless of whether they relate to short or long term support. Some of the individuals at the time when they were referred for safeguarding either were assessed as needing or were receiving care for more than one primary support need. For example an individual being safeguarded who has existing mental health needs and recently experienced a serious accident resulting in a physical health need would count as having two primary support needs even if the 'disability' is only temporary.

- As such, the number of PSRs recorded may be higher than the total number of adult referrals.

Number of individuals by PSR

In 2014 - 15, there were 374 PSRs recorded. More than half of adult referrals recorded physical support as the PSR. Mental health support (17%) was the second most common reason, though this has fallen by seven percentage points since 2013 - 14.



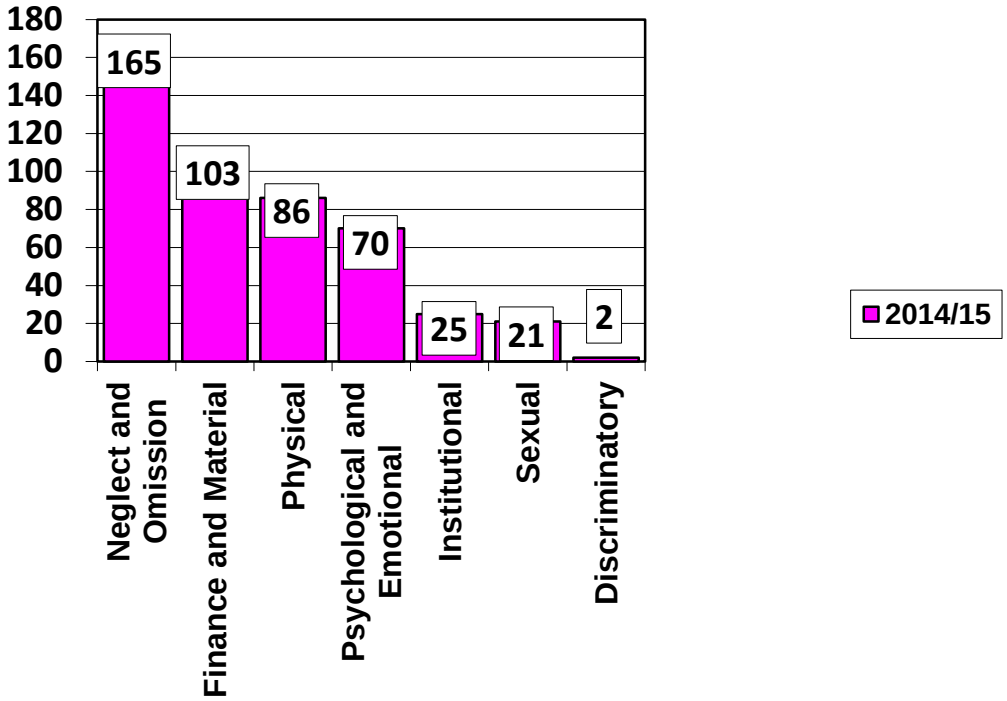
Type of risk – definitions

The type of risk describes the nature of the allegations made, such as physical or sexual. Multiple types of risk may be included in each adult safeguarding referral. The definitions for types of risk are as follows:

Classification	Definition
Physical	Includes hitting, slapping, pushing, kicking, misuse of medication and restraint or inappropriate sanctions.
Sexual	Includes rape and sexual assault, sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.
Psychological	Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support networks.
Finance and Material	Includes, theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Neglect and Omission	Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
Discriminatory	Includes abuse based on a person's race, sex, disability, faith sexual orientation, or age, other forms of harassment, slurs or similar treatment or hate crime/hate incident.
Institutional	Includes poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment.

Type of risk – completed referrals

In 2014 - 15 the most common type of risk reported for completed referrals (358) was neglect and omission, cited in 165 referrals. This was also the most common type of risk reported in 2013 - 14. The figures in the chart below represent the number of actual risks reported, a total of 472 and the table below details the number of risks reported for each completed investigation (referral).



Breakdown of the numbers of multiple types of risk for each safeguarding referral completed in 2014 – 15.

Number of types of risk reported per completed referral				
	1 type of risk	2 types of risk	3 types of risk	4 types of risk
Numbers of referrals	254	77	26	1
Percentage of the total number of completed referrals	71%	21%	7%	>1%

Location of risk - definitions

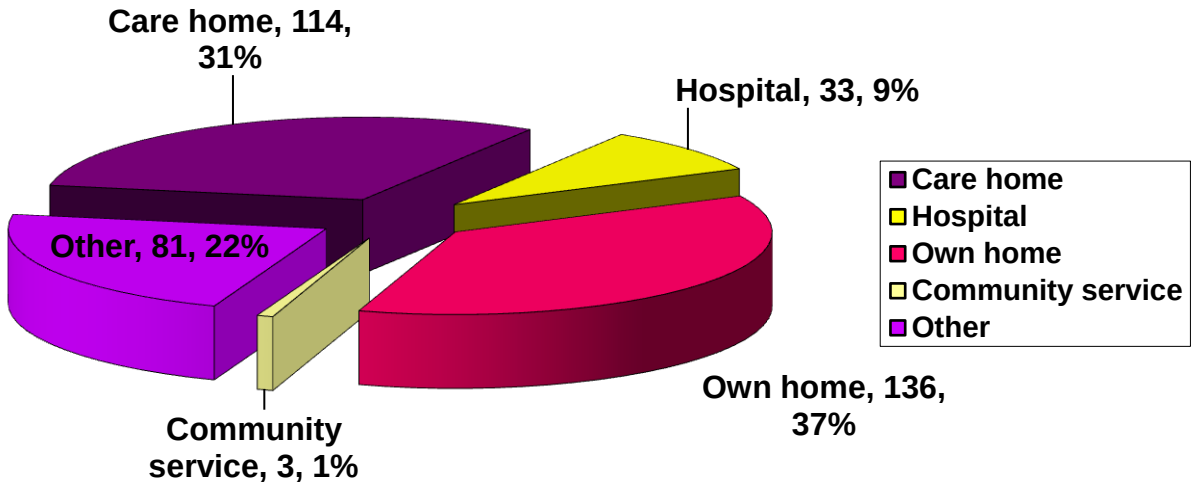
The location of risk describes where the alleged safeguarding incident took place. Multiple locations may be reported per referral. Notes about location types are as follows:

Classification	Notes
Care Home	Can include residential and nursing homes. Can be used whether the person is at the care home on a permanent or temporary basis.
Hospital	Can include any type of hospital premises. The individual at risk could be a patient or a visitor.
Own Home	The residence where the adult at risk usually lives. Includes property owned by the individual, family or friends. Can include rented or supported accommodation.
Community Service	A location that provides a service to the local community. Can include things like community centres, a library, school or church, a hostel a GP or Dental Surgery.
Other	Includes any other setting that does not fit into one of the above categories. This could include public places, offices, retail property or other people's homes.

Location of risk – completed referrals

In 2014 - 15 the most common location where the alleged safeguarding incident took place was the individual's own home, cited in 136 referrals.

There were 33 incidents alleged to have taken place in a hospital setting, a decrease from the 65 cited in the previous year.



