Annual Report
(April 2019 to March 2020)
“Safeguarding is everybody’s business”
Who do I contact if I think someone is being abused?

If you are worried that an adult is at risk of or is experiencing abuse, neglect or exploitation in Camden, call:

**Adult social care, Camden Council**
- Phone: 020 7974 4000 (9am to 5pm) or 020 7974 4444 (out of hours)
- Textphone: 020 7974 6866

If you believe a crime may have been committed, contact:
- **Camden police** unit on 101.
- If immediate help is needed from one of the emergency services call **999**.
- If you are a member of the public or resident in Camden you can contact us anonymously to raise your concerns.
I am pleased to be presenting the Annual Report for 2019/20 covering the second year of our current three-year strategy. This is the fourth annual report in my tenure as Chair of Camden SAPB. This report seeks to inform the Camden residents and the organisations serving them about the activities of the Board, the work of its subgroups and of its partner providers to advance the wellbeing and safety of Camden adults at risk.

Our Board is composed of a diverse group of partner providers in the health, care, justice, housing, voluntary and emergency services who engage with adults in need. As in previous years, the Board continues to experience changes in its membership and I extend my appreciation for the contributions of all its members for their safeguarding endeavours.

With training and awareness raising, we continue to encourage people to raise their safeguarding concerns and referrals continue to increase.

The coronavirus pandemic has exposed and brought to prominence the vulnerabilities in the social care sector that have existed for many years reasserting the necessity for increased vigilance by Health and Social Care Commissioners to ensure that high standards of safeguarding practices in the provider sector are consistently achieved.

In arranging this year’s North Central London Challenge event, we highlighted the safeguarding challenges confronting homeless people and rough sleepers. The presentations at this event were very well received by over a hundred participants attending. The Board received and adopted a reporting process for reviews of deaths and serious incidents relating to homeless people and rough sleepers. It continued to receive reports and derive learning from the 14 reviews completed in the LeDeR (Learning Disabilities Mortality Review) programme. The Board refreshed the framework for Safeguarding Adult Reviews and published 1 SAR. An event to improve engagement across the vibrant voluntary sector in safeguarding endeavours was arranged and although take up was less than hoped for those attending found it a helpful forum for interaction and discussion. Through various presentations the Board highlighted good practice and challenges in the areas of modern slavery, family group conferencing, the prevent duty and legal developments in relation to the replacement of Deprivation of Liberty Safeguards with Liberty Protection Safeguards and to the Mental Capacity Amendment Act 2019.

In the Board's own annual challenge event the Board examined the findings from a risk audit tool and set its priorities for 2020/21 which will include a concerted focus on younger adults at particular risks relating to various experiences of transition they encounter.

Our thanks go those who have chaired our subgroups and to Fatima Fernandes, our Board Manager and Aysha Sparks, Board Officer for their support in progressing the work of the Board. Thanks too to the Council and Health commissioners who continue to resource the Board’s work. Safeguarding adults at risk in our community is everybody’s business and the gratitude of the Board is extended to all members of the public and professionals who have reported their safeguarding concerns.

James A. Reilly
Independent Chair, Camden Safeguarding Adults Partnership Board
What we do

The Safeguarding Adults Partnership Board (SAPB or "the Board") comprises a core membership of statutory partners from Camden which includes senior representatives from the Local Authority, Police and Camden Clinical Commissioning Group, as well as other statutory organisations and the voluntary sector. A full list of member organisations is included in Appendix 2.

Our Board meets quarterly with most of our business delivered through our subgroups. Our duties and functions are set out in the Care Act 2014 www.legislation.gov.uk/ukpga/2014/23/contents

All partner organisations have a role in safeguarding people from abuse and neglect. The Board commissions an Independent Chair to provide an independent perspective, challenge and support in achieving its ambitions.

The Board has the strategic lead for safeguarding adults in Camden and specifically those adults with care and support needs who may be experiencing, or are at risk of, abuse or neglect.
Governance Arrangements

The Board is a multi-agency statutory body, which makes decisions about the strategic direction of safeguarding in Camden. Previously, apart from the Board Manager, there was no additional support for the board. In April 2019, we hired a part time board administrator to help sustain all of the functions of the board and the subgroups.

