Lewisham Safeguarding Adults Board

Annual Report

2016-2017

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Statement from the Independent Chair

Welcome to the pages of this annual report of the activities of the Lewisham Safeguarding Adults Board (LSAB). I hope that you will find much of interest and of value. The report spans the year April 2016 to March 2017. During that period, in January 2017, I became the Board's Independent Chair and thanks must go to Aileen Buckton, Executive Director Community Services, who chaired the LSAB for a time between the resignation of the previous Independent Chair and my arrival.

The Board is required by the Care Act 2014 to publish an annual report and a strategic business plan. Readers will find previous plans and reports on the LSAB's web pages, which are frequently updated with helpful information. This report provides details of how the strategic plan has been taken forward.

The Board is also required to commission Safeguarding Adult Reviews (SARs) when particular circumstances are met. In this annual report you will find details of two SARs that were commissioned during 2016-2017, with expected completion in the first quarter of 2017-2018. The learning derived from these SARs, and the actions that have been taken to improve services to adults at risk of abuse and harm, will be reported on in next year's annual report. In this report some detail is given of the two cases alongside a report from the case review group overall.

Since taking up my post I have spent some time meeting senior managers, operational managers and front line practitioners across all the organisations that have responsibility in Lewisham for keeping adults safe from abuse and harm. I have been impressed by their commitment and their willingness to share their experience with me. These conversational meetings have been very useful for me in thinking through how the SAB can add value to the work of the different organisations in Lewisham and help to ensure excellence in adult safeguarding policy and practice.

Next year's annual report will cover in detail the changes that we have made and will be making to the work of the Board and its engagement with other organisations in Lewisham. The Board's web pages will be regularly updated with the latest news from the Board and the events that it is planning. Future work plans are now clearly formulated and being implemented, including learning and service development seminars and annual conferences. The Board will be developing policies and procedures for types of abuse and neglect that were included in adult safeguarding by the Care Act 2014, such as self-neglect, and will be working with partner agencies to ensure that the training needs of front line staff and their managers are fully met. Much closer links are being forged with service providers and with Boards responsible for safeguarding children and for safer communities.

Meanwhile, in this report readers will find updates from each of the SAB's partner agencies on their adult safeguarding work, focusing on objectives, achievements and future plans. The volume and types of adult safeguarding activity in Lewisham are also reported, with information too about how the Board's budget has been used. This annual report hopefully gives a sense of momentum, which will be further reflected in the Board's web pages going forward.

Professor Michael Preston-Shoot
Independent Chair

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About us

What we do

The overarching purpose of Lewisham Safeguarding Adults Board (LSAB) 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 Lewisham.**

The Board meets four times each year and has an Independent Chair.

In Lewisham the Board believes that "Safeguarding is Everyone's Business". The Board's pledge to the people of 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.

Our Aims

The work priorities for the Board are directed and shaped by a number of factors including: local demography, analysis of local safeguarding activity information; as well as lessons learned from national or local case reviews, research or new initiatives.

Board Sub-Groups

- **LSAB Case Review Group**

A group of professionals from partner agencies who consider referrals for Safeguarding Adult Reviews or other type of review which will enable local or national learning opportunities.

We are creating forums to raise awareness, and task and finish groups to take forward specific issues, such as training.

What is safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

Six Safeguarding Principles

- **Empowerment**

People being supported and encouraged to make their own decisions and informed consent.

- **Prevention**

It is better to take action before harm occurs.

- **Proportionality**

The 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.

What are the main types of abuse and neglect?

Physical abuse including:

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint
- inappropriate physical sanctions

Domestic violence including:

- psychological
- physical
- sexual
- financial

- emotional abuse
- so called ‘honour’ based violence

Sexual abuse including:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- sexual acts to which the adult has not consented or was pressured into consenting

Psychological abuse including:

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

Financial or material abuse including:

- theft
- fraud

- internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

Modern slavery encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude.
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory abuse including forms of:

- harassment
- slurs or similar treatment:
    - because of race
    - gender and gender identity
    - age
    - disability
    - sexual orientation
    - religion

Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission including:

- ignoring medical
- emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Visit our website for more information on recognising the signs of abuse and neglect and how you can report it.

What about Making Safeguarding Personal?

In addition to the principles outlined above, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

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What we have accomplished in 2016-2017

The LSAB has a representative of the Board at the following community groups:

- **Lewisham Violence against Women and Girls (VAWG) Forum**
- **Lewisham Hate Crime Steering Group**
- **Lewisham Domestic Homicide Review (DHR) Task & Finish group**

The LSAB has ensured representation of the Board at these key events:

- **Lewisham Carers Day**
- **Positive Women Conference**
- **Lewisham Disabilities People's Parliament**

We promised to deliver against the following four priorities:

Priority 1: Continue to promote partnership working;
Priority 2: Prevention and awareness of abuse through training & information sharing;
Priority 3: Promote positive practice: Making Safeguarding Personal;
Priority 4: Safeguarding Board development.

Priority 1: Promote partnership working

The Chair of the LSAB has worked with the Chair of LSCB and representatives from Safer Lewisham Partnership and the Health and Wellbeing Board to understand the interfaces of the different types of reviews carried out by the different partnerships across Lewisham. A joint working protocol has been agreed.

Areas of joint responsibility between the adult and children Boards are being considered by the respective Independent Chairs on a regular basis.

Work has progressed on the development of a Multi-Agency Safeguarding Hub (MASH) in partnership with Adult Social Care. Throughout the year the LSAB Business Manager has been an active member of the adult MASH Working Group.

Liaison with other Boards has been progressed by the LSAB Business Manager who is a member of a national Safeguarding Adult Board Managers' online discussion group. The Business Manager is also a member of a tri-borough SAB Business Manager forum.

The LSAB Housing Provider forum has been established with all major social housing providers who work in the borough. The forum has an active membership; and has met twice during the year.

We have explored re-establishing a multi-agency Hoarding Protocol with social housing providers. We discussed this issue with housing providers at the first forum. While welcoming the idea of a 'refreshed' multi-agency joint working protocol each had developed their own processes for dealing with hoarding. As a result focus has shifted to developing a multi-agency policy and set of procedures for managing all cases of self-neglect.

We produced and published a Workforce Development and Audit Check Plan 2016-17. The completed Workforce Development and Audit Check Plan provides localised information including:

- **Recruitment of Staff and Volunteers**
- **Competency Categories**
- **Competency Level Guidance**
- **Training Available in Lewisham**

The Safeguarding training offer to organisations in Lewisham has been improved and well publicised. Interest in improving knowledge of safeguarding amongst local organisations and the numbers completing safeguarding learning has increased substantially.

Priority 2: Prevention of abuse through training, awareness raising and information sharing

During the year the LSAB Development Officer has been an active member of many community groups throughout the borough. They have been talking with groups of service users or groups representing service users (including their Carers and Advocates). During these meetings awareness of the Board and its approach to the prevention of abuse was actively promoted with information leaflets.

An independent Lewisham Safeguarding Adults Board website has been developed in collaboration with Lewisham Safeguarding Children's Board. Working together on this project provided the opportunity to achieve Value for Money and strengthened joint working between the Boards.

Lewisham Clinical Commissioning Group (LCCG) in partnership with Athena began delivery of Identify and Refer for Improved Safety (IRIS) training to support staff in primary care to identify and refer potential victims of domestic violence.

A project brief has been agreed with Voluntary Action Lewisham to deliver a safeguarding adults awareness training programme for faith groups in 2017-18.

Information Sharing Protocols with the Metropolitan Police and Lewisham Adult Social Care are now in place.

Training is being commissioned on self-neglect, Making Safeguarding Person, and mental capacity assessments. Learning and service development seminars have been inaugurated. They will be held quarterly. The first focused on learning from Safeguarding Adult Reviews about self-neglect.

Priority 3: Promote positive practice: Making Safeguarding Personal

The principles of Making Safeguarding Personal are embedded into the practice of all Board partner organisations.

We have developed and promoted an effective Safeguarding Adult Review Framework for the borough.

Awareness of the PREVENT project (provided by Safer Lewisham Partnership for the borough) has increased substantially for Board member organisations. The Officer responsible for the project has spoken at many LSAB meetings and forums to achieve the increase. Completion of PREVENT training by member organisations has also increased.

LCCG advise the Board business team of any incidents where the initial fact finding report indicates there may be safeguarding issues and they have commissioned a Serious Incident Review (SIR) from the health provider concerned. Once the SIR is agreed by LCCG it is passed to the Board business team for the Independent Chair's information and consideration of any further action that may be required by the Board.

Successful promotion of the new borough wide S.A.I.L. (Safe and Independent Living) service was achieved via the independent website and promotion at the LSAB Housing Provider Forum.