Definitions of actions

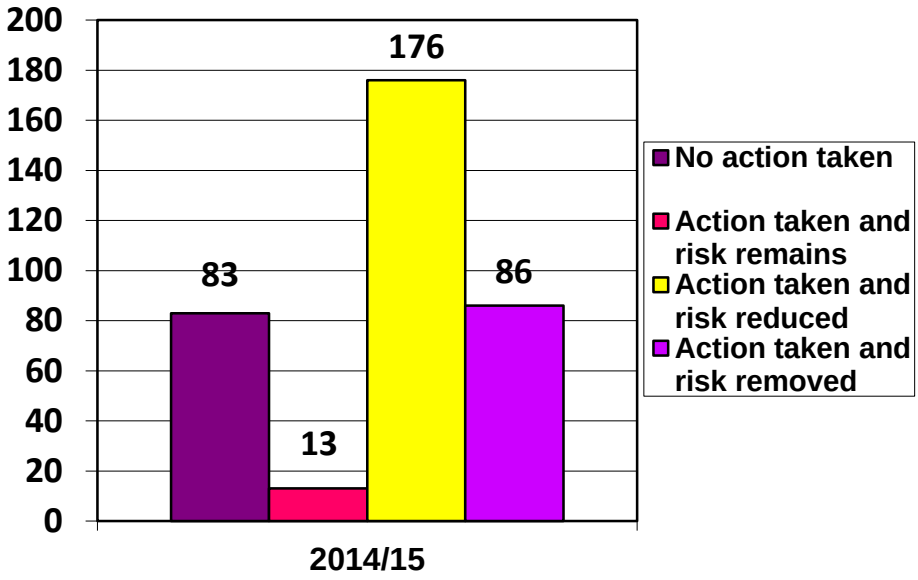
Action can include anything that has been done as a result of the initial safeguarding concern (alert) or subsequent investigation (referral). It includes things like disciplinary action for the alleged perpetrator, increased monitoring of the adult at risk, referral to a counsellor or a referral for a social care assessment. **Action does not include the investigation itself.**

The definitions for results of actions taken are as follows:

Classification	Definition
Action taken and risk remains	If action has been taken as a result of the alert/referral but the circumstances causing the risk is unchanged and the same degree of risk remains. It is acknowledged that there are valid reasons why a risk remains, for example in the case of an individual wanting to maintain contact with a family member who was the source of the risk but the safeguarding officer refers the individual at risk for counselling.
Action taken and risk reduced	If action has been taken as a result of the alert/referral and the circumstance causing the risk has been mitigated to some degree. It is acknowledged that there are valid reasons why a risk is reduced rather than removed, for example if an incident occurred in a care home where the perpetrator was not identified but the individual at risk was to be monitored more closely going forwards.
Action taken and risk removed	If action has been taken as a result of the alert/referral and the circumstances causing the risk has been completely removed so the individual is no longer subject to that specific risk. This could happen if a care worker in a care home is the perpetrator and they are dismissed as a result of their behaviour.
No action Taken	This category was previously called No Further Action but the definition remains the same. This category should only be used where no safeguarding action has taken place at all during the case and no further action is planned. The category name has been changed since it was found to be misleading and this has caused errors in previous returns.

Results of actions taken

Actions that were taken either by the Council or other organisations such as the police or a care home, reduced or removed the risk in almost three-quarters (73%) of cases. In only 13 cases (4%) was action taken, but the risk remained



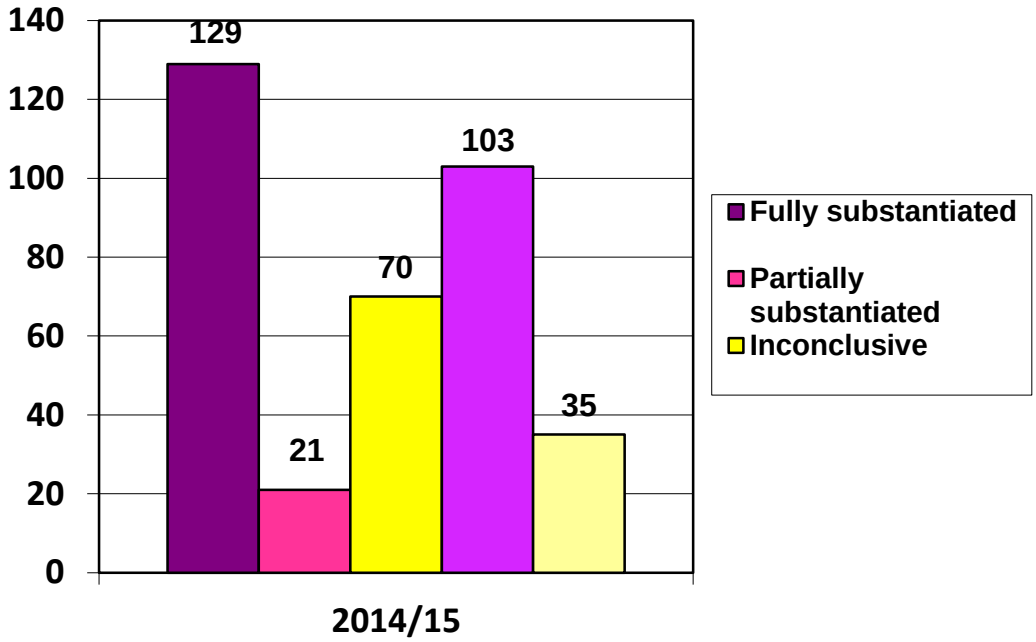
List of conclusions

The conclusion of a referral is a professional judgement about whether the allegations made are believed to have happened on the balance of probabilities. There is only one conclusion per concluded referral but there can be multiple entries if there are multiple sources of risk. The list of conclusions is as follows:

Classification	Definition
Fully Substantiated	Where all allegations were believed to have happened on the balance of probabilities.
Partially Substantiated	Where one or more, but not all, of the allegations were believed to have happened on the balance of probabilities. For example, a referral that includes allegations of physical abuse and neglect, where the physical abuse can be proven on the balance of probabilities, but there is not enough evidence to support the allegation of neglect.
Inconclusive	Refers to cases where there is insufficient evidence to allow a conclusion to be reached. This could happen if the case involves one person's word against another and no other witnesses have been found or if a key witness had passed away.
Not Substantiated	Refers to cases where the allegations are not believed to have happened on the balance of probabilities.
Investigation Closed	Refers to cases where the individual at risk does not want an investigation to proceed and the investigation is ceased. In some cases where the individual does not want an investigation to proceed, the investigation must continue because of a duty to protect others in that environment. In these cases, the conclusion would be recorded in one of the above categories.

Conclusions per completed referrals

Of the 358 completed referrals in 2014 - 15, over one-third (36%) were **fully substantiated**. Over a quarter (28%) was **not substantiated**. The **investigation ceased** in 10% of completed referrals.



Mental capacity categories

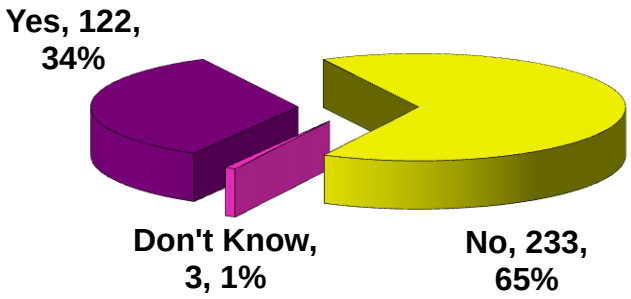
The mental capacity of individuals involved in referrals that concluded during the reporting period is recorded as part of the return. The list of capacity categories are as follows:

Classification	Definition
Yes	Where a Mental Capacity Act Assessment has taken place and found the individual to be lacking capacity.
No	Where a Mental Capacity Act Assessment has taken place and found the individual does not lack capacity OR Where no-one has reason to believe that the individual lacks capacity.
Don't Know	Where the safeguarding officer does not know whether the individual at risk died or became seriously ill before they could be spoken to.
Not recorded	Where the capacity of the individual at risk has not been recorded on the local system.
Of the concluded referrals recorded as "yes", in how many of these cases was support provided?	For every referral in which an individual lacks the capacity to make decisions about the safeguarding incident, practitioners should ensure that appropriate support is provided by an independent advocate, friend or family member.

Mental capacity by completed referrals

In over one-third of completed referrals in 2014 - 15, the adults involved were found to be lacking mental capacity. In 116 out of these 122 cases (95%), appropriate support was provided by an independent advocate, friend or family member.

Number of concluded referrals					
	18-64 Years	65-74 Years	75-84 Years	85-94 Years	95+ Years
Number of "Yes" classifications	44	16	34	21	7
Number for whom support was then provided	41 (93%)	16 (100%)	32 (94%)	21 (100%)	6 (86%)



Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) came into effect on 1st April 2009. They protect the human rights of vulnerable adults by providing for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

The local authority has lead responsibility for administrating this service on behalf of all health and social care partners and for ensuring that any deprivation is properly authorised and reviewed. Six assessments must be completed before a local authority can assure itself that the necessary requirements are met and an authorisation of the deprivation of liberty can be granted. The Local Authority has a statutory duty to ensure that where a person has no family or friends to represent them, Independent Mental Capacity Advocates (IMCA) and Paid Representatives are commissioned to support the person during the assessment process and for the length of the authorisation itself.