Camden Safeguarding Adults Partnership Board

Independent Chair:
James Reilly

Sub-Groups Chairs’ Group

SAR Sub-Group
Co-Chairs: Lilly Benbow & Stella Smith

Engagement Sub-Group
Co-Chairs: Tracey McDermott & Benaifer Bhandari

Quality and Performance Sub-Group
Chair: Vikki Gray
(left in Nov 2019)
Replaced by Co-Chairs Noel Geoghegan & Francis Kudjoe
Camden’s population

Camden’s population is expected to increase to **265,351** by **2029**, an increase of **4%**, with the highest expected growth in the older age groups.

Camden’s average annual population increase since 2011 is approximately **1.9%**, meaning that Camden’s rate of growth is more than double that for England (**0.7%**).

The average age of Camden residents is **38.6** years, slightly above the London average of **37.4 years** and lower than the England average of **40.9 years**. The ‘population pyramid’ graph shows the relative differences by age and sex:

33.8% of Camden Residents overall are from Black and Minority Ethnic Groups, but the proportion of each group is different according to age. This means that agencies need to ensure that diversity is given careful consideration when designing services.

32,700 Camden residents are aged **65+**, 12.9% of the total population at mid-2020. That number has increased 35% since 2011 and is projected to increase to 42,000 by 2030.

36.3% of Camden adult social care users reported to have as much social contact as they want with people that they like, compared to **41%** in London and **46%** in England.

Sources:
GLA 2018-based Projections, © GLA, 2020;
Deprivation

According to the ‘average rank’, Camden is the 132nd most deprived local authority in England (out of 317). By all other summary measures Camden is ranked less deprived.

By small areas the overall Index of Multiple Deprivation (IMD) finds 8 out of 133 LSOAs (Lower Level Super Output Areas (these are statistical geography based on census Output Areas) fall within the 15% most deprived and 22 fall within the 20% most deprived.

The Income Deprivation Affecting Older People Index (IDAOPI) shows that nearly a quarter of Camden LSOAs fall within the 10% most deprived in England.

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<tr>
<th>Rank</th>
<th>132</th>
<th>317</th>
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Care

In 2011, 17,306 Camden residents provided some unpaid care. This is 7.9% of all Camden residents.

Of those providing unpaid care, 2,736 were aged 65+.
This is 11.4% of all residents aged 65 and above in Camden.

Life expectancy

Life expectancy at birth in Camden: 82.7 years
Healthy life expectancy at birth in Camden: 63.5 years
Life expectancy at birth in Camden: 87 years
Healthy life expectancy at birth in Camden: 67 years

The gap between healthy life expectancy and life expectancy represents a significant challenge for agencies.
Health

In 2011, **17.3%** of Camden residents aged 65+ were in bad or very bad health. This compares with **17.2%** in London and **15.3%** in England.

In Camden in 2019, there were **1,370** people who had a dementia diagnosis (5.4%), the highest recorded prevalence of dementia in London.

**9%** of adults in Camden have a diagnosis of depression (21,800 people), higher than the London average.

Public Health England estimates that in 2018, the prevalence of adult smokers was **10.9%** in Camden compared with **13.9%** in London and **14.4%** in England. This has gone down since 2014. Camden’s smoking-attributable hospital admission rates for 35+ adults have remained relatively steady. In 2017/18, Camden (1,396.8 per 100,000) was similar to London (1,370 per 100,000) and significantly lower than England (1,530.4 per 100,000).

In 2018/19, there were **1,147** alcohol-related hospital admissions of Camden residents, a rate of **544 per 100,000**. This is lower than for London (557 per 100,000) and significantly better than for England (664 per 100,000).

In 2017/18, Camden (46.5%) had the lowest proportion of adults aged 18 and over classified as overweight or obese out of London’s 32 boroughs. This is significantly lower than the London average (55.9%) and the national average (64.5%)

**85%** of adults with a learning disability live in a stable and appropriate accommodation. This is higher than London (66%) and England (77%).

Of Camden’s 23,977 people aged 65+: **10,113** (42%) lived alone and **474** (2%) lived in residential homes.

Demand for Care

There has been a **6%** decrease in new adult social care support requests.

**32%** of the total local authority budget is spent on adult social care.

**18,594** people of all ages have their everyday activities limited by a long-term health problem or a disability.

Safeguarding Story in numbers

**1050** individuals who raised a concern

Who was at risk of abuse and neglect?