Via the website the Board provides online information for care providers in Lewisham which includes:

- Professional Competency and National Competence Framework via the LSAB Workforce Development and Audit Check Plan 2016-17;
- Current learning and development opportunities available nationally and in Lewisham;
- Safeguarding Good Practice Standards.

Priority 4: Safeguarding Board development

Reviewed and implemented the LSAB Strategic Plan 2015-18 post implementation of the Care Act 2014.

Reviewed annual safeguarding audits, tailoring them to the function of the individual provider, reducing the burden on auditees.

The role and work of the Board has been promoted at many local events, local groups and voluntary sector providers.

The Board planned the first of what will become annual development days where members review the performance of the Board and meet practitioners and managers to inform future adult safeguarding priority-setting.

The Board commenced work on Safeguarding Adults performance indicators with Lewisham Adult Social Care in line with London Association of Directors of Adult Social Services (ADASS) guidelines and Making Safeguarding Personal (MSP). Progress has been delayed while waiting for the London Safeguarding Adult Board to determine the performance they wish to consider from each Board. This will ensure cross-London comparability, work will recommence following the release of the London Board's performance indicators in 2017-18.

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The difference to adults at risk of harm in Lewisham

Lewisham Clinical Commissioning Group Case Studies

NHS
Lewisham
Clinical Commissioning Group

Working with individuals and/or families

Lewisham CCG (LCCG) is a commissioning authority and rarely works directly with individuals or families. However, LCCG indirectly supports individuals and families through our work at a range of panels including those, for example, that review the role of public agencies that had engaged with a victim of domestic homicide. During 2016-2017 LCCG has supported three Domestic Homicide Reviews, two in Lewisham and one in London Borough of Bexley.

Working with groups

LCCG is an active member of the groups below, all of which discuss individual and family cases. LCCG contributes clinical input and health oversight to the decision making process.

- **Multi-agency Adult Safeguarding Committee**
- **LSAB Case Review Group**
- **Multi-agency Public Protection Arrangements (MAPPA)**
- **Multi-agency Risk Assessment Committee (MARAC)**
- **Domestic Homicide Review Panel(s)**
- **Prevent Channel Panel**

Working with another agency or agencies

LCCG is a member of safeguarding committees at our main NHS providers; South London and Maudsley NHS Foundation Trust and Lewisham and Greenwich NHS Trust. At these meetings LCCG helps to formulate policy and processes. It scrutinises performance data, and compliance with agreed safeguarding procedures.

Lewisham Homes Case Studies

Case Study 1

General needs tenancy, domestic violence concern 2016-17.

A resident came to report that she was a victim of Domestic Abuse. When visiting the victim's property her ex-partner was verbally abusive, assaulted and made threats to kill.

The Police were called and the perpetrator was arrested and subsequently granted bail.

Anti-Social Behaviour (ASB) Officer Action

Whilst working with the Police the ASB Officer ensured the tenant was taken to a place of safety immediately. Lewisham Homes worked with Lewisham Council to place the tenant and her children into temporary accommodation. The ASB Officer also referred the tenant to Athena for specialist support.

The ASB Officer contacted the family Social Worker and attended the multi-agency Child Protection meeting. It was agreed that the children were to be placed on the Child Protection Register due to the level of assessed risk and because our tenant had the potential to reconcile with her ex-partner which she had done previously.

The ASB Officer worked with Lewisham Council to initiate a reciprocal housing arrangement with the view to permanently re-house the tenant. For the safety of the victim and her family this would be outside of the borough.

Case Study 2

Sheltered tenancy, domestic violence and mental health concern 2016-2017

A safeguarding referral was made as a result of a resident disclosing that her husband was abusive towards her and sometimes she felt like taking her own life. The resident did not want anyone else to know of the situation but the Independent Living Officer (ILO) had made it clear at the start of the conversation that depending on the nature of the conversation she may have a duty to report it to relevant parties.

ILO action

The ILO worked with the couple, Mental Health Team, Lewisham Homes Anti-Social Behaviour Team and Lewisham Adult Social Care to identify possible support. Although the victim refused any intervention, the perpetrator was willing to accept help.

Following referral a further incident occurred where the perpetrator disclosed to the ILO he had assaulted the victim as he was stressed. The ILO reported the disclosure to the police who attended. The perpetrator was not charged with any offence.

A follow up referral was made to Lewisham Adult Social Care and further discussions with the allocated Social Worker, ILO and residents took place. The perpetrator agreed to a GP referral to

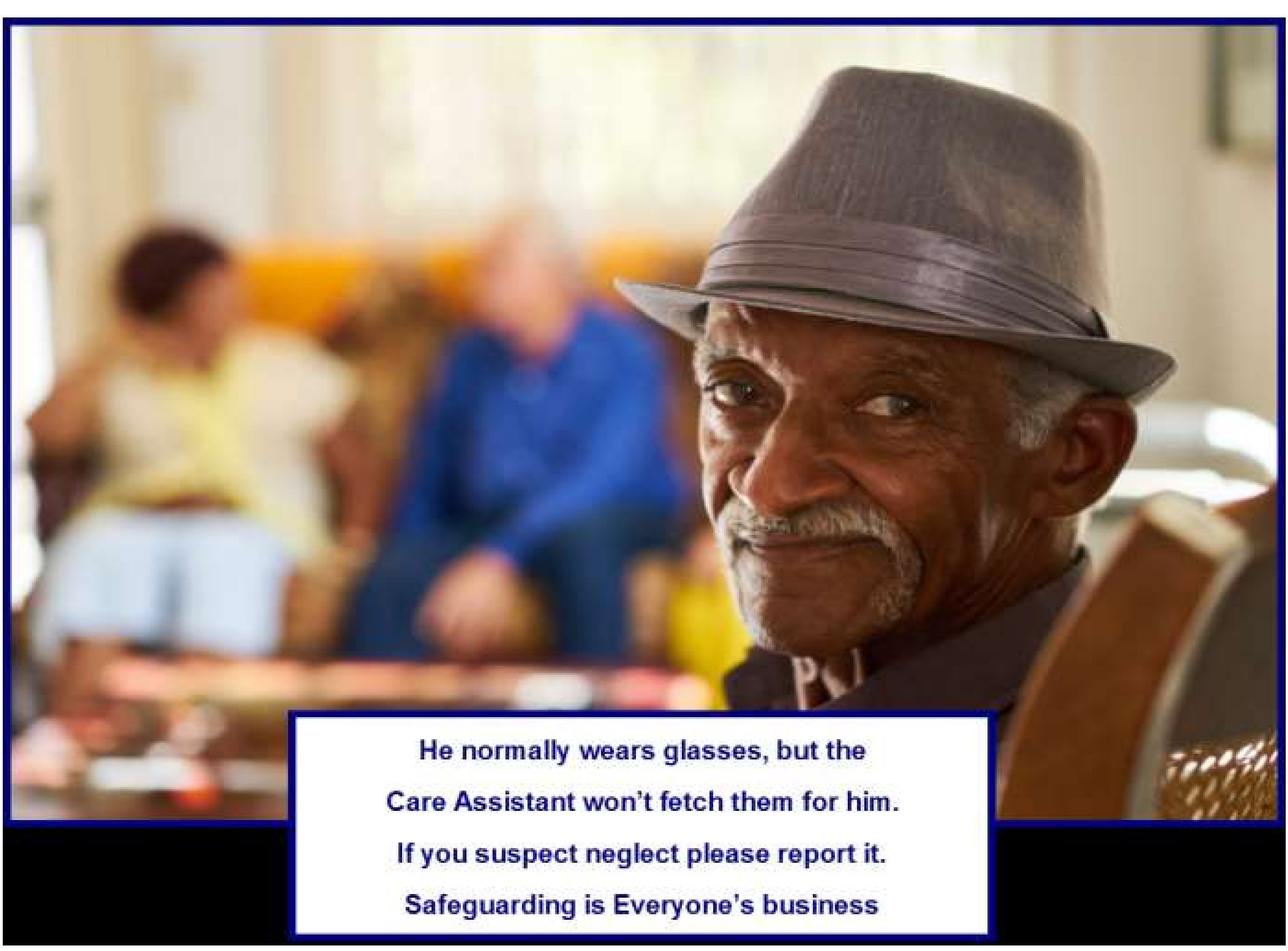
discuss his anger issues. Regular visits from the ILO were put in place to support and encourage the couple to take part in activities within the scheme.

Case Study 3

Sheltered tenancy, possible hoarding concern 2016-2017.