The Safeguarding Board 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).

The Supreme Court (Cheshire West) Judgement

On 19 March 2014, the Supreme Court handed down a landmark judgment in the case of “P v Cheshire West and Chester Council and another” and “P and Q v Surrey County Council”.

The judgment clarified the test and definition for Deprivation of Liberty for adults who lack capacity to make decisions about whether to be accommodated in care. Using the revised test for a deprivation, a person is now deemed to be deprived of their liberty if they are; under continuous supervision and control, are not free to leave, and if they lack the capacity to consent to these arrangements. This is referred to as the ‘acid test’.

The ruling also determined that people in other settings such as Supported Living environments or living in their own homes, could, in certain circumstances be deprived of their liberty. Deprivations of liberty in these settings must be authorised by the Court of Protection as opposed to using the DoLS process.

The Supreme Court also held that factors which are NOT relevant to determining whether there is a deprivation of liberty include the person’s compliance or lack of objection and the reason or purpose behind a particular placement. It was also held that the relative normality of the placement, given the person’s needs, was not relevant. This means that the person should not be compared with anyone else in determining whether there is a deprivation of liberty.

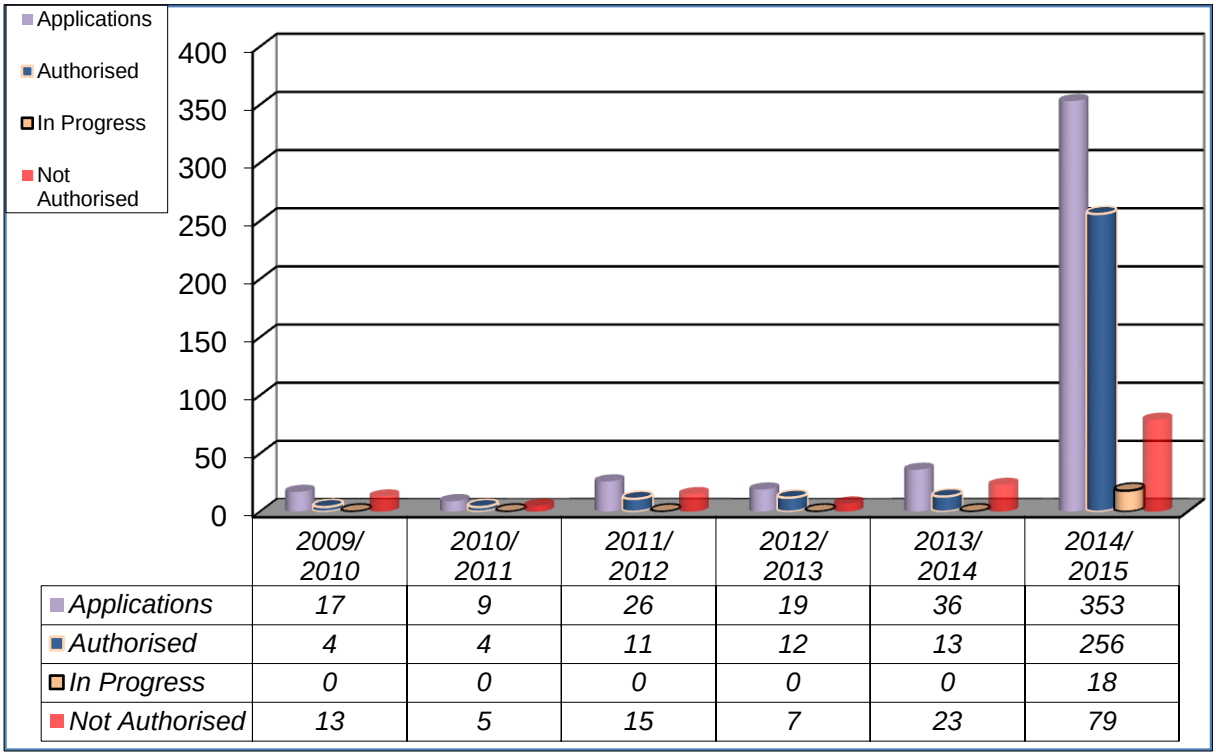
As a result of these changes a much greater number of service users and patients are now subject to a deprivation of liberty and now come under the protection of the DoL Safeguards.

The impact of the Cheshire West Judgement post March 2014.

It is positive that a greater number of people now fall under the protection of the safeguards. For example, there was an increase in the number of referrals for people with a learning disability in 2014 – 15, as awareness of the safeguards increased. Those with learning disability represented 25% of the total number of referrals, compared to only 3% the previous year.

However the ruling has had a significant impact on Local Authorities and Managing Authorities (Hospitals and Care Homes) and on IMCA services across the country. In line with national figures, Lewisham saw a ten-fold increase in the number of referrals received in comparison to the previous year, receiving 353 applications as compared to 36 in 2013 - 14. The lowering of the threshold and the fact that certain factors can no longer be considered as relevant when assessing whether a deprivation of liberty is occurring, means that a far greater percentage of applications now lead to an authorisation being granted. In 2013 - 2014 only 36% of applications made led to an authorisation, compared to 72% in 2014 - 2015, and all of these authorisations will need to be reviewed and renewed, following the same 6 - assessment process.

Unlike other Local Authorities, Lewisham have not implemented a waiting list and the majority of all assessments have been completed within the statutory timeframes.



	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013	2013/ 2014	2014/ 2015
Applications	*17*	*9*	*26*	*19*	*36*	*353*
Authorised	*4*	*4*	*11*	*12*	*13*	*256*
In Progress	*0*	*0*	*0*	*0*	*0*	*18*
Not Authorised	*13*	*5*	*15*	*7*	*23*	*79*

Local and Government Response to Judgement

The increased activity has meant that significant additional resources have had to be identified to fund Independent Mental Health Assessors (IMCA's), Independent Best Interest Assessors, Paid Representatives, training, and DoLS Coordinators to ensure that Lewisham fulfills its statutory duties.

In March 2014 Lewisham re-provisioned its IMCA contract, increasing the capacity of DoLS IMCA's and Paid Representatives in order to cope with the increased demand.

In March 2014 a House of Lords select committee conducting a post-legislative scrutiny of the Mental Capacity Act found that DoLS were not "fit for purpose" and called for them to be replaced. The committee also recommended that the new system should extend to cover people in supported living arrangements, not just hospitals and care homes. In the summer of 2014 the Law Commission commenced their review of DoLS with the aim of publishing recommendations for reform and a draft Bill, in the summer of 2017.

A major review of the DoLS forms and paperwork was completed by an ADASS (Directorate of Adult Social Services) led task-group, with new forms introduced early in 2015, aimed at reducing the bureaucracy associated with the DoLS process.

Mental Capacity Act /DoLS Case Study

Mrs. S is a 92 year old with diagnosis of dementia who has lived in a nursing home for 3 years after it was felt that she could no longer be supported in the community. Mrs. S settled quickly in her placement and she informed family and professionals that she was happy with the care being provided, however her dementia has declined in the last 2 years and she is now deemed to lack the mental capacity to consent to her care and treatment. Due to her cognitive impairment and general frailty she requires intensive support with all activities of daily living. Two carers provide assistance with personal care several times a day using a hoist to assist with transfers, and she is closely supervised when mobilising to reduce the risk of falls.

She can be unsettled in the evening so half hourly observations are carried out during the night to ensure her safety and well-being. Occasionally Mrs. S becomes agitated and distressed when staff are attending to her personal care. Staff use distraction techniques and do all that they can to provide reassurance at these times and she very quickly settles and calms down after these episodes. She has never asked to leave and has made no attempts to do so. She has a care plan that includes regular activities, and 3 times a week her niece comes and takes her out shopping and to visit her sister who lives close by.

In the case of Mrs. S she would now, post Cheshire West come within the scope of the Safeguards, where previously she would not. The Best Interest Assessor's focus is now on in determining whether the 'acid test' is met.