**45%** of abuse was against men

**55%** of abuse was against women

**58%** of victims had a physical support need and **11%** had a learning disability

**62%** of abuse was against people aged 65 or over

**73%** of abuse victims were people from white ethnic backgrounds
 Were supported into accommodation from sleeping on the streets.

What were people at risk from?

32% of the abuse was caused by a friend, family member or neighbour and in 29% of enquiries, the source of risk was an individual known but not related, relative/family carer, informal carer (includes non-statutory/other enquiries)

18% of concerns were about neglect – similar to last year

11% of concerns were about finances (same as last year)

59% of risks investigated in the adults own home including self-neglect in addition to abuse by others

Safeguarding Adults Reviews

7 Safeguarding Adult Reviews (SAR) have been considered by the SARS subgroup for review.

2 cases have been agreed to be conducted as SARs

1 SAR has been published

1 SAR is underway and will be published in Summer 2020.

Themes from the reviews include:

• A need for additional training and support to skill staff in the application and use of the Mental Capacity Act 2005.

• Streamlining entry points for safeguarding referrals.

• The careful balance of autonomy and a duty of care.
Who is an adult at risk?
An adult at risk is someone who is over 18 years of age who, because of their care and support needs, may not be able to protect themselves from abuse, neglect or exploitation. Their care and support needs may be due to a mental, sensory or physical disability; age, frailty or illness; a learning disability; substance misuse; or an unpaid role as a formal/informal carer for a family member or friend. More information is available from the board’s website at www.camden.gov.uk/safeguarding-adults

What is safeguarding adults?
Safeguarding adults means protecting an adult who is 18 years of age with care and support needs 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. At the same time, it is essential that we make sure the person’s views, wishes, feelings and beliefs are a key part of deciding any action.

What is abuse?
Abuse is when someone treats an adult in a way that harms, hurts or exploits them. It can take many forms – ranging from shouting at someone or undermining their confidence and self-worth, to causing physical pain, suffering and even death. There are different categories of abuse outlined in the Care Act: physical, sexual, domestic, psychological, financial and material, neglect, self-neglect, discriminatory, organisational and modern slavery. Abuse can happen just once or many times; it can be done on purpose or by someone who may not realise they are doing it. It can happen anywhere including at home, in care homes, in a day care centres or hospitals.

How have we made a difference?
Our purpose is to encourage partner agencies in working together, co-ordinate the work of partners and assess the difference that we make to adults with care and support needs in Camden. This section represents some of the highlights of the work agencies have done to deliver Board priorities:
Margaret is an 84 year old lady living with dementia and with a history of diabetes. District nurses visit her daily to administer insulin injections.

The district nurses contacted MASH (Multi Agency Safeguarding Hub) to report concerns about Margaret’s son, Steve, who had recently moved in with her and was supposed to be her main carer. They had noticed that he seemed aggressive and controlling in his behaviour towards Margaret, and that he was increasingly reluctant to let them in. Margaret herself seemed tearful and anxious, and they had also noticed that the property was messy. She always seemed to be dressed in pyjamas and her blood sugar was unstable, suggesting irregular eating.

When the social worker tried to call Margaret, Steve answered and wouldn’t let her speak to her and refused a visit. Due to concerns about Margaret’s welfare, the social worker did a joint visit with the police who persuaded Steve to let them in.

Margaret told the social worker that Steve shouts at her and makes her feel bad for forgetting things or doing things too slowly. She explained that she had let him move in because he had promised he would care for her but he had stopped people visiting her and is refusing to help her with the things she finds difficult. She also said he had persuaded her to give him her bank cards and has taken full control of her post office account. Despite this, she had limited clothes and food in the flat, and there were letters indicating she had fallen behind on rent and was now in arrears.

Margaret said she did not want Steve living there anymore so the police officers asked him to leave and to return Margaret’s house keys and bank cards, which he eventually did. He was asked not to return to the property. At her request, Margaret’s daughter, Alice, was contacted and agreed

*The names and photos used in the case studies are not those of the individuals in the studies.*
to come and stay for a few days while a longer term plan was agreed. Alice advised that she and her daughters had been very worried about Margaret as Steve had appeared to have been isolating her from the rest of the family and they had not been able to see her for some time.