Following feedback from a warm homes visit that a resident had large stacks of papers and books in their flat and was possibly a safeguarding concern, the Independent Living Officer (ILO) visited the resident. The ILO agreed with the resident to make a referral to the community safety team for a home safety fire check. The ILO delayed making a Safeguarding referral, as the resident did not wish for a referral to be made. Previously the resident hadn't engaged with professionals at all but through the ILO came around to the idea and allowed the Home Fire Safety check to go ahead. The visit took place and advice was given; annual checks were agreed.

The resident now has regular visits from the ILO who monitors the safeguarding situation which negated the need to make the Safeguarding referral.



Phoenix Community Housing - Making Safeguarding Personal Case Study

Mr & Mrs A are elderly, have learning difficulties and cannot read or write. A year ago Mrs A fell and broke her hip and now has mobility issues.

Mr P is a young person and neighbour to Mr & Mrs A.

Ms P is the partner of Mr P.

All are Phoenix residents.

Stage 1:

Mr & Mrs A attended an office appointment reporting that they were being harassed by Mr P and wanted help to stop it.

Mr & Mrs A advised that one day when coming back from the shops they saw Mr P and he told them that they owed him £30. Mrs A said that she did not owe any money, Mr P then assaulted Mr & Mrs A, grabbed Mrs A's purse and took a cash card. Mr P stated that Mr & Mrs A would get the card back when the money they allegedly owed is paid.

The assault was witnessed by Ms P. Ms P took the cash card and withdrew £40 giving the cash to Mr P. Mr P stated that he would use this money to buy alcohol and feed his kids.

Mr & Mrs A said that the incident had been reported to the police. When questioned by the police, Ms P advised that she had not had contact with Mr & Mrs A for a long time.

Stage 2:

Mr A went to the shops and bumped into Mr P. Mr P assaulted Mr A and again asked for money. Mr P followed Mr A home and stole jewellery from Mrs A and £40 in cash. Mr P said that he wanted £50 that day and £50 the following Monday.

Stage 3:

On receiving this report from Mr & Mrs A, Phoenix called the police to attend the office and raised concerns about the incidents and Mr & Mrs A's vulnerability.

Police advised that incidents had previously been reported but Mrs A did not want to pursue any action.

Mr & Mrs A require assistance with shopping, cleaning and managing their finances.

A referral to Lewisham Social Care Advice and Information Team (SCAIT) was made by the Housing Management Team and a Social Worker allocated.

Taking into consideration the needs and wishes of Mr & Mrs A, a referral to Lewisham's Emergency Re-housing Panel was also made and Mr & Mrs A were re-housed in sheltered accommodation away from the area.

Following the report made to the police Mr P was arrested and remanded in custody. Mr P was subsequently convicted of robbery and burglary and sentenced to three years in prison. An injunction and possession order were sought by Phoenix and Mr P's property was recovered.

Lewisham & Greenwich NHS Trust - Case Studies

Case Study 1

Mrs X aged 75 years was admitted to University Hospital Lewisham (UHL) with gross constipation, abdominal pains and immobility. She had been discharged from UHL with a package of care in place and a plan to have a hospital bed in her home so that her care could be given safely. A letter was sent a week after her discharge by the Occupational Therapy (OT) team highlighting concerns that Mrs X's husband did not agree for a hospital bed to be delivered and had tried to block delivery of this. The OT team highlighted that this would jeopardise Mrs X's well-being. A letter of concern was sent to Mrs X's GP and to Lewisham Adult Social Care who followed up the case by undertaking home visits to investigate the concerns.

It appeared from reading the medical and multi-disciplinary notes and from further discussions with multi-agencies that Mr and Mrs X's relationship had been under strain for many years and this was compounded by housing issues, lack of space, drug and alcohol abuse and Domestic Violence. Mrs X was formally assessed by the medical and safeguarding team as having mental capacity to make decisions about her discharge arrangements. The safeguarding team spent two sessions with Mrs X and she reported feeling better because she was being listened to and she was beginning to walk again using a Zimmer frame and get her strength back. Prior to her admission she had chronic constipation which is why she felt unable to stand or walk. She said her sofa was too low for her to get up from and that his led to her immobility as she 'just lay there' and her husband and family ignored her. Mrs X had a commode next to the sofa but was unable to get to it and became more unwell and despondent. Mrs X felt surrounded by mess and felt that her family had too many issues to support her in a positive way.

Mrs X's hair was very matted at the back of her head and she had not washed her hair for about a year as she could not manage this. The ward team supported Mrs X with her hair and appearance and this helped her to feel human again. She reported feeling better than she had done for years. Mrs X said that her husband and sons did not want her as she was a nuisance due to her health problems. There had been issues with the hospital bed being too large and taking up too much space in the family flat which was overcrowded and dirty. Mrs X reported that her husband said that she 'should go to hospital if she wants a hospital bed' and that she should stay there. She had felt very isolated, unwanted and alone.

Mrs X was aware that she would need a hospital bed if she were to go home with a package of care in order to promote her mobility and well-being. However, Mrs X decided that she did not wish to go home at all and would prefer to be cared for elsewhere.

Mrs X responded well to regular care input, meals, mobilising and support with personal care and medication. One morning the safeguarding team visited Mrs X and she was enjoying her breakfast which was a bowl of cornflakes and cup of tea and reported that she felt 'cared about and cared for'. The medical team, social work staff, occupational therapists and safeguarding team worked together with Mrs X to find her the right placement and to receive the care she wanted. A referral

was also made to counselling services to support Mrs X as she wanted emotional support. Mrs X was able to work with the safeguarding team and multi-disciplinary team and to discuss options available to her. Mrs X started to benefit from this support and felt more empowered to make the decision that she did not wish to live with her husband or family and she wanted to be 'cared for'. Mrs X moved into sheltered housing with extra-care and was able to access the care and support she needed and also engage in social activities which Mrs X reported made her happy which she had not felt for many years. Mrs X also accessed befriending support and made new friends which she was delighted with.

Case Study 2

On an elderly care ward the Adult Safeguarding Advisor was carrying out their duties. The Ward Manager asked for supervision and support regarding a patient. The patient (who had a diagnosis of dementia) had been assessed by the medical team and found not to have capacity to make a safe decision about her discharge destination. A best interests meeting had been held that morning to discuss discharge options. The patient had expressed to staff that she wanted to go home to her sheltered accommodation with support.

The patient's son who attended the meeting became very angry and stated his mother could not go back home as the heating 'did not work'. The Ward Manager advised the hospital safeguarding team that the behaviour demonstrated by the patient's son during the meeting intimidated the staff. A decision was not reached and the meeting was curtailed.

Outside of the meeting, the Warden from the patient's sheltered accommodation told ward staff that the patient's son had been turning the heating off (the heating had been serviced professionally and was functioning perfectly). It was also disclosed that the patient's son had access to the patient's finances but there was no formal lasting power of attorney in place. The warden advised the patient often had no food, and did not have money to purchase essential supplies such as underwear.

Adult Safeguarding advised the ward that they should raise a safeguarding alert and the Ward Manager actioned this advice swiftly. Formal consent was gained from the patient before the concern was shared. The patient said she would like to buy underwear and go back home. The patient told the ward manager that she was fond of her son and he was 'all she had' although 'he got angry'. The referral was received electronically by the safeguarding team and was passed with a summary of concerns (highlighting the son's attitude towards the Multi-Disciplinary Team) to the hospital social work team. The next day the Safeguarding Advisor discussed the case with the operational manager of the hospital social work team. It was decided a Section 42 enquiry would be initiated, a safeguarding adult manager and enquiry officer were appointed and a case conference was arranged. An application to the Court of Protection was also going to be considered at this stage.

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Quality Assurance and Organisational Learning

The Board conducts annual audits on safeguarding practice in Lewisham.

The following organisations completed the audit:

- Lewisham & Greenwich NHS Trust
- London Fire Brigade
- NHS Lewisham Clinical Commissioning Group
- London borough of Lewisham - Joint Commissioning
- National Probation Trust
- London Ambulance Service
- South London and Maudsley NHS Foundation Trust (SLaM)

Audit Result Highlights

- SLaM holds a quarterly safeguarding adults committee which has strong representation from external stakeholders.
- Lewisham & Greenwich NHS Trust’s Learning Disability Lead has produced short videos demonstrating how people with a learning disability can access services.
- Lewisham Clinical Commissioning Group will hold a Health Safeguarding Conference titled “Neglect” June 2017.
- London Fire Brigade are active participants in Safeguarding Adult Reviews and have made significant contributions to those reviews where they can provide subject matter expertise (for example, following fire deaths).
- London Ambulance Service produced a series of 4 bespoke Dementia Films for ambulance service staff. The films featured patients’ carers, experts and ambulance staff. The films were shared nationally with other UK Ambulance Trusts.