For the Best Interest Assessor this is a case of determining the subjective and objective elements of the care plan. What care and treatment is provided and how frequently helps to demonstrate the degree of constant/continuous supervision. In the case of Mrs. S this is clearly evidenced by the presence of frequent personal care interventions, dependence on staff for mobilising, and the monitoring at night.

Control is clearly evident by the high degree of support provided and her lack of capacity to consent to it. Essentially she is wholly dependent on staff to assist with all care, in order to provide this staff control what happens to her, decide how it happens and who provides the care. Despite the evidence of frequent trips out with her niece Mrs. S is still not free to leave, this element of the acid test is about what staff would do if Mrs. S made an attempt to leave the home, either to go out (unaccompanied) or to leave more permanently. If the answer is that they would stop her then she is not free to leave.

Pre Cheshire West, a decision as to whether a deprivation of liberty existed was more complicated, relying on a list of factors which had been considered relevant over a series of cases presented to the Courts. Broadly speaking, high weight would have been given to whether Mrs. S was objecting to her placement; whether she had made meaningful attempts to leave, the degree and intensity of the care being provided, including how frequently any restraints and restrictions were used and the impact on Mrs. S, and finally, the 'Rule of normality' i.e. whether the care provided would be different for any other person with the same health issues.

When considering all of these elements Mrs. S would not have been seen as being deprived of her liberty as she was not making meaningful attempts to leave, the restrictions in place were not of the degree and intensity to tip into a deprivation of her liberty and she would fail the relative normality test.

Cheshire West has given Best Interest Assessors a clearer test to apply when considering whether a deprivation of liberty exists, bringing more people under the protection of the safeguards.

South London & Maudsley NHS Foundation Trust

South London and Maudsley NHS Trust (SLAM) provides mental health services across the boroughs of Lewisham, Southwark, Lambeth and Croydon. It also provides a range of National Specialist mental health services as well as Substance Misuse services within the boroughs of Greenwich, Bexley and Wandsworth. In addition the trust provides a Child and Adolescent Mental Health Service for Kent and Medway including an inpatient unit. The Trust covers a large geographical area and has community based services across all of the above boroughs as well as four hospital sites at The Maudsley Hospital, The Bethlem Royal Hospital, Lambeth Hospital and The Ladywell Unit at Lewisham University Hospital.

Internally, the Trust is divided into a number of Clinical Academic Groups (CAGs) which provide services across borough boundaries. The Trust has integrated adult mental health services within its four core boroughs. Community Mental Health Teams (CMHTs), for adults of working age, in these boroughs undertake some delegated adult social care functions including formal multi-agency safeguarding adults processes. Within Lewisham SLAM services, this work is overseen by the Local Authority Head of Social Care for adult mental health services. This post holder is based at The Ladywell Unit. Within non-integrated teams, staff undertake safeguarding adults' roles and responsibilities in line with NHS England, CQC and regional multi-agency guidance

Internal governance arrangements for safeguarding adults

The Trust Director of Nursing takes an executive leadership role for Safeguarding at board level, and chairs the Trust Safeguarding Committees (both Adult's and Children's committees).

The Trust has a Director of Social Care, who has director-level responsibility for safeguarding within the Trust.

Starting in April 2015, the Trust has a substantive position of Safeguarding Adults Lead. The Trust Safeguarding Adults Lead officer reports to the Director of Social Care and also liaises closely with the Director of Nursing. The Trust leads work across the organisation ensuring compliance, as a regulated provider, with safeguarding adult's responsibilities. The Trust has up-to-date key policies for Safeguarding Adults, Prevent Strategy, Mental Capacity Act & DoLS as well as relevant HR policies relating to safer recruitment, whistleblowing etc.

The Trust Safeguarding Adults Committee meets every two months, colleagues from Social Care and Clinical Commissioning Groups are invited to attend. Lewisham is represented via the Adult Mental Health Head of Social Care and also the Safeguarding Adults Lead Nurse from the Lewisham Clinical Commissioning Group (CCG).

The Trust Safeguarding Adults Lead attends and provides a quarterly report to Lewisham CCG's Safeguarding Executive Committee. SLAM also has designated Directors who are assigned responsibility in representing the Trust at the Local Safeguarding Adults Boards.

Within the four core boroughs, the Heads of Social Care have a leadership role in relation to Local Authority delegated safeguarding adults work within CMHT's and other services. Within some of the core boroughs (including in Lewisham adult mental health), there is also a Senior Practitioner who leads on adult safeguarding activity.

Following the introduction of the Care Act in April 2015, within the Trust there is an expectation that the Safeguarding Adult Manager role will have oversight and scrutiny of any Section 42 multi-agency enquires is undertaken by a Local Authority Social Worker working within adult mental health. This is in order to ensure statutory compliance.

The Trust raises safeguarding alerts to the relevant Local Authority in line with policy. Within Adult Mental Health (AMH), these alerts are managed via CMHT's or the Head of Social Care based at The Ladywell Unit. Any alerts for service users who are under services other than AMH (e.g. older adults or learning disabilities teams), are alerted via the Lewisham Social Care Advice & Information Team (SCAIT).

The Head of Social Care maintains a spread sheet recording necessary data for the Local Authority Safeguarding Adults Returns. They report 65 Safeguarding Alerts were made to Lewisham Adult Mental Health Social Services during the period 2014 - 15.

SLAM is introducing an improved system for centrally capturing data on safeguarding alerts made to various Local Authorities from across the Trust.

Safeguarding adults training and the outcomes

Safeguarding training is available to staff under the Core Skills Framework training. Equality, Diversity and Human Rights are also now part of the mandatory skills suite. SLAM's mandatory training requirements conform to the National Skills Training Framework (NSTF) which has set the minimum national standards for the NHS in 10 core subjects.

Safeguarding training is mandatory for all staff with no exceptions but the levels of training are dictated by the individual's role to ensure that the standards are met according to the NSTF and Safeguarding Boards.

Training requirements:

- Safeguarding Adults Alerters Training is for all Non Clinical staff.
- Safeguarding Adults Alerters Plus Training is for all clinical staff.
- Mental Capacity Act Training and Deprivation of Liberty Safeguards training is mandatory for all inpatient qualified nurses, junior doctors and ward managers.
- Equality, Diversity and Human Rights became mandatory for all staff in April 2014.
- Evidence of training is monitored monthly by the Education and Training dept. monthly reports are sent to all departments and quarterly reports go the Safeguarding Boards.
- Compliance with mandatory training is monitored through the Mandatory Training Committee and at CEOPMR. Low compliance is highlighted and monitored by both Education and Training and Strategy and Business and within the CAG's performance management meetings.
- Action plans are required to be in place to address areas of concern and how they can be improved.
- Annual training targets are set at the beginning of each year in order to ensure that we can achieve the compliance targets and reported on quarterly at the Education and Training Trust Committee.

Prior to April 2014 Safeguarding Adults Alerters and Alerters Plus compliance were not being recorded separately. The statistics are for training provided by the Trust and does not include training figures for training provided by the Local Authority (LA).

Compliance with Training

Safeguarding Adult Alerters 2014 - 15	78%
Safeguarding Adults Alerters Plus 2014 - 15	62%

This excludes any data for staff who may have undertaken Level 3 or Level 4 Safeguarding Adults training externally.

In November 2014, the Trust changed to the WIRED system for monitoring mandatory training. This monitors internally provided mandatory training of SLAM employees only. Previously local training logs maintained within teams and CAGs recorded and monitored training. During transfer of this locally held data to WIRED it was recognised that some staff had undertaken the wrong level of training commensurate to their role or had undertaken external training only. Thus a "clean up" exercise was undertaken which affected overall compliance figures.

Due to concerns regarding training compliance data, this issue was escalated to the Trust Board and CAGs were asked to work to improve compliance with mandatory safeguarding adults training.

Additionally some staff, particularly those working within integrated CMHT's can access Level 3 or 4 Safeguarding Adults training via the Local Authority / SAB. Most clinical staff within Lewisham CMHT's have undertaken this training over the past 3

years. This training is mandatory for Local Authority Social Work staff within AMH services

Local Safeguarding Adult achievements for 2014 - 15

The Trust recognises that it has significant work to do to improve safeguarding adults' performance and demonstrating quality measures and outcomes. SLAM has lacked any internal central systems for monitoring its own safeguarding adult's activity in a systematic way, due to an expectation that its Local Authority colleagues undertook most of this work.