In light of her memory impairment, Margaret's capacity was assessed to ensure she could understand and make decisions about the safeguarding concerns, how her needs should be met and how her finances should be managed. Her daughter Alice supported her with this.

Next, a meeting was held with Margaret at her home and attended by her daughter Alice and grand-daughters Julie and Michelle, the social worker, police and district nurse to discuss all the concerns and agree a plan with Margaret.

Margaret made it clear that she wanted to live in her own home but agreed that she needed some support to help her do this safely. She agreed to have carers visit three times a day to help her with meals and getting dressed, to have a falls alarm and a key safe so that people are able to get in. The district nurses would continue to visit her daily for her injections. It was agreed that Alice and her daughters would help with her shopping and cleaning, and take her to the bank, and visit her regularly. Margaret was happy that she would see more of her family again. Arrangements were also made for her to go to a weekly lunch club at her local community centre that she used to go to, so she could see her friends and make new ones.

Margaret is in charge of her finances again with support, but, due to her increasing forgetfulness from dementia, decided to explore Power of Attorney for her daughter Alice so she can formally help with this in the future. Margaret decided that she did not want the police to pursue an investigation against her son Steve in relation to her finances. She feels that he is still her son and she wants to maintain a relationship with him. Her family and the professionals involved are worried that Steve might take advantage of this again but, with her care needs now met by others and a long term plan to protect her finances, agreed there are plenty of people now involved to monitor this and Margaret feels confident that there are people she can ask for help. She is also considering a move to sheltered accommodation where she would have more support.

Safeguarding Principles and Making Safeguarding Personal

Given the concerns raised and Margaret’s vulnerability as a result of dementia and her health needs, it was immediately clear that further enquiries should be made under Section 42 of the Care Act. The most important thing was to take steps to determine Margaret's safety and gain her views on the concerns, including how she wanted to be helped. It became apparent that Steve's psychological abuse and control of Margaret included concerns about neglect and financial abuse, as these forms of abuse are often interdependent, and it was important her needs were considered across all these areas. In keeping with making safeguarding personal and safeguarding principles, Margaret was empowered to make decisions and supported to be involved throughout the process. Her relationship with her son was respected and her wishes followed, with respect to asking him to leave but not to pursue a police investigation. Steps were immediately taken to protect her and ensure her needs were met, and to put proportionate plans and protective factors in place that would help prevent abuse in the future. This was achieved by working in partnership with Margaret and her wider family, and with the other professionals involved with her. Margaret’s social isolation was also considered and she was supported to re-engage with her community and friends.
Alice is a 79 year old lady living with dementia and arthritis. She lives alone and does not have any family or social networks. She has carers who attend twice a day to help her with personal care, meal preparation, and do her shopping and cleaning.

A district nurse visited her to dress a small wound she had on her leg following a fall at home; she was accompanied by an occupational therapist (OT) from the community integrated health team to look at how her risk of falls could be reduced.

The nurse and OT were concerned that, despite having carers, Alice's environment was cluttered and she was unkempt, with unwashed hair and clothes. They reported concerns about neglect to Adult Social Services and a social worker was allocated to investigate further.

On meeting with Alice, it quickly became apparent that Alice lacked capacity to understand the safeguarding concerns due to her dementia, and did not recognise the areas she needed help with or understand why the carers came. As she did not have any family, the social worker arranged an Independent Mental Capacity Advocate (IMCA) to support her through the process and represent her views.

Further enquiries made with the care agency established that they were having difficulty achieving their tasks as Alice would frequently not allow them to help her with personal care, touch her clothes or to make changes to her environment, including rearranging or throwing away clutter. She had quite fixed views about these areas and further discussion with her GP revealed that, even prior to her dementia, Alice had always presented as quite dishevelled and disinterested in her appearance, and quite rigid in her thinking in many topics. Discussions with her housing officer also identified that issues with clutter were longstanding and they had had difficulties gaining access to the property recently for planned repair work.

The IMCA and social worker spent time with Alice discussing what was important to her and any changes she would like to make. Although Alice did not understand why she had carers, she was able to identify that she liked some and found them less intrusive, whereas others irritated her in their approach. She talked about why some of the things she kept were important to her and also spoke about her previous interests in yoga, meditation and attending classes such as pottery.