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Safeguarding Adult Reviews

During 2016-2017 the Case Review Group has revised its terms of reference. Its membership has been clarified and strengthened; the group now includes senior staff representation from the three statutory partners (Local Authority, LCCG and Police), two NHS Trusts and a local authority solicitor.

The group has sought reassurance that staff members in partner agencies know how to refer cases to the group for consideration as safeguarding adult reviews. The Safeguarding Adults Board website contains the forms that agencies should complete when making referrals to the group.

The group has instituted a regular system of reporting on cases involving drug and alcohol related deaths. Quarterly reports will be received from Joint Commissioning (Addictions) and any significant issues requiring learning and service development will be taken to the Safeguarding Adults Board for discussion and action.

The group has determined that quarterly learning and service development seminars should be held at which recommendations from safeguarding adult reviews will be shared, followed by consideration of the strengths and vulnerabilities of adult safeguarding policies, procedures and practices in Lewisham. Action plans can then be agreed to ensure that disseminated lessons from safeguarding adult reviews are learned and applied in the Lewisham context.

The group has liaised with other Safeguarding Adults Boards in respect of two cases which ultimately did not require action by the Lewisham Safeguarding Adults Board.

The group now receives information relating to CQC inspections of service providers in Lewisham and will investigate any case where there are significant safeguarding concerns.

During 2016-2017 the group has commissioned two safeguarding adult reviews, which are due for completion early in 2017-2018. Findings from these reviews will be disseminated and learning and development seminars held to raise awareness of principles of good practice that have been drawn from each case.

Lewisham Case Review Group - Reviews in Progress

Adult AA involves the death of an adult as a result of fire.

Introduction

Lewisham Safeguarding Adults Board (LSAB) has determined that this death satisfies the Care Act 2014 (Section 44) statutory requirement for a Safeguarding Adult Review (SAR). The LSAB has decided that an overview model, which documents events and analyses their causes, is appropriate in the circumstances; thereby satisfying the statutory guidance that the approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined.

Scope of the SAR

An independent overview author has been appointed to:

- **Document and examine the events leading up to the fire;**
- **Review the original reasons for and suitability of Adult AA's placement and the outcomes of subsequent placement reviews;**
- **Review care plans, mental capacity assessments, physical ability assessments, and risk assessments relating to Adult AA;**
- **Examine the standards of practice within the care home;**
- **Consider whether these comply with national standards and/or local policies, procedures and guidance, with particular attention given to care planning and risk assessment as well as smoking;**
- **Evaluate whether these meet statutory and/or regulatory requirements and guidance (e.g. Health & Safety, Fire Safety, the Mental Capacity Act, and National Patient Safety Alerts etc.).**

Methodology

The independent overview author will work with a panel of the SAB to:

- Prepare a composite headline chronology;
- Consider the review and learning of individual agencies since the incident and focus on good practice, identify aspects for further improvement and areas where multi-agency action is required;
- Undertake an analysis of causes and remedial actions recommended within management reports for professionals, individual agencies and across the multi-agency safeguarding system;
- The SAR investigation will seek to avoid duplicating the work of investigations by other authorities (H.M. Coroner, London Fire Brigade, Metropolitan Police Service and Care Quality Commission) but rather draw on these for information and advice as well as providing an opportunity to collate the findings of them all and explore any gaps.

In terms of specific methodology the independent over view report has been asked to:

- Utilise where beneficial the NHS Root Cause Analysis (RCA) Tool as the model is tried and tested in healthcare. It has features which assist in identifying multiple causes and/or contributory factors, focusing on those with the greatest potential to cause (and therefore prevent) future incidents.

It is expected that the SAR will:

- Identify and summarise relevant data (e.g. documents, interviews, records, logs etc.).
- Invite individual agencies to undertake their own analysis and then be in a position to consider these in the round.
- Describe the chronology of events.
- Carry out an overview analysis to identify contributory factors (here it may be possible to utilise the National Patient Safety Agency Contributory Factor Classification Framework).
- Order contributory factors by importance/impact.
- Identify policy, procedure and practices that may require improvement and recommend how and who needs to act and with what urgency.

The approach and methodology are intended to identify themes, solutions and achievable recommendations which could prevent similar occurrences and facilitate learning both specific to the incident and more broadly from the later life and subsequent death of Adult AA.

Adult BB involves another death as a result of fire.

Terms of Reference & Proposed Methodology

The approach taken in this SAR is based on systems analysis as this allows for both a detailed examination based on the chronology and can consider direct service delivery actions, decision making, and adherence to good practice, legal requirements and relevant policy.

In addition, and in light of Adult BB's involvement with mental health services, consideration of any contributory factors (root cause analysis) will be considered.

This methodology would allow for key learning to be identified and recommendations regarding policy and/or practice to be highlighted.

Terms of Reference and Areas of Enquiry

Consider in detail key events to identify the actions and decision making of all professionals/agencies that were involved in those events, and to consider any outcomes having regard to:

- Were there any delays in decision making and were these a potential factor in the key incident.
- Given the information available, was the decision not to conduct a MH Assessment on one specific evening reasonable? Was a full risk assessment carried out?
- Did the referral of Adult BB to another London Borough (rather than London Borough of Lewisham) have any impact on decision making?
- Were there any undue delays in the referral from Emergency Duty Triage services to normal hours' services?
- Take into account any findings from the IPCC report when published.
- Consideration of relevant legislation (Mental Health Act (MHA) and Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS).
- Safeguarding guidance (both London wide and for individual agencies).
- Any other relevant policy or practice guidelines for individual agencies and any national advice or guidance.
- Was Making Safeguarding Personal (MSP) considered at any point?
- Review and outline the previous history of Adult BB and his involvement with mental health services or other health, social care or community services to establish whether or not there are any links with the key events that have prompted this review.
- Specifically consider the mental health review that was conducted by the GP.
- Attempt to contact with Adult BB's relatives regarding the SAR and, as far as possible, to gain their engagement.

The context of the above is to ensure that the key principle of the SAR is to promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

6

Resources and Funding 2016-2017

The Board employs an Independent Chair; the Chair is employed on a part-time basis. The Board also employs a full time business team consisting of: Business Manager, Development Officer and Administrator. The core funding for the partnership is provided by the Board's statutory partners; Lewisham Council, Metropolitan Police Service, Lewisham Clinical Commissioning Group, Lewisham and Greenwich NHS Trust & South London and Maudsley NHS Trust. Additionally, London Fire Brigade makes a voluntary contribution.

LSAB Budget 2016-2017

	2016 – 17 Annual Budget	**2016 – 17 Variance**
Employee Costs		
Salaries	152, 460	-152,460
Staff Development and Training	0	445
Expenditure		
Advertising, Publicity and Marketing	10,000	-10,000
Professional Services	82,600	-82,465
ICT Hardware	0	944
ICT Software	0	2,824
Supplies and Service Recharge	0	59
Private Contractors	0	5,009
Total Expenditure	245,060	-87,638
Total Income	94,880	1,500
Total Net Expenditure	150,180	-86,138
	Underspend	69,772

How many days has this medication not been taken for?
It was left in reach by the Carer…
Report medication not being given appropriately in a
health or care setting.
Safeguarding is Everyone's Business

7

What we will do in 2017-2018

The agreed Board priorities for 2015-2016 will be continued during 2016-17 as set out in the LSAB Strategic Plan 2015-2018.

Priority 1: Promote partnership working;
Priority 2: Prevention of abuse through training, awareness raising & information sharing;
Priority 3: Promote positive practice: Making Safeguarding Personal;
Priority 4: Safeguarding Board development.

Promote partnership working

- Continue to develop and promote partnership working between the Board and community groups.

Prevention of abuse through training, awareness raising and information sharing

- Continue to raise awareness of adult safeguarding.
- Raise awareness of Information Sharing relating to safeguarding.
- Commission Masterclasses on Making Safeguarding Personal, Self-neglect, Mental Capacity Assessments and Information-sharing.
- Conduct a workforce training needs analysis to inform future commissioning of training.

Promote positive practice: Making Safeguarding Personal

- Hold a Safeguarding Adults Conference, to promote the role of the Safeguarding Adults Board; provide best practice workshops for professionals and provide local networking opportunities.
- Exploration of a local safeguarding protocol covering the health provision.
- Recognise the number of Serious Incidents investigated by health services. Identify lessons learned which can be applied across a range of settings.

Safeguarding Board development

- Review the role and operation of the Board and its sub-groups.
- Review the policy and procedure needs for the Board, ensuring that Board requirements are appropriately separated from other operational needs.
- Facilitate a Development Day for Board members.
- Establish task and finish groups on performance management, training and any other issues identified.