However, in March 2014, a Director of Social Care was appointed and commenced in post. This is a new role, which has strategic oversight of delegated Local Authority functions across the four core boroughs of the Trust. Additionally an interim Trust Safeguarding Adults Lead was in post during 2014 - 15, providing cover until a new permanent post was created and substantive post holder recruited. The existing Trust Safeguarding Adults Lead commenced in post on 7th April 2015.

During 2014 - 15, the Interim Safeguarding Adults Lead worked to undertake a Savile Report for the Trust as required by the Lampard Enquiry. This was a significant piece of work.

The Trust worked to strengthen its internal safeguarding adult's governance arrangements during 2014 - 15. The new Director of Nursing took on the executive leadership for safeguarding. This responsibility had previously been held by the Medical Director. The terms of reference for the Trust Safeguarding Adults Committee were reviewed and the Trust Safeguarding Committee began to report to the Quality Sub-committee, which is a sub-committee of the Trust Board. This enabled better escalation of concerns and provided transparency, oversight and better scrutiny of the work of the safeguarding committees.

Progress was also made on improving the internal infrastructure needed to ensure better safeguarding adults awareness and practice across the organisation. Thus each CAG has identified a senior clinician to lead on safeguarding adults responsibilities.

Additional work was undertaken to improve the Trust Safeguarding Adults Intranet site, ensuring that key guidance and policy is easily available, in addition to the Local Authority Safeguarding Adults Process documentation form each of the SLAM 4 core boroughs.

The Trust Director of Social Care also set up a Care Act Delivery Group to ensure that Trust services (particular integrated services) were aware of the changes being introduced within social care due to the Care Act 2014.

Concerns were escalated to the Trust Board regarding the need to create internal systems to ensure better safeguarding adults quality assurance mechanisms.

Agency actions identified from the safeguarding adults' audit 2014 and any outcomes achieved so far.

Action was identified that the Trust needed to strengthen its Safeguarding Adults Leadership. Hence two permanent senior Nursing posts were created, one for Trust Safeguarding Adults Lead and one for a new Trust Safeguarding Children's Lead / Named Nurse (as the previous post holder had left). During 2014 - 15, these posts were covered by interim arrangements. However, the two new substantive post holders commenced their roles in April 2015.

A Consultant Psychiatrist within Mental Health of Older Adults services took on the role of Trust Clinical Lead for MCA/DoLS issues.

Action was also identified that some policies needed revision, and thus the Trust MCA/DoLS policy was revised and a Best Practice Guidance booklet created for Trust clinical staff. The Trust Whistleblowing policy was also revised.

The Trust Safeguarding Adults (2013) policy was also given light touch revision during March 2015, to ensure initial compliance with the new Care Act.

Action was identified that amendments should be made to the Trust Datix and Electronic Patient Journey (EPJs) systems to enable better recording and capture of date related to safeguarding adult's activity. This work began in April 2015.

Action was identified on the need to formally identify a Prevent Lead for the Trust and to introduce a policy and Prevent/WRAP training. The new Safeguarding Adults Lead has now taken on the role as Trust Prevent lead and introduced a policy and new mandatory training on the Prevent strategy; this training commenced in July 2015. To date over 15% of the relevant clinical workforce have attended a Workshop to Raise Awareness of Prevent (WRAP). In line with NHS England guidance, SLAM is aiming for 90% compliance by April 2018.

The Trust is now very engaged with local Prevent/Channel processes and has begun to raise a number of Prevent Notifications. The Trust has worked closely with the Lewisham MPS Prevent Officer.

The Trust also identified from the 2014 SAAF Audit that it needed to review and strengthen its representation at local Safeguarding Adults Boards. The Executive Lead for Safeguarding thus designated certain Service Directors to attend specific SAB's on behalf of SLAM. The Service Director for Mental Health of Older Adults & Dementia CAG now attends the Lewisham SAB for the Trust.

It was identified in the 2014 SAAF that the Trust needed to improve person centred safeguarding adult's activity/outcomes and also provide written information to service users on safeguarding adults issues. Thus the new Safeguarding Adults Lead created posters for staff areas and patient information leaflets for service users. These were printed and delivered and circulated to all wards/teams during September 2015. PDF copies and a link to the designated printers are available for staff to access additional copies via the Trust Intranet.

Work was also commenced on creating new Trust wide Safeguarding adults process documentation that reflected the Care Act and Making Safeguarding Personal agendas. This work began from April 2015 and will be further outlined in planned actions on the following page of this report.

Safeguarding adult serious incidents or management reviews

There were no SLAM Lewisham services safeguarding adults serious incidents or /management reviews relating to the period 2014 - 15.

Planned actions to be undertaken during 2015 - 16

Actions to be undertaken during 2015 - 16 are focused on improving the Trusts governance and quality assurance in relation to safeguarding adult's activity.

Work was commenced to improve the interface between the Trusts Serious Incident (SI) process and safeguarding adult's activity. Thus there is close working links between the Trusts Safeguarding Adults Lead and the Trust Patient Safety Lead.

Changes were requested to the Datix Incident reporting system to allow for better reporting of safeguarding adults concerns in relation to incidents. The Datix system now requests information on, following an incident involving a service user, whether a Safeguarding Alerts alert has been made to a Local Authority. It also then allows for drop down menu options to choose the relevant Local Authority and also to specify the category of alleged harm/abuse and the source of the alleged risk.

These changes were approved and built into the system in September and went live in early October. This will enable much more detailed reporting of the number and type of alert made to each of the Trusts four core Local Authority partners (and other Local Authorities as relevant).

Additionally, work commenced in April 2015 to address the issue of Trust staff using different Safeguarding Adults process paperwork depending on which borough their service was based/located. Working across a number of Local Authority areas, this issue caused confusion for staff.

Discussion was had with partner agencies and agreement reached on designing a common set of Care Act compliant Safeguarding Adults process documentation, from raising an alert to planning, undertaking, analysing and closing/reviewing an Enquiry.

These pan-SLAM templates have now been developed, agreed and following sign off by the Trust Safeguarding Adults Committee, are being introduced (as Word documents) for use across the Trust.

Work will commence from November 2015 to programme these templates into the Trusts electronic record system (EPJs). This will also allow for the documents to be securely electronically transferred between the Trust and our partner Local Authorities.

By building the templates in the EPJ system, it will be possible to create and run reports demonstrating each stage of a safeguarding adult's enquiry and to record and measure defined outcomes including client centred outcomes in line with the Making Safeguarding Personal agenda.

These developments will significantly improve the Trusts data capture on safeguarding adult's activity and help provide the ability to better monitor performance and quality.

The Trust is also currently undertaking a Trust wide audit of safeguarding adults work including a qualitative audit looking at self-reported levels of training, knowledge and supervision and a quantitative audit looking at recording keeping in relation to safeguarding adults work. This audit is due to complete by end of Q3 2015 - 16.

Work continues to ensure consistent representation by SLAM at Local Safeguarding Adults Boards. Designated Service Directors are assigned to each of the Trust's 4 core Local SAB's. The new Chief Operating Officer will be working to strengthen links at Director level between SLAM and its local borough specific partner agencies, including the Local Authority and CCG.

The Trust has also committed to a financial contribution to the running of the Lewisham Safeguarding Adults Board.

Metropolitan Police Services – Lewisham

Adults at risk have a fundamental human right to be protected from crimes, exploitation and abuse from anyone, particularly those people entrusted with their care - the very people who they should be able to rely on them to keep them safe from harm e.g. health professionals, carers, family members etc.

The Metropolitan Police Service (MPS) has introduced a Safeguarding Adults at Risk policy that outlines guidance to all MPS staff as to the identification, support and care to be given to Adults at Risk.

This policy establishes clear guidelines and accountability for the identification of vulnerability, the recording and effective investigation of incidents involving adults at risk.