A meeting was then held with all those working with Alice to discuss the concerns and make a plan, attended by her social worker, the nurse and OT who raised the concerns, the care agency manager, the GP, the housing officer and Alice's IMCA. Different approaches were discussed with the care agency as to how to approach these sensitive areas of personal care with Alice, as well as ensuring this is delivered by the carers she gets on with, and it was suggested that they keep a
chart of when they have been able to manage these tasks so they could monitor this and report back. Whilst the care agency had not deliberately been neglecting Alice, a lesson for the agency was the importance of carers flagging up concerns about clients who refuse support so different approaches can be tried and the client’s wellbeing is monitored, so this is not left unchecked. The GP and district nurses advised that, despite her self-neglect, this did not appear to be impacting on her health but they agreed they would continue to monitor this and report any changes.

It was decided to introduce an outreach worker to Alice to work with her on trying to slowly reduce the clutter in her home and find different ways to store the things that were important to her. The outreach worker would also work with Alice and the housing officer to ensure the repairs needed to her flat took place, as Alice would need support around this due to her confusion. The OT advised that she could provide some further equipment to try and reduce the likelihood of falls and make her more comfortable moving around her home. As Alice had been assessed as not having capacity to make decisions about her care and support needs, decisions were made in her best interests with the input of her IMCA and others working with her.

As Alice was not able to go out by herself due to confusion and poor mobility, and had expressed an interest in taking some adult classes, a plan was also made for her to attend her local community centre with a volunteer so she could join in some of the activities there. Alice looked forward to this and carers were then able to also encourage her to wash her hair and change her clothes as part of getting ready to go out.

Safeguarding Principles and Making Safeguarding Personal

Given the concerns raised about potential neglect and Alice’s vulnerability as a result of dementia, it was immediately clear that further enquiries should be made under Section 42 of the Care Act 2014. When it became clear that there were issues around self-neglect contributing to this, which is also a safeguarding concern, it was really important to find a way to work with Alice in a way she felt comfortable with and at her pace. The process centred on what was important to Alice and finding ways to balance the risks of self-neglect with her sense of dignity, priorities and interests. Although she was assessed as lacking mental capacity to make decisions about the safeguarding concerns and her care, she could still express views and opinions, and decisions were made in her best interests with these in mind, with the support of an IMCA. A plan was also made to reduce her social isolation by engaging her in activities of interest to her, which also had a positive impact on Alice’s wellbeing and her self-care.

In keeping with safeguarding principles, the approach taken to the concerns about her self-neglect was proportionate and in partnership with her as far as possible. It was agreed that the care tasks would not be achieved by increasing Alice’s care, as she already found this intrusive, so instead plans focused on working within what she found acceptable and trying different approaches. The rationale was clearly documented to make it clear how these decisions were reached, and the carers were asked to keep clearer records evidencing how they were supporting her, and what was working or not. It was really important for all the professionals to work together to share the risks and relevant information, make decisions in a joined up way and take responsibility for their respective areas of care and ongoing monitoring to ensure Alice was protected from further deterioration or neglect.
Other work in 2019/20

The Board continues to update systems, processes and procedures to streamline business. We are also recognising the following achievements:

**Updates to the Board on deaths or serious incidents**
The Board have worked with the Housing Commissioning and Partnerships Team to agree on a reporting process to the SAR subgroup of deaths or serious incidents. The Board through its subgroups will be updated on a 6 monthly basis.

**North Central London (NCL) Challenge Event**
The Board arranged and hosted this year’s challenge event for the NCL boroughs, which consists of Camden, Barnet, Islington, Haringey & Enfield. The theme was “progressing in safeguarding homeless people & rough sleepers”. With over 100 attendees, the event was well received and showed the film “Sleeping Rough” which was followed by a question and answer session with the producer. The event also featured the findings of a SAR on homelessness, and presentations on “The approach to mortality reviews”, with regards to homeless deaths, “No Recourse to Public Funds”, and “A perspective on safeguarding” from the Community Rehabilitation Company. These were followed by workshop discussions on practice issues and improvements.

**Board local Challenge Event**
The Board held its own challenge event which discussed the re-energizing of partnership working, focus of priorities for 20/21, findings of the Safeguarding a risk audit tool, re-starting of the Learning and Development subgroup and re-energizing the 3 other subgroups.