8

Performance Report 2016-2017

London Borough of Lewisham Safeguarding Data 2016-17

The Council collects information about safeguarding adults work in Lewisham, so they are more able to know how well people are being safeguarded. The information helps the LSAB to agree future plans. Lewisham council submits the Safeguarding Adults Collection (SAC) data to the Department of Health for collation and comparison. The following data and commentary are extracts from this data.

Concerns and Enquiries

In 2015-16 Concerns and Enquiries were grouped together in the first year of the new Safeguarding Adults Collection (SAC). The combined number of people that Concerns and Enquires were raised for in 2015-2016 was 436.

In 2016-17 reporting requirements changed and Concerns and Enquiries were separated. During the year 2016-17 Lewisham received 706 Concerns and Enquires on residents of Lewisham. Of the 706, 183 progressed to Section 42 statutory Safeguarding Enquiries and 20 non statutory enquires were completed.

The growing numbers of people who have Concerns raised reflects the increased knowledge and awareness of Adult Safeguarding, combined with an increased number being raised in relation to Self-Neglect, that did not progress through to a Section 42, but were dealt with via the normal Care Management route.

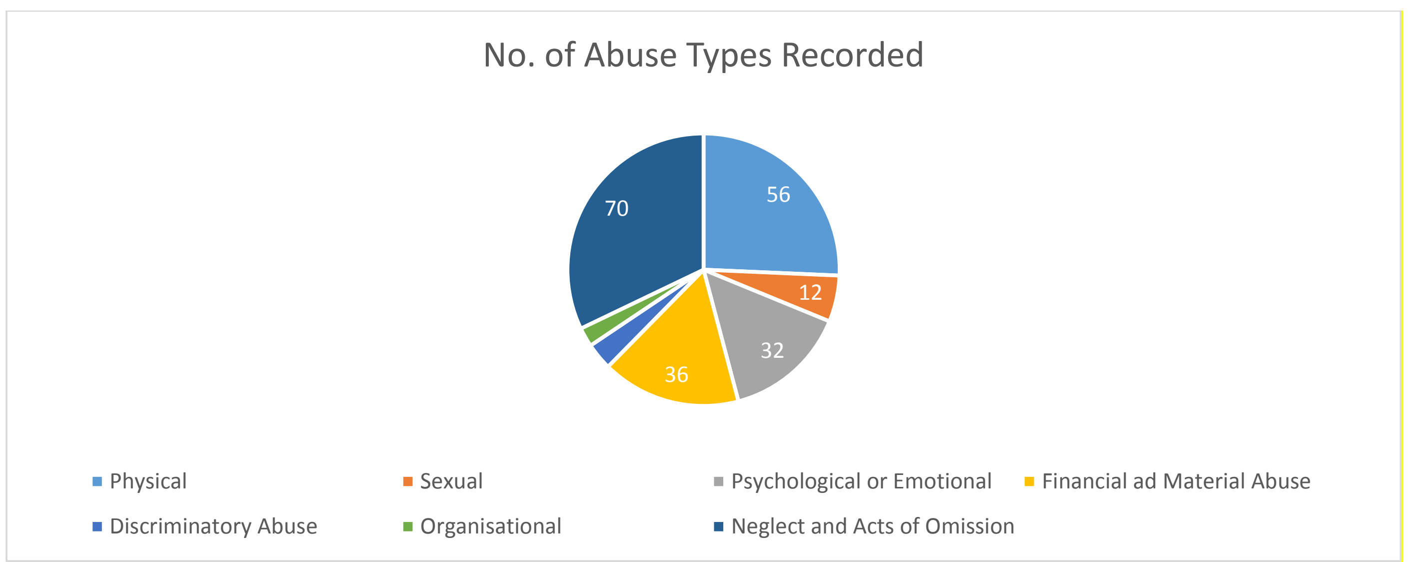
It is recognised by Safeguarding leads that the conversion rate is lower than would be expected. An audit of the activity was completed. The audit identified that a higher level of Section 42 enquiries should have been recorded. The audit confirmed that the actions carried out ensured safety and wellbeing for the person was achieved.

During 2016-17 the council saw no significant variance from 2015-2016 in relation to Gender, Age or Ethnicity profiles.

In 2017-18 further training will be undertaken by all staff regarding thresholds and defining the point at which a Section 42 is initiated. Enquiry. Regular Data Quality and Assurance processes will be further implemented together with the introduction of a Multi-Agency Safeguarding Hub (MASH), which will lead to a more consistent approach with regards to what action is to be taken following receipt of a concern.

Abuse Type

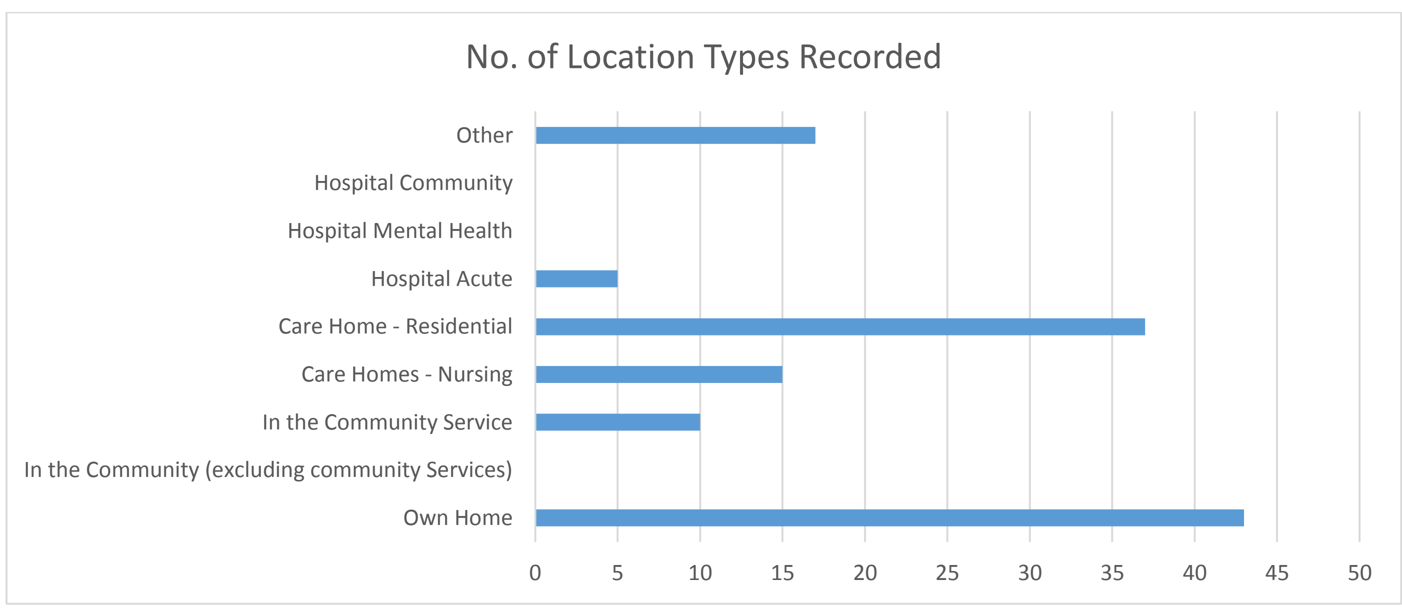
The chart below shows the most common types of abuse recorded by people experiencing a Section 42 enquiry.



Neglect, Physical and Financial types of abuse continue to be the top 3 reasons leading to Section 42 Enquiries. The council has seen a significant decrease in enquires relating to organisational abuse. This is due to the success of multi-agency working which has focused on early identification and quality assurance of practice and standards of care at an early stage so as to prevent these issues becoming a safeguarding concern.

Abuse Location

Abuse can happen anywhere; for example in someone's own home, in a public place, in hospital, or in a care home. The chart below shows the number of recorded location types.



Risk at home is still our main common location for Section 42 Enquires, followed by Residential and Nursing homes.

People living at home are still more likely to encounter risks from family and friends and known individuals as opposed to Service Providers. A more detailed analysis of this will inform the focus of work for the safeguarding partnership in 2017-18.

In Residential and Nursing homes we have seen a 13% decrease in the number of Section 42 enquiries in comparison with the previous year. We have continued to work closely with care home providers to ensure that quality and standards of care are improved in partnership with Lewisham CCG and CQC. Regular providers meetings are held and a Safeguarding Nurse Advisor is now in place to support both Care Homes and Personal Care Providers in relation to clinical issues and the promotion of good practice.

There has also been a decrease in the number of Section 42's in relation to Hospital Settings compared to the data from the previous year (14%). The decrease is in part due to the development of Pressure Ulcer panels that monitor and investigate these types of concerns to ensure that a proportionate level of enquiry is provided for those cases that, in the past, would have progressed to a Section 42 enquiry unnecessarily.