The aims of this policy are to:

- Prevent and detect crimes against adults at risk and by working in partnership with other agencies;
- To ensure the safety and protection of victims experiencing or at risk of experiencing abuse by working in effective partnership with other agencies to safeguard adults at risk;
- Hold perpetrators of abuse of adults at risk accountable for their actions, and to prevent abuse.

This policy applies to adults at risk who:

- Are adults identified as being Vulnerable using the MPS Vulnerability Assessment Framework (VAF);
- Have care and support needs as defined by the Department of Health;
- Are adults at risk who experience abuse or have been subject to a crime that has been perpetrated on them by a person:
- In a position of authority;
- Where there is an expectation of trust;
- Who has been providing them with care either in a care setting (e.g. care home,
- hospital) or in their own home;
- Where the crime manager has particular concerns about the risk to or vulnerability of the victim or the impact of the incident on the community.

The Care Act 2014 replaces the previous Department of Health definition of a 'vulnerable adult':

"A person aged 18 years or over who is or may be at risk of abuse by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation."

The scope of adult safeguarding has now has been widened to include:

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

(a) Has needs for care and support (whether or not the authority is meeting any of those needs)

(b) Is experiencing, or is at risk of, abuse or neglect, and

(c) As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.

Adults with care and support needs who may fall outside the scope of the policy must still be dealt with in accordance with the Care Act 2014 legislation (i.e. they must be referred into Local Authority Safeguarding Adult procedures).

Within the Borough of Lewisham responsibility for the investigation of 'Adult at Risk' allegations of crime is led by the Community Safety Unit.

Where an adult is identified by a member of staff as being vulnerable using the MPS Vulnerability Assessment Framework (VAF) this is recorded on an Adult Coming to Notice (ACN) report on the MERLIN system. This is then routed to the Local Authority via the Public Protection Desk (located within Lewisham Multi Agency Safeguarding Hub MASH).

MPS Safeguarding adult's responsibilities:

- Executive Adult Safeguarding lead - Chief Superintendent Kate Halpin
- Strategic Adult Safeguarding lead - Superintendent Jo Oakley
- Designated Adult Safeguarding Manager (DASM) - Detective Chief Inspector Justin Davies
- Community Safety Unit (CSU) manager - Detective Inspector Jon Summers
- CSU SPOC for Adult Social Care - DC Tom Williams

Safeguarding adults training and outcomes

During the course of 2014 - 2015 local training was delivered at Lewisham to all operational teams in regards to safeguarding that included adult and child safeguarding, ACN reports and missing person reports.

All staff up to the rank of Inspector have completed a computer training programme in regards to conducting the MPS Vulnerability Assessment Framework.

All staff up to the rank of Chief Inspector have received training in relation to mental health / capacity during the bi annual Officer Safety Training programme.

Local Safeguarding Adult achievements for 2014 - 15

All performance data is obtainable through MPS PIB.

Actions identified from the safeguarding adults' audit 2014

Agreed representation on the various boards has been made and implemented.

All MPS have access to relevant material and resources with quick links to resources and 'how to' guides available on the safeguarding adults policy pages.

Corporate and local training has been delivered throughout the year as detailed above. Additionally all staff working within the safeguarding environment are encouraged to make use of and attend partnership training.

All MPS have access to relevant material and resources with quick links to resources and 'how to' guides available on the safeguarding adults policy pages.

All safeguarding policy and procedures are available to members of the public via the internet. The met police website has multiple language versions as well as audio description. All officers coming into contact with adults at risk have access to remote interpreters via Language Line.

All MPS services are subject to confidence and satisfaction surveys. This is additionally supported by a well embedded complaints system designed to address issues as well as inform corporate learning.

Safeguarding adult serious incidents or management reviews

No adult safeguarding reviews undertaken during course of review period.

One relevant action from Domestic Homicide Reviews (child) in regards to incorporation of adults within MASH process. The preparedness of Lewisham Adult Social Services to incorporate adults within the MASH process has been agreed as a term of reference for the independent review of MASH reporting to the LSCB. This piece of work is on-going.

Planned actions to be undertaken during 2015 - 16

MASH review as previously detailed.

Corporately the MPS is currently reviewing all safeguarding under the Protecting Vulnerable Persons project. This will influence the delivery of adult safeguarding across the MPS, although no detail has been published to date.

Lewisham Clinical Commissioning Group

NHS Lewisham Clinical Commissioning Group (LCCG) commissions services for people in Lewisham, including:

- GP primary care services (jointly with NHS England)
- Community services (e.g. Health Visiting, Physiotherapy) from Lewisham and Greenwich NHS Trust

- Hospital services from Lewisham and Greenwich Trust, Kings College Hospital and Guys and St Thomas
- Mental health services from South London and the Maudsley.

We work with other partners such as London Borough of Lewisham (LBL) and other CCGs in London all of whom are committed to working within the pan-London multi-agency procedures.

As a commissioning organisation the CCG has a statutory duty to ensure that all health providers from whom they commission services promote the welfare of Children and Adults. This includes specific responsibilities for Looked-after Children and supporting the Child Death Overview process (NHS Commissioning Board NHS England) and Adult Serious case reviews.

The LCCG employs a Designated Nurse for Safeguarding Children and Looked-after Children. Additionally it ensures the expertise of the Designated Doctor for Safeguarding Children, Looked-after Children and Child Death Review are available.

The LCCG employs a Designated Safeguarding Adult Manager who is the lead for Mental Capacity (MCA) and Prevent. The CCG will continually review its safeguarding capacity as the landscape for safeguarding changes.

Internal Governance

The LCCG has three board level Corporate Objectives as part of its Annual Operating Plan. One of these is “Laying the foundation for whole system change and sustainability in future years” which includes building on processes for assuring quality. The LCCG sees safeguarding as part of our wider quality assurance agenda and there is a section on safeguarding objectives and actions that were agreed by the Governing Body.

The LCCG has a Quality Assurance Framework approved by the Governing Body which sets out how quality is monitored at provider and population level. The flow chart on the last page of the assurance framework shows how quality is monitored and quality exceptions are escalated through to the Governing Body. Safeguarding is clearly shown as part of the quality assurance framework.

The LCCG’s overarching governance committee structure is shown in the Governance Committee Structures Chart which shows that the Health Safeguarding Group sits within the Governing Body’s committee structure.

The LCCG has established a health safeguarding assurance group. The Health Safeguarding Group receives assurance from partner agencies that they have appropriate processes to identify issues and implement learning. The Health Safeguarding Group reports to FLAG (our key quality assurance meeting) which reports to the Delivery Committee of the Governing Body. The Health Safeguarding Group is chaired by the Senior Clinical Director of the Governing Body responsible for Quality.

The LCCG's main quality assurance committee is the For Learning and Action Group (FLAG) which receives reports from the Health Safeguarding Group and its minutes and which escalates concerns to the Governing Body via the Delivery Committee. FLAG Group is chaired by the Senior Clinical Director of the Governing Body responsible for Quality.

Training

The LCCG demonstrates Prevent training compliance by ensuring data is captured and fed back to HNS England via the Prevent return (86% compliance November 2015). The CCG facilitates E Learning and face to face mandatory training for both Children and Adult safeguarding training.

The LCCG is completing a business case to further support GPs and Primary Care teams in the education of safeguarding. This will include supporting the IRIS project in Domestic Homicide review and best practice, Prevent and raising the profile of FGM. A Primary Care Safeguarding Nurse will be appointed. The Nursing Home Compliance Nurse continues to work closely with this sector in RCA analysis of community acquired pressure ulcers and generally raising standards especially around medicines management encouraging learning.

The LCCG will provide additional support in the management and compliance of MCA via audit and use of best practice in nursing and residential homes with the support of the Nursing Home Compliance Nurse and will support training as necessary.

The LCCG continues to support the work of the Pressure Ulcer Panel held at the acute trust by supporting and facilitating the learning at these events.

Achievements

The priorities which emerged for 2013 - 14 were:

- To finalise and agree new pressure ulcer pathway arrangements for all providers and the CCG, and between these NHS organisations and the LSAB; and
- To establish further contacts with all health providers to engage with the LCCG Health safeguarding group.