**SAPB Annual Delivery Plan 2020/21**
The annual delivery plan is being drafted by the Quality & Performance subgroup. It will be going to the Board for sign off in July 2020.

**Multi-agency Safeguarding Hub (MASH)**
MASH continues to ensure that we get the best out of working together with key partners to improve decision making at the front door for the benefit of all Camden residents.

**Modern Slavery & Human Trafficking**
Partners continue to raise the profile and awareness of these issue amongst their workforce.

The Council continues to offer learning opportunities to increase understanding of all forms of modern slavery, to enable staff to provide effective support to victims, and to reduce the risks they experience.

Modern slavery is included in the Council's mandatory e-learning module ‘An Introduction to Safeguarding’ which has been completed by 98% of Camden staff. To enhance this learning a new 60 minute e-learning module ‘Modern slavery and human trafficking’ has been developed and accessed by over 80 members of staff. It is available to all staff and is designed to help staff recognise their role in identifying and reporting concerns.

A number of additional safeguarding courses further upskill staff who work directly with the public. These include ‘Child trafficking, exploitation and modern slavery’ and ‘Child exploitation and extra-familial risk’. These usually classroom based sessions have been redeveloped into online workshops to ensure learning is available to those who need it regardless of Covid19 restrictions on classroom learning.

**Domestic Violence**
The SAPB have been involved in a cross-cutting Council drive to improve the response to domestic abuse and how to better prevent it as part of implementing the Council’s new Domestic Abuse Policy Statement. This project aims to build a joint framework and holistic model that allows to collectively manage the risk of domestic abuse.

**Safeguarding Adults Review Framework**
The framework was updated and signed off by the Board. It sets out the commissioning, undertaking and quality assurance of Safeguarding Adult Reviews.
Family Group Conferencing
The Board received a presentation by the “Family Group Conferencing” team and heard how the team are finding innovative ways to support and strengthen family relationships.

Safeguarding Leaflet
The Board produced a leaflet on “Safeguarding Adults from abuse in Camden”

Board Webpage
The Board updated the look and feel of the SAPB webpage on Camden Council’s website. This is work in progress and further improvements will be made in during 20/21.

Liberty Protection Safeguards (LPS) Mental Capacity Amendment Act 2019
The Act will introduce Liberty Protection Safeguards to replace the current Deprivation of Liberty Safeguards (DoLS). The Board received updates from partners on their preparations for LPS.

Counter Terrorism: Radicalisation and Extremism
The Board welcomed a presentation on Prevent Duty to help forge stronger links in order to holistically safeguard all our vulnerable adults and young people from being drawn into terrorism.

Held an Engagement Event with Voluntary Sector and Faith Communities
The event was attended by a variety of organisations. Attendees agreed that it was a good platform for interaction and discussion. Further work will be undertaken by the Safeguarding Engagement subgroup which will be restarting in April 2020.

Integrated Performance Dashboard
The continu improvement of the dashboard remains a priority for the SAPB. Some of the improvements this year: Inclusion of Fire Brigade data on the number of home fire safety visits. Adult Social Care provide information on Making Safeguarding Personal including achieving desired outcomes from the safeguarding process. Metropolitan Police provide figures around crime statistics and Merlin reports. Camden Safety Net provide data on domestic violence. Deprivation of Liberty Safeguards Team and Rethink Advocacy provide data on the DoLS Assessment and IMCA referrals completed. SAPB have asked the data team to provide more narrative on the data sets for all future dashboards.

Multi-agency Self-Neglect Toolkit
The Board have produced and signed off the toolkit in response to a SAR recommendation. The toolkit will be published in summer 2020.

LeDeR (Learning Disabilities Mortality Review Programme)
The LeDeR Programme consists of local reviews by health and social care professionals of deaths of people with learning disabilities aged 4 years upwards across England. In London, the reviews for all deaths began in December 2016. The LeDeR programme is supported by the University of Bristol and commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England. The overall aim of the programme is to drive improvement in the quality of health and social care services delivery and to help reduce premature mortality and health inequalities.

Camden LeDeR steering group continues to build on recommendations from reviews. To date 14 reviews have been completed. During 2019/2020, 5 reviews were completed. Actions taken in response to learning from LeDeR reviews in 2019/2020 have included:

Healthintent: learning disabilities has been selected as one of the Healthintent population management workstreams- this will allow health and care professionals in north central London to be more proactive in the care of patients and communities.