The data suggests that during the year there were no Section 42 enquiries identified as taking place in the community (i.e. Street, Shops, Parks, etc.). However, there are 17 recorded in the category as other. Additionally, the data would also suggest that there were no Section 42 enquiries in Mental Health Hospital settings.

Further analysis of the data has identified these as recording errors which will be addressed in 2017-18 as part of the on-going Safeguarding Training and agreements with South London and Maudsley NHS Trust, regarding performance management reporting.

A priority for 2017-18 is to develop refined reports that will provide a greater level of intelligence and understanding of the data. This will allow for easy identification of safeguarding trends and improve our oversight of the quality of practice and recording.

Safeguarding outcomes

All safeguarding Concerns and Enquiries have resulted in the person at risk of abuse or neglect being helped to stay safe from harm.

The council has implemented the 'Making Safeguarding Personal' approach to practice. This is to ensure the person at risk is the focus of any safeguarding work. The outcomes they wish to achieve as a result of the safeguarding work is determined by them or with support from an advocate.

During 2017-18 reports will be developed to enable us to monitor if 'Making Safeguarding Personal' outcomes are being met.

9

Statements from our Partners

London Borough of Lewisham - Adult Social Care

Adult Safeguarding Priorities 2016-17

- **On-going implementation of the London Multi-Agency Adult Safeguarding Policy & Procedures, launching and embedding Lewisham Practitioners Protocol.**
- **Redesign of safeguarding pathway and workflow processes in line with the Care Act 2014 and the London Multi-Agency Adult Safeguarding Policy & Procedures.**
- **All staff to receive training with focus on identifying and recording individual's identified outcomes or wishes.**
- **Embedding the principles of Making Safeguarding Personal across all adult services.**
- **Development of a Community Pressure Ulcer Panel in partnership with Lewisham Clinical Commissioning Group and Lewisham and Greenwich NHS Trust to oversee and review all pressure ulcer investigations, and identify those cases involving potential neglect which would require a Section 42 safeguarding enquiry.**
- **In partnership with the Royal Borough of Greenwich, REED and Training Provider, review safeguarding training requirements. Commission additional training for Safeguarding Enquiry Officers and Safeguarding Adult Managers (SAMs).**
- **Review working functions between SCAIT and Multi-Agency Safeguarding Hub (MASH).**

Adult Safeguarding Achievements 2016-2017

The summary below highlights some of the work that has been undertaken during 2016-2017.

- Lewisham Safeguarding Practitioners Protocol was developed to reflect the London Multi-Agency Safeguarding Policy and Procedures;

- Incorporated Making Safeguarding Personal (MSP) into the safeguarding process and protocols to ensure the person at risk is at the centre of practice, enabling them to decide what outcome they want to achieve from the safeguarding process;
- Introduced a new Safeguarding Module in Lewisham Adult Case Management System (LAS) to ensure compliance with the Care Act 2014 and the London Multi-Agency Safeguarding Policy and Procedures. In particular, to ensure that the desired outcomes of the adult at the centre of the safeguarding enquiry could be captured and reported. A questionnaire to evaluate the effectiveness of the safeguarding intervention also forms part of the module. All staff received training on the implementation of the module.
- During 2016-2017 the majority Adult Social Care staff responsible for acting as Enquiry Officer or Safeguarding Adult Manager (SAM) received training. Further training is planned for 2017-2018;
- The Deprivation of Liberty Safeguards (DoLS) team received additional resources in order to manage the continued increase in referrals as a result of changes to legislation in 2014. A 51% increase was seen in the number of applications under the safeguards in 2016-2017 compared to 2015-2016. Despite this, there is no waiting list for assessments and the vast majority of authorisations were completed within statutory timescales;
- Additional resources were also provided to fund a small team to begin the process of taking Community DoLS to the Court of Protection to ensure that any deprivation in settings other than care homes or hospitals were appropriately authorised;
- Reviewed working functions between the Social Care Advice and Information Team (SCAIT) and the Children's MASH Hub. Work commenced on the development of an adult MASH and proposals will be implemented in 2017-2018;
- All staff involved in the safeguarding process receive regular supervision to ensure that standards are maintained and we continue to learn and improve practice;
- Developed the Community Pressure Ulcer Panel in partnership with Lewisham & Greenwich NHS Trust & Lewisham Clinical Commissioning Group;
- In November 2016 we had positive feedback from a Peer Challenge that focused on the following areas of our Safeguarding work: The Safeguarding Adults Board, the management of DoLs and the interface with the provider market and other partners to ensure that quality assurance issues are managed effectively.

Adult Safeguarding Plans 2017-2018

The information below presents the safeguarding plans for Lewisham Adult Social Care in 2017-2018.

- **Continue to focus on the quality of safeguarding work, this will include independent audits of practice, ensuring lessons learnt are embedded;**
- **Continue to support the Lewisham Safeguarding Adults Board in future developments;**
- **Further embed Making Safeguarding Personal and review how we use the intelligence from the feedback mechanism;**

- **Further develop a quality assurance framework by improving the analysis of qualitative and quantitative data to support and shape the continual development of staff competencies and local policies;**
- **Continue to implement the recommendations from the Peer Challenge and internal audit recommendations;**
- **Further refinement of our safeguarding pathways to include referrals from mental health as part of the proposals to develop an Adult MASH;**
- **Work with partner agencies to increase awareness of Human Trafficking and Modern Slavery and contribute to the development of local protocols. Training will be rolled out across Lewisham by staff who have received specific train-the-trainers training;**
- **Focus on reducing risks of safeguarding for people living in their own home.**

10

NHS Lewisham Clinical Commissioning Group

Adult Safeguarding Priorities for 2016-2017

Lewisham Clinical Commissioning Group's (LCCG) main adult safeguarding priorities for 2016/17 were:

- **Update & publish the Clinical Commissioning Group's (CCG's) Safeguarding in Commissioning Policies.**
- **Strengthen adult safeguarding support for Primary Care in Lewisham including completing a training needs analysis and continued support to improve the identification and referral of women at risk of domestic violence.**
- **Review how the CCG receives assurance of provider adult safeguarding performance, issues and compliance.**
- **Review and write up the lessons learned from the Care + Partnership failure.**
- **Continue to drive a reduction in pressure ulcers acquired in care homes.**
- **Develop a health safeguarding conference programme for health and social care professionals working across Lewisham.**

Main Adult Safeguarding Achievements 2016-2017

- The CCG carried out a major review of its key Safeguarding in Commissioning Policy for children and adult safeguarding. The rewrite brought the policy up to date with the Care Act (2014) and new London Procedures for Adult Safeguarding.
- During the year the CCG completed a training needs analysis for General Practice adult safeguarding. The needs analysis included links to training resources and was agreed by the Lewisham Medical Committee and the CCG Membership Forum.
- The CCG has provided leadership and clinical support to the Identify and Refer for Improved Safety (IRIS) project in primary care which aims to support primary care colleagues to identify women at risk of domestic violence and to increase referrals from primary care to specialist domestic violence advocacy and support.
- A new process for seeking assurance from healthcare providers was agreed with the CCG's Integrated Governance Committee and a new Health Safeguarding Operational

Group (HSOG) was established. The HSOG will seek documentary evidence of compliance with children and adult safeguarding procedures using agreed reporting tools.

- Following the safeguarding and quality failures and eventual closure of the services provided by the Care Plus Partnership in Lewisham the CCG led a learning event to identify lessons for across the health economy. The learning event attracted representatives from some 16 commissioners including CCGs across London and NHS England. The Care Quality Commission and representatives from Adult Social Care took part in the review which was facilitated and written up by an independent expert. The report identified 25 lessons divided into three domains:
  - Preventative Activity: Commissioning Services for People with Neuro-behavioural needs and Acquired Brain Injury.
  - Proactive Activity: Monitoring the Quality of Care: Identifying and responding to early signs of poor care.
  - Responsive Activity: Managing Organisational Failures and Abuse.

The Learning Review has been widely circulated and published on the CCG's website.

- LCCG has led processes to continue to reduce the incidence of pressure ulcers acquired in residential care homes by leading the Community Pressure Ulcer Panel and supporting care homes with the analysis of causes of new pressure ulcers, the provision of guidance and support to prevent pressure ulcers and for best practice in pressure ulcer management. A reduction in the incidence of community acquired pressure ulcers has been seen but it is too early to say if this reduction can be sustained.
- LCCG established a programme of health safeguarding conferences to improve knowledge and share best practice in adult and children safeguarding issues across the health economy. The first of the conferences was held in 2017 and discussed best practice for health in domestic violence. Some 60 professionals from health and social care attended the event provoking a lively and informed discussion.