LCCG has gone above and beyond priorities for 2013 - 14. Achievements for 2014 - 15 are as follows:

- 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. This has been established. (Weekly Pressure Ulcer Panel meeting). The provider and CCG working relationships are good. Work also continues in the Pressure Ulcer Working Group to progress learning. This work has enabled the CCG to retrieve data that demonstrated vulnerable groups of individuals who have acquired community pressure ulcers who are not in receipt of District Nursing Services or are in or not in

receipt of Domiciliary Care. This data could influence future service provision in caring for the frail elderly at home.

- 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. We have also now progressed this to a slightly different model in that we deliver safeguarding education as well at these meetings. Our aim is to share learning.
- The appropriate safeguarding policies and Governance structure including a Nurse Director with responsibility for safeguarding and a DASM is in place.
- The CCG has progressed process in relation to *Serious Incident Review*. CCG scrutiny is in place to review the management of process and scrutiny of events and learning thus facilitating safeguarding.
- The CCG has also progressed solutions in the management of leg ulcers. Commissioners were concerned about the low rate of healing of leg ulcers in Lewisham (only 13% of leg ulcers healed within 16 weeks NICE guidance is 80%) and a needs analysis, wound prevalence and service review was undertaken from November 2014 to March 2015. The CCG commissioned a specialist provider in wound care (Accelerate) to carry this out. All services that managed patients with wounds were reviewed; Adult Community Nursing, Foot Health, Acute Tissue Viability and in-patient wards, Lymph oedema Service, Practice Nursing and Nursing Homes. (Leg ulcers are painful and debilitating and affect a higher incidence of patients with diabetes and circulatory problems). In addition, a review of the dressing spend was provided and this supported many of the key findings.
- The Wound Prevalence Needs Analysis undertaken in February 2015 demonstrated a higher than expected wound prevalence for the size and age of the population.

In partnership with Lewisham and Greenwich NHS Trust and Accelerate CIC, Lewisham Clinical Commissioning Group are commissioning an outcomes based pilot looking at improving the lives of people with non-healing lower limb ulcers. This pilot will be underpinned by education, the development of leg ulcer guidelines and complex medical management. The following arrangements are implemented:

The pilot will be provided every Wednesday with a focus on:

- Accelerate specialist service supporting the development of Wound Care Champions and the community medical and nursing teams
- Twice monthly complex leg ulcer assessment led by Consultant Dermatologist Dr Richard Bull. (A national expert in the medical management of complex leg ulceration).
- The complex assessments will be managed primarily in Downham Health Centre as well as some home visits in Neighbourhoods 3 & 4. A Nurse Specialist will work alongside the Wound Care Champions in Adult Community Nursing every Wednesday.

Lewisham CCG has set out to improve medicines health optimisation and patient outcomes. This example is provided by the LIMOS specialist pharmacy team which

aims to improve medicines optimisation and associated patient outcomes. Commissioned by NHS Lewisham CCG, the service is provided by a team from Lewisham and Greenwich NHS Trust. LIMOS provide a formal pathway for the referral of patients with medicines-related problems across traditional boundaries, to ensure that patient-centred care is delivered. The service has been operational since February 2014 and all medicines related issues for referred individuals are reviewed by the team.

At least one third of over 75's in the UK take 4 or more medicines regularly and this increases to an average of 8 medications per person in nursing homes. The number of medicines taken by older people has been steadily increasing for the last three decades. These have made poly-pharmacy the "rule" rather than the "exception" for many patients, however there is increasing evidence which associates poly-pharmacy with increased adverse drug events, hospital admissions, increased health care costs and non-adherence.

Current situation

- Following referral from GPs, pharmacists or social services, the LIMOS team review and assess all medicines for referred individuals with assessments undertaken in hospital or community.
- Following liaison with the GP, community pharmacist and the social service team, an integrated and deliverable pharmaceutical care plan is developed and agreed with the patient and all those involved in their care. LIMOS provide regular follow up to patients, communicating with the patient or carer until identified issues are resolved.
- Analysis of interventions made during the first fourteen months of operation of the scheme have shown that just over 150 A & E attendances, resulting in nearly 30 hospital admissions, would have occurred if LIMOS had not intervened. Validation of this risk assessment has been undertaken by medical colleagues within primary and secondary care.

Additionally Lewisham CCG attends and engages with the following groups:

- The Lewisham Safeguarding Adults Board
- The MCA Steering Board Meeting
- The LGNT Pressure Ulcer panel to assure ourselves that lessons learned re pressure ulcers are implemented.
- The Pressure Ulcer Joint Working Group
- The LCG leads a Clinical Quality Review Group with LGNT which has oversight of safeguarding issues.
- The Violence Against Women Group (VAWG)
- The MCA DoLS Network Members meeting
- The Multi Agency Safeguarding Conferences
- The SLaM Adults Safeguarding Committee
- The LCCG has a CQRG with SLaM

Additionally the LCCG uses the standard NHS contract which embeds contractual arrangements for safeguarding. As previously highlighted the LCCG also employs a Care Homes Clinical Compliance Nurse to monitor contract compliance in the care home sector (including privately funded clients).

The LCCG has a transparent collaborative approach to sharing and monitoring action plans across the health economy. For example Risk Summit 2015 Private Provider.

Although Lewisham has not conducted a SCR it has been actively involved in a Risk Summit with NHS England and holding private providers to account for quality provision to Acquired Brain Injured clients. This has included audit across all establishments and review of product evidence, interview and direct observation according to NHS England framework. These audits resulted in additional serious safeguarding concerns raised which have been progressed to the Local Authority. The private provider has been asked to respond to allegations of Organisational Abuse and the relevant meetings have been scheduled for November 2015. The learning from the events so far has encouraged Lewisham to robustly raise concerns with CQC, HSE and the London Fire Brigade and the GMC in order that clients are safeguarded. Additional Risk Summit meetings have been held and are scheduled for December 2015 in partnership with NHS England. LCCG has worked closely with other commissioners and joint commissioners to raise awareness and responsibility in keeping adults at risk safe.

LCCG will continue to encourage the completion of a SMART action plan from provider as a result of the audits carried out and will continue in partnership with NHS England and others to monitor the quality delivery of this organisation. We have requested commissioners to assure themselves that clients are safeguarded. All relevant alerts have been progressed to LAs and Commissioners.

LCCG will continue to support work around DHR and will support the IRIS project in the management of training a skilled workforce to support adults at risk and domestic violence and associated risks.

LCCG has taken part in NHS England Deep Dive and any additional papers relevant to this and this paper for assurance may be requested from Fiona.mitchell19@nhs.net. The concepts within the Mental Capacity Act 2005 and Human Rights Act 1998 will be the basis of LCCGs interface with safeguarding.

Lewisham Homes

Lewisham Homes is an Arms' Length Management Housing Organisation. Lewisham Homes manages Lewisham Council's housing stock and also own a small number of properties themselves. Lewisham Homes deal with all aspects of housing including repairs to properties, tenancy management, income collection, care-taking services and grounds maintenance of estates. All tenants are nominated by Lewisham Council.

Lewisham Homes has a responsibility to report any safeguarding concerns that come to their attention and to participate in any multi agency meetings involving their residents, where necessary.

Internal governance

Lewisham Homes has a Designated Adult Safeguarding Manager (DASM), the Director of Housing. There is also deputy DASM who is the Housing Manager.

A Vulnerability Coordinator was appointed in December 2014 to oversee the organisation's approach to safeguarding and vulnerability and to mitigate any risks.

Lewisham Homes has a dedicated secure email box for safeguarding referrals. All referrals are reviewed by a Vulnerability Coordinator, Housing Manager or Housing Team Leaders.

Referrals are made to Lewisham Council's social services where necessary. Referrals and outcomes are recorded on a secure spread sheet.

Training

E-learning was introduced in 2014 - 15 and was completed by 8 members of staff in that financial year. Previously face-to-face training has been carried out for 332 staff members.

In 2014 - 15 a safeguarding induction briefing for managers was created and distributed by the Human Resources team to new managers.

Each role in the organisation is designated as needing either mandatory or desirable safeguarding training. The need for this training depends on the job role and contact with the public. All front line staff, managers and Directors are required to complete the training.