Significant 7: CLDS successfully piloted this innovative training tool for care homes to prevent avoidable A&E attendances and acute admissions for complex and frail patients.

Films: created by Royal Free Hospital to improve patient experience by educating hospital staff about patients with learning disabilities.

Coordinate My Care: CLDS are progressing uploading patient care plans for those with learning disabilities who have complex needs.

Self-neglect tool kit: multi-agency self-neglect tool kit to be developed and to include supporting individuals with a learning disability. Camden LeDeR steering group to ensure promotion of the toolkit upon publication.
Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act and is a legal framework to protect people who lack capacity to make decisions about their care/treatment arrangement. DoLS had been scheduled to be replaced by the Liberty Protection Safeguards (LPS) in October 2020, but this has now been postponed until April 2022 at the earliest. In the meantime, we await the publication of the code of practice which would be open for a period of consultation. The LPS, when implemented, would create a new administration and practice model, different to the way DoLS is currently implemented. That said, safeguards vis-à-vis deprivation of liberty (care arrangements that amount to a deprivation of liberty) will continue to need to be authorised if deemed in the person's best interests, with the LPS framework covering anyone from 16 years and above.

The number of DoLS applications received in 2019-20 was the highest recorded since 2014 following the Cheshire West judgement. That said, though the upward trend of application numbers continues, the latest increase of 14 more applications in 2019-20 compared to the previous year suggests a plateauing of referrals. In addition, the majority of applications received continues to come from care homes and this has remained consistent over the last 12 months (see chart below).

The London Borough of Camden continues to smartly consider how it can meet the ongoing increased demand which poses a substantial challenge to resources. It is recognised that if suitable capacity to cope with rising number of applications is not made available, the council could be inadvertently responsible for illegal deprivations of liberty and vulnerable to legal challenges, thereby representing a potential further impact on resources.

Source: NHS Digital
Work continues to increase awareness of Deprivation of Liberty among staff at care homes, families, carers and other stakeholders, and this is being achieved through for example, care providers forum, carer’s voice/forum and other trainings made available to providers. That said, the ageing population demographics suggest that the number of DoLS applications will continue to rise though the latest figures suggest a slowdown in pace of increase.

At the time of publication of this report, the national data for 2019/20 had not been published so it is not possible to benchmark our data against that of other areas. The national data for
the previous year’s 2018/19 is available on the NHS Digital website and the graph below will be updated with 2019/20 information when it is made public, anticipated to be in November 2020.

Finally, whilst we await the implementation of the LPS, Camden remains committed to the requirements of the current legislation and this is demonstrated by the fact that there is no waiting list for DoLS applications.

**Board Priorities for the next 12 Months**

- Draft and publish the new post 2021 Board Strategy
- Transitional Safeguarding Conference: Work with partners to arrange the conference for October 2020 which will help to understand the complexities of transitional safeguarding and be innovative in re-designing a personalised safeguarding system that effectively meets the complex needs of vulnerable adolescents and adults.
- Re-start the Learning and Development subgroup to deliver training that reaches far and wide.
- Maintain existing high standards of safeguarding practice both at a practitioner and strategic level during the COVID-19 pandemic.
- Gain assurance and support for readiness of the Mental Capacity Act (Mental Capacity (Amendment) Bill).

**Appendices**

1. Performance Data
2. Board Partners
3. Partner contributions
Information on numbers and types of abuse incidents and the action taken to protect people is collected and presented to the Board each quarter.

All data is taken from the annual return to the Department of Health – known as the Safeguarding Adults Collection – unless otherwise stated. Percentages may not total 100% due to rounding.

The number of individuals involved in section 42 safeguarding enquiries investigated by LB Camden has dropped very slightly.

At the time of publishing this report, the national data for 2019/20 has not been published so it is not possible to benchmark our data against that of other areas. The national data for the previous year’s 2018/19 is available on the NHS Digital website and the graph below will be updated with 2019/20 information when it is made public. This is anticipated to be in November 2020.
Some boroughs also divert concerns into non-statutory enquiries but Camden is one of several authorities that rarely do this.

The wide variation between councils in the ‘concerns to enquiries conversion rate’ suggests differing policy and interpretations of the guidelines on when a concern should become an enquiry.