Adult Safeguarding Plans for 2017-2018

Key plans for Adult Safeguarding in 2017-2018 include:

- **Establish sound safeguarding supervision arrangements for the Adult Safeguarding Team;**
- **Embed the role of the new Safeguarding Nurse Advisor in the work of the team;**
- **Develop a Safeguarding Dashboard and share appropriate data with Lewisham Safeguarding Adults Board;**
- **Organise three Health Safeguarding Conferences in the year to promote safeguarding best practice in health across the Borough;**
- **Update the Adult Safeguarding pages on the CCG's website to provide a resource suitable for the public, CCG employees and members;**
- **Ensure that health plays a leading role in the Lewisham Safeguarding Adults Board;**
- **Continue to lead the Community Pressure Ulcer Panel to achieve improved care and continued reduction in the number of community acquired pressure ulcers;**

- **Support the development of the Local Authority's Multiagency Quality Assurance and Information Group (MAQUAIG) so that the CCG plays its part in ensuring that safeguarding intelligence is shared with multi-agencies effectively;**
- **Develop an action plan for ensuring that the CCG fulfils its role in relation to Female Genital Mutilation;**
- **Continue to support the Lewisham Violence against Women and Girl's Strategy specifically through leadership of the Identification and Referral to Improve Safety (IRIS) Project.**

11

Metropolitan Police Service – Lewisham

The role of the police in adult safeguarding

The Care Act 2014 reinforced the fact that the police play a critical role in safeguarding adults. Since then a growth in demand on police services from domestic abuse, sexual offences, child protection, mental health and hate crime has led to review of how we best protect vulnerable people.

In 2017-2018 the Metropolitan Police Service (MPS) are putting in place a safeguarding framework and Board, developing better insight on safeguarding. There is now a lead for safeguarding at Management Board and a new Commander Safeguarding post which brings all these areas together.

Commander Richard Smith is the Adult Safeguarding Lead for the MPS. He has introduced a working group consisting of staff from across the MPS to implement best practice. This group is currently working on revising the pan London procedure for dealing with adult safeguarding issues and also developing a template for information sharing agreement to ensure information sharing between agencies is as swift and straight forward as possible. It is likely that the issue of safeguarding vulnerable people is going to be split into 12 specific work streams to allow there to be clarity of roles and a dedicated strand lead, practitioners and subject matter experts in each area.

The proposed work streams are:

- **Vulnerable adults, (including elder abuse and abuse of disabled people);**
- **Mental health, drug and alcohol dependency & suicide prevention;**
- **Missing people;**
- **Harmful traditional practices;**
- **Domestic abuse;**
- **Stalking & harassment;**
- **Child sexual exploitation and abuse;**
- **Modern slavery & Human Trafficking;**
- **Gang exploitation / child criminal exploitation & youth offending;**

- **Rape and serious sexual offences;**
- **Child protection;**
- **Staff engagement: (a) wellbeing & morale, (b) making safeguarding everybody's business.**

A change over the next year to a Basic Command Unit (BCU) model of policing will change how police approach the protection of vulnerable people and increase the police's capability with more officers dedicated to prevention. This structure aims to improve problem solving, early intervention, appropriate referrals and the targeting of the highest harm offenders.

Police will continue to respond to identified risks around a lack of coordination internally and externally with partner agencies. We will provide a single point of referral for victims into police services for investigation Domestic Abuse, Child abuse and Sexual Offences. The MPS will promote professional and problem solving as core responsibility of every officer meaning they will look for potential safeguarding issues when attending seemingly unrelated matters e.g. report of a burglary.

The last 12 months has seen considerable progress made in relation to Adult Safeguarding within the Metropolitan Police. The appointment of a new Mayor and new Commissioner has led to a move away from a focus on traditional acquisitive crime types and a greater emphasis on Safeguarding Vulnerable people.

The MOPAC police crime plan gives the priorities as:

- **Violence Against Women and Girls,**
- **Keeping children and young people safe; and**
- **Hate Crime and intolerance.**

Locally, within Lewisham, the Adult Safeguarding lead remains as Detective Superintendent Tara McGovern and DCI Martin Stables who are both passionate and experienced in this area. DCI Stables attends the central working group. There have been a number of safeguarding investigations where Police and Adult Social Care have worked closely together to protect vulnerable people in Lewisham. Work is on-going to try to improve communication and relationships between safeguarding teams in Lewisham with the possibility of an adult Multi-Agency Safeguarding Hub (MASH) being created.

It is believed that 40% of police work has a mental health element to it. Lewisham Police are working closely with South London and Maudsley NHS Trust to improve response to those in mental health crisis. A Mental Health Tool Kit is being developed to provide information and guidance to front line officers on how best to deal with Mental Health issues.

12

Healthwatch - Lewisham

Our role, as the independent champion for people who use local health and social care services, is to ensure that local people are at the heart of services provided. We actively seek the views from all sections of our community to find out what is going well, what needs to be improved, and incorporate them into our priorities.

We also ensure that individuals are given the opportunity to get involved and help shape the services of the future through a range of engagement activities.

Healthwatch is a statutory member of Lewisham Adult Safeguarding Board and this enables us to inject issues raised by local people into how safeguarding is developed.

Adult Safeguarding achievements 2016-2017

- Ensured that our Board, staff and volunteers are trained to understand and follow up any safeguarding concerns identified by us or raised with us in our work.
- Supported awareness raising of safeguarding issues amongst our communities as part of our on-going engagement activities.
- Reviewed and updated our Safeguarding Adults at Risk Policy.
- Participated in Lewisham's Peer Review of Adult Social Care Services – with a focus on Safeguarding.

Adult Safeguarding plans for 2017-2018

- **Continue to be represented on the Board and contribute to Board business.**
- **Contribute as a member of the Safeguarding Audit Assessment Review Panel.**
- **Survey experience of users of domiciliary care and report findings to the Board.**
- **Support awareness raising and provide feedback to community partners and communities as part of other engagement activities.**

13

South London and Maudsley NHS Foundation Trust

South London and Maudsley
NHS Foundation Trust

South London and Maudsley (SLaM) services in Lewisham work with individuals and their families in ensuring any safeguarding concerns identified are reported and responded to in line with Section 42 Care Act requirements and best practice.

This includes:

- Identifying client centred outcomes adhering to the Making Safeguarding Personal Agenda.
- SLaM works with groups in the Lewisham such as Voiceability.
- SLaM works in partnership with Lewisham Adult Social Care providing integrated community mental health services across the borough.

SLaM Summary:

The Trust's key objectives of providing high quality clinical care and treatment, delivered sensitively, consistently and based on evidence that works, are all highly supportive of our duty to ensure that people who use Trust services are safeguarding from abuse, neglect and improper treatment (Regulated Activities 2014: Fundamental Standard 13).

Since the Care Act created a statutory footing for adult safeguarding and the NHS became subject to the legal Prevent and Channel duties in July 2015, SLaM has continued to develop and improve processes and practice to meet these requirements throughout 2016-2017.

Key Priorities 2016-2017

1. **Activity Monitoring**
   - Improve Safeguarding collection.
   - Utilise Electronic Patient Journey Templates to create improved reporting on safeguarding concerns and outcomes.
   - Audit Safeguarding activity variation across services to identify emerging themes and trends.

   This priority has been completed.

2. **Incidents and Allegations**
   a. Offer bespoke safeguarding training to ensure safe recruitment and managing safeguarding concerns involving employees, contractors and volunteers.

b. Streamline interfaces between NHS Serious Incident Investigations and Section 42 Care Act enquiries.

Part a. This priority has been completed.
Part b. An interface process between NHS Serious Investigations and Section 42 Care Act enquiries has been agreed with London Borough of Lewisham and Lewisham Clinical Commissioning Group.

3. Review Safeguarding infrastructure

- Review infrastructure within the Trust.
- Identify lead for clinical Academic Groups with safeguarding expertise.
- Identify resources to support Borough level safeguarding work.

This action has been completed. Recommendations will be made at the end of Quarter 1 of 2017-2018.

4. Review Safeguarding Training Offer

- Identify staff who are required to undertake Level 3 Safeguarding training due to guidance changes.
- Submit a proposal to create a safeguarding trainer post.

Completion of this action has been delayed until the publication of the NHS England Safeguarding Adults: Roles and Competencies for Health Care Staff. Initial meetings have been held between the Safeguarding lead for the Trust and the Education and Development department.

5. Bethlem Royal Hospital and London Borough of Bromley application of Care Act duties agreement

- Agree application of Care Act duties at Bethlem Royal Hospital.

This priority is in progress.