2014 - 15 achievements

Lewisham Homes monitor the number of safeguarding alerts that are raised each year. In 2014 - 15 there were 16 concerns about adults passed to Adult Social Services or the Community Mental Health Teams as safeguarding concerns.

Concern	No. of referrals
Adults at risk of abuse	6
Adults at risk of neglect	8
Other	0
Total number of concerns	16
Total referrals passed to ASC/CMHT	**16**

Actions undertaken from the 2013 - 14 annual report

The Hate Crime and Domestic Abuse toolkits, policies and procedures were reviewed in 2014 - 15, as outlined in the 2013 - 14 report.

A Vulnerability Co-ordinator was appointed in December 2014 to manage the organisation's approach to vulnerable clients and lead on safeguarding concerns.

Lewisham Homes also discussed the Hoarding Panel process with Lewisham Council, as promised in the 2014 - 15 report.

Planned actions for 2015 - 16

In 2015 - 16 safeguarding awareness will be incorporated into the Corporate Induction for all staff.

In 2015 - 16 a review of the mandatory and desirable training for all job roles in the organisation will be undertaken. Also in 2015 - 16 the e-learning course will be reviewed to ensure it complies with the Care Act changes.

Lewisham & Greenwich NHS Trust

Introduction

All staff within Lewisham & Greenwich NHS Trust has 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:

- One Adult Safeguarding Manager
- Two Adult Safeguarding Advisors
- One Adult Safeguarding Administrator
- One 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.

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 staff feel they are 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.

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.

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.

LSAB summary analysis of activity and themes from the year 2014 – 15

This section of the report initially looks at the SAR data to identify high risk individuals or groups within the Lewisham community to inform the partnership where resources will need to be targeted and inform planning of objectives for the coming years. The second part examines the reports contributed from individual agencies and how their safeguarding experiences and activities will also shape the vision and objectives for the partnership as a whole.

What the data from the SAR tells us about who is at risk in Lewisham

Referrals continue to drop from a high of 451 in 2011-12 to 363 in 2014-15 while the proportion of referrals for older adults remains around 60%. Older adults (65+) with a physical disability, including a sensory impairment, continue to be the most likely to be referred with around 60% being female. The national statistics shows that rate of referral increases with age where the 75-84 age group are three times more likely to be referred for safeguarding than the England average. The over 85 age group are almost ten times more likely to be referred for safeguarding than the England average.

Neglect and acts of omission continues to be the most common risk with 165 (35%) of a total of 472 reported risks involving 358 completed referrals. This correlates with changes in reported risk across England and London wide over the past two years. The second highest category of risk for Lewisham is 'finance and material' at 103 reported risks (22%) which is in contrast to the figures for England (17%) and London boroughs overall (20%) where the second highest risk was physical abuse at 27% and 24% respectively. This also reflects an on-going trend in Lewisham over the past 3 years where reporting of physical and financial abuse is occurring at relatively the same rate. This would suggest that all training, information and publicity should specifically address these risks to raise awareness and detection.

What are the Key themes emerging from the member organisational reports?

In commenting on the approach to safeguarding for organisations in the safeguarding adults partnership it is important to recognise that reorganisation and change has been a constant feature over recent years. Some of it in response to new legislation and guidance bringing additional workload and new priorities, or changes in practice and care and others in response to reductions in budgets and funding. Therefore it is vital for the Board to take on the lead role in coordinating and overseeing services as required in the Care Act to ensure delivery of the most effective and efficient arrangements.

As anticipated and described above most of the activity within agencies has been about strengthening governance, reviewing safeguarding adults' policies, procedures and processes to be Care Act compliant. This has included a focus on providing safeguarding adults training and building awareness throughout organisations. There has been investment in resources to improve recording practices through the provision of new posts, information and tools to support practice at all levels. This work and activity data needs to be shared with the Board, to meet the Board's legal requirement to satisfy itself that

effective arrangements are in place to safeguard adults and inform future planning. This is reflected in the objectives below.

The Care Act has firmly placed the LSAB at the centre of accountability for the safety and quality of service provision across both statutory and independent sectors. The Board is now required to have a strategy and business plan that addresses the detail of how this accountability is enacted by partners. Most organisations have developed, or are developing, internal planning arrangements to produce a safeguarding adult's action plan which relate to the cycle of the annual Safeguarding Adults at Risk audit and the planning agenda of the LSAB. In future the LSAB will need to play a strategic role bringing together this individual organisational planning and service delivery through the work of the sub-groups to use the collective power of the partnership to strengthen joint-working, align processes and improve the outcomes for individuals.

Several key organisations have now built in the capacity to record performance information about safeguarding activity although this does not include outcomes for individuals except in Lewisham's Adult social Care Service .It is clear that further work is needed to embed the Making Safeguarding Personal approach across the partnership.

In addition there is no feedback from service users or carers or the wider community incorporated into the reports which could inform service planning processes. This is a key priority for future planned work as both a requirement of the Care Act and to raise awareness and focus on prevention of harm or abuse.

LSAB main objectives for 2015-16

These objectives have been developed from the information in this report and in particular the summary above:

1. Review the LSAB Compact (governance framework) to ensure there are clear lines of accountability for Board member organisations.
2. Every agency to have a plan for implementation of the 2014 Care Act's safeguarding adult requirements, including having identified Safeguarding Adult lead officers (or Designated Adult Safeguarding Managers) in place.
3. Each Board member organisation to agree appropriate representation on LSAB working groups, as required.
4. Complete the development of the LSAB Strategy, including short and long term business plans, to clarify how to achieve a safer Lewisham for vulnerable adults.
5. Develop different types of performance and quality measures (LSAB Quality Assurance Framework), to ensure that standards are improved and changes have a positive impact.
6. Lead in the dissemination of Making Safeguarding Personal approaches in all safeguarding activity using the learning from the national MSP projects.
7. Ensure suitable policies and procedures for safeguarding adults are in place at each Board member organisation.

8. Support exploration of the option to develop of an adult Multi-Agency Safeguarding Hub (MASH) with LBL's Adult Social Care and the Metropolitan Police Service.
9. Ensure that an appropriate advice and information strategy is in place.
10. Establish a clear gateway for safeguarding referrals to the Local Authority and establish the authority's co-ordination role of for all safeguarding adult investigations.
11. Determine the Safeguarding Adult Review process and other types of review, as appropriate.
12. Make sure that the 'voice of the user' is heard and influences the work of LSAB in 2016-17.

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 April 2014 - March 2015.

Agency Attendee	April 2014	June 2014	Sept 2014	Dec 2014	Mar 2015
Metropolitan Police Service	✓	✓	✓	✓	✓
London Ambulance Service NHS Trust	✗	✗	✗	✗	✗
London Fire Brigade	✓	✓	✗	✓	✓
Lewisham & Greenwich NHS Trust	✓	✓	✓	✓	✓
L&Q Housing Group	✓	✓	✓	✗	✓
Voluntary Action Lewisham	✓	✓	✓	✓	✓
Lewisham Homes	✓	✓	✗	✓	✓
LBL Children& Young People's Services	✓	✗	✗	✓	✓
LCCG - Nurse Lead	✓	✓	✓	✓	✓
LCCG - GP Lead	✗	✗	✗	✓	✓
Lewisham and Bromley Healthwatch	✓	✓	✓	✗	✓
Crime Reduction -LBL	✓	✗	✗	✗	✓
Director Community Services LBL	✓	✓	✗	✓	✓
Adult Social Care- LBL	✓	✓	✓	✓	✓
Joint Commissioning - LBL	✗	✗	✗	✓	✓
National Probation Trust	✓	✗	✗	✓	✓
Lewisham Public Health	✗	✗	✗	✓	✗
CQC	✗	✗	✗	✗	✗
South London & Maudsley NHS Foundation Trust - SLAM	✓	✓	✓	✗	✓
LBL Strategic Housing	✗	✓	✗	✗	✗

Appendix 2

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.

Concern (safeguarding adult)
A concern 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 Board
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.

Partner agencies
Organisations that are members of the Safeguarding Adults Board.

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

Safeguarding Adults Review
An SAB must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. SABs must also arrange an SAR if an adult has not died but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

Safeguarding Enquiry
An enquiry is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place.

Service providers
Organisations that deliver health and/or 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.