Key Priorities for 2017-2018

- **Increase the dedicated Safeguarding Adults infrastructure across the Trust so that it has the capacity and resources required to meet aligned partners and NHS England expectations and ensure that people who use Trust services are safeguarded.**
- **Embed quarterly PREVENT reporting in line with NHS England requirements.**
- **Support the introduction of the Learning Disabilities Mortality Review (LeDeR) programme. Identify Trust lead for LeDeR Programme.**
- **Analyse the results of the 2017 Trust wide Safeguarding Adults audits to identify areas that require focus and quality improvement.**
- **Agree a standardised set of safeguarding adults Quality Indicators with the 4 borough Clinical Commissioning Group's, in line with contracting requirements.**

14

London Borough of Lewisham - Safer Lewisham Partnership

Lewisham's Sustainable Communities Strategy 2008-20 set the Local Strategic Partnership a goal of making Lewisham the best place in London to live, work and learn. Delivering on this depends on our success in creating a climate where 'people feel safe and live free from crime, anti-social behaviour and abuse'.

Through effective partnership working and effective engagement with communities the Safer Lewisham Partnership works to bring about a consistent reduction in the number of victim based offences, and to improve the quality of life of its residents. To do this successfully we aim to deliver a strategy which is strategically relevant, robustly delivered and responsive to the needs of local communities.

Adult Safeguarding Priorities 2016-2017

The Safer Lewisham Partnership set the following 4 priorities in March 2016:

- **Peer on peer abuse–under 25 year olds in relation to serious youth and group violence with particular focus on knife enabled crime, child sexual exploitation and domestic abuse.**
- **All strands of violence against women and girls with particular focus on Domestic abuse, sexual abuse, and FGM. This includes male victims within the defined strands of human trafficking, sexual violence, prostitution, domestic violence, stalking, forced marriage, 'honour'-based violence and female genital mutilation (FGM).**
- **Focus on work in relation to identified geographical hotspots, premises and people of interest and using regulatory and enforcement provisions across the partnership and community as appropriate. This includes business crime and community safety related issues that impact on local residents. This links with work under the strands of Organised Crime including drugs as a driver for violence, firearms, human trafficking, Child Sexual Exploitation, Economic crime and cybercrime.**
- **Better understand, respond, monitor and reach out to specified groups in relation to a multi-agency approach to hate crime.**

Priority 1 - Peer on peer abuse

- Partnership enforcement and environmental operation - Proactive partnership approach to tackling an increase in street robberies in a geographical location which contributed towards approximately 60% of the net increase in robbery as a whole.
- Community Trauma Work - Work is being developed between statutory partner agencies and community groups to consider a community led approach to tackling serious youth violence. This work will start to tackle the issues of community trauma, lack of trust in organisations and build a 'trusted adult' model within the community.

Priority 2 - Violence against women and girls

- Positive Women's Conference - Women from the Muslim community wanted to raise awareness of domestic violence and provide information on how women specifically can stay safe and receive help and support if they are suffering from such abuse. The conference explored what services were available to women seeking support with domestic abuse and or sexual violence and how to access these safely.

Priority 3 - Identified geographical hotspots, premises and people of interest - Organised Crime

- Banking Protocol - The Lewisham Crime, Enforcement & Regulation Service have been heavily involved with the MPS Falcon and Sterling Teams from Serious and Organized Crime Specialist Crime Directorate 7and London Trading Standards in preparing a more holistic response to organised rogue traders and other scammers and fraudsters by local police and local authority law enforcers. The initiative also enhances the response by banks, building societies and other financial service providers, to suspicious activity, encouraging the rapid call to police (and local authority where such protocols exist), the securing of evidence such as CCTV, physical evidence e.g. documents with potential forensic opportunities, vehicle registration marks and description. Also to raise staff's awareness of what may be suspicious activity such as unusual or large amounts being withdrawn, or apparently vulnerable customers being accompanied by 'strangers'.

Priority 4 - Hate crime

- Hate Crime Third Party Reporting Site - Lewisham's network has been revisited, re-established and the reporting sites are currently being retrained to receive and deal with reports from the community Lewisham's Third Party Reporting scheme aims to deliver a coordinated response to hate crime by bringing together key agencies to work in partnership to ensure victims and witnesses have access to support and protection, and offenders are brought to justice which will help create a safer and more cohesive community.
- Launch of Hate Crime App - Safer Lewisham Partners are working to use new and innovative initiatives to enable victims to report hate crime. In 2016 Lewisham championed the MOPAC-supported hate crime reporting smart phone application *'Self-Evident.'*

2017-2018 Priorities

The Borough partners and residents have identified the following as being essential for our collective approach:

- **Reduction in harm and vulnerability being critical as part of an overall prevention, intervention and enforcement strategy.**
- **Clear focus on reducing violence in all its forms.**
- **Focusing on redesigning and delivering services that supports and provides a victim centric approach. Seeking to ensure that all contact and outcomes by all agencies puts victims at the forefront. Reducing fear, harm and re-victimisation is critical.**
- **Considering contextual analysis and location risks.**
- **Improving confidence and satisfaction in police, local authorities and public services.**

The Partnership will continue to deliver and focus on Police and Crime Commissioners identified areas within the Police and Crime Plan 2017-2021 which include:

- **A better police service**
- **A Criminal Justice System for London**
- **Keeping children and young people safe**
- **Violence Against Women and Girls**
- **Hate crime and counter terrorism**

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Lewisham and Greenwich NHS Trust

Lewisham and Greenwich NHS Trust provides services for local people in Lewisham, Greenwich, Bexley and other parts of South East London. We are responsible for services at:

- **University Hospital Lewisham**
- **Queen Elizabeth Hospital in Greenwich**
- **Community Health Centres, Lewisham**
- **Some services at Queen Mary's Hospital, Sidcup**

Organisational structure

The Trust Board is responsible for overseeing the work of the Trust and there are a number of sub-committees which report to the Board. There is an adult safeguarding committee which is chaired by a non-executive Director.

The Trust has the following clinical divisions:

- **Acute and Emergency Medicine**
- **Children's and Young People**
- **Long Term Conditions and Cancer**
- **Surgery**
- **Women's and Sexual Health**
- **Pathology**

Our Board

Lewisham and Greenwich NHS Trust is run by a Trust Board that consists of full-time executive directors and a part time non-executive chair and directors.

The role of the Trust Board is to manage the Trust by:

- **Setting our overall strategic direction within the context of NHS priorities**
- **Ensuring we provide high quality, effective and patient focused services through clinical governance**
- **Regularly monitoring our performance against objectives**
- **Providing financial stewardship through value for money, financial control and financial planning**
- **Ensuring high standards of corporate governance, personal conduct and compliance with statutory duties**
- **Promoting effective dialogue with the local communities we serve**

Adult Safeguarding

Lewisham and Greenwich NHS Trust recognise that safeguarding adults at risk is everybody's business.

In order to demonstrate its commitment to ensuring safeguarding adults as a key priority, the Trust has put in place a number of safeguarding adults arrangements which includes reviewing its safeguarding adults policy and procedures in line with the Care Act 2014 and the London Multi-Agency Safeguarding Policy and Procedures in April 2016.

Safeguarding Adults Team

- **Ensures high-quality care is provided to prevent safeguarding issues**
- **Provides an effective response where harm or abuse does occur**
- **Provides training on safeguarding for clinical and non-clinical staff**
- **Works with other agencies such as social services and the police to promote patient safety**
- **Provides advice and support on matters concerning adults at risk, including patients with learning disabilities and victims of domestic violence and abuse**

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LSAB Business Team contact details

Got a question for us? Want more information on Safeguarding Adults partnership work in Lewisham? Get in contact with us

Email: LSAB@lewisham.gov.uk

Tel No: 020 8314 3117

LSAB Website

How to report your concerns

If you suspect that you or an adult you care about may be at risk of abuse or neglect call Lewisham Council's Adult Social Care Access and Information Team (SCAIT) on 020 8314 7777 alternatively if you have concerns about the immediate safety of an adult at risk then please contact the Police on 999.

There are a number of ways you can contact SCAIT

The team can be contacted Monday - Friday 9am - 5pm

Tel: 020 8314 7777 (select option 1)

Fax: 020 8314 3014

Email SCAIT

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Appendices

Partner Annual Reports

- NHS Lewisham Clinical Commissioning Group Annual Report 2016-2017
- Healthwatch-Lewisham Annual Report 2016-2017
- South London and Maudsley NHS Foundation Trust annual Report 2016-2017

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Guide to common safeguarding words and phrases

Sometimes the language used regarding safeguarding can be confusing and difficult to understand. Here are simple explanations to common safeguarding words and phrases.

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

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.

Clinical Commissioning Group (CCG)

A governing body of local GPs who plan 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.

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'.

Healthwatch

Healthwatch is the independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

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.

Our Partners

Organisations that are members of Lewisham 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

A Safeguarding Adults Board 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.