Camden has investigated in detail reasons why concerns are not progressed to full Section 42 enquiries and in around half of cases, signposting to other services is considered to be the appropriate, proportionate response.

Section 42 enquiries started by LB Camden in 2019/2020 categorised by demographic characteristics of persons involved.

The proportions of men and women involved in safeguarding enquiries are equal. In 2018-19, more men than women were subject to completed safeguarding enquiries. Half of individuals involved in safeguarding enquiries are aged at least 65 years old. This reflects that many concerns are reported involving clients of adult social care, which is a predominately older demographic.
Most individuals involved in section 42 enquiries have mental capacity but around a quarter of individuals involved in enquires do not have capacity.

### Referral source by client group

<table>
<thead>
<tr>
<th>Referral source by client group</th>
<th>Learning Disability Support</th>
<th>Mental Health Support</th>
<th>No support reason</th>
<th>Not Known</th>
<th>Physical Support</th>
<th>Sensory Support</th>
<th>Social Support</th>
<th>Support with Memory and Cognition</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
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<td>18</td>
<td>3</td>
<td></td>
<td>52</td>
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<td></td>
<td></td>
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<tr>
<td>Education/Training/Workplace Establishment</td>
<td>3</td>
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<td>Emergency Services</td>
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<td></td>
<td>91</td>
<td>8</td>
<td>10</td>
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<td>28</td>
<td>1</td>
<td>6</td>
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<td>44</td>
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<td>4</td>
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<td></td>
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<td>2</td>
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<td>7</td>
<td>1</td>
<td>83</td>
<td>2</td>
<td>6</td>
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<td>13</td>
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<td>158</td>
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<td>12</td>
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<tr>
<td>Other</td>
<td>16</td>
<td>12</td>
<td>8</td>
<td></td>
<td>50</td>
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<td>7</td>
<td>2</td>
<td>96</td>
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<td>Other LA</td>
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<tr>
<td>Self Referral</td>
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<td>Social care staff</td>
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<tr>
<td>Voluntary Sector</td>
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<td>3</td>
<td></td>
<td>7</td>
<td>5</td>
<td></td>
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<td>20</td>
</tr>
</tbody>
</table>

The top three referrers in 2019-20 were NHS hospitals, social care staff and the emergency services.

Clients who have a physical support reason were more likely to be referred into Camden by social care staff or the hospitals.

In 2019-20, **22%** of enquires raised involved an individual of BAME ethnicity.

The population of LB Camden is **35%** BAME so assuming the prevalence of safeguarding concerns is similar across all communities, the number of concerns and enquiries recorded for BAME individuals might be lower than expected.

However it is important to note that **70%** of Section 42 Enquiries started involve persons aged over 65 and in
this age group, only around 18% of people have a BAME ethnicity, so the percentage of enquiries raised involving an individual of BAME ethnicity is in line with expectations.

Type of abuse alleged in completed enquiries, both section 42 and non-statutory enquiries, investigated by LB Camden in 2019-20

In line with national feedback, there has been an increase in the number of allegations of neglect,

In 2019-20 there has been a reduction in the total number of enquiries but enquiries involving neglect and enquiries involving financial and material abuse continue to be two categories of the most commonly investigated types of abuse.

Instances of abuse: total number of completed Section 42 enquiries

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
<th>Psychological Abuse</th>
<th>Financial or Material Abuse</th>
<th>Discriminatory Abuse</th>
<th>Organisational Abuse</th>
<th>Neglect and Acts of Abuse</th>
<th>Domestic Abuse</th>
<th>Sexual Exploitation</th>
<th>Modern Slavery</th>
<th>Self Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-20</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>58</td>
<td>11</td>
<td>74</td>
<td>88</td>
<td>1</td>
<td>32</td>
<td>214</td>
<td>17</td>
<td>17</td>
<td>4</td>
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<tr>
<td>2018-19</td>
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<td>75</td>
<td>15</td>
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<td>9</td>
<td>196</td>
<td>21</td>
<td>21</td>
<td>0</td>
<td>75</td>
</tr>
</tbody>
</table>

The concern episode is in keeping with the revised pan London safeguarding policies and procedures and the Care Act. It allows the worker to gather relevant information and make proportionate decisions as to whether or not a full section 42 enquiry is necessary.

At the time of publishing this report, the national data for 2019/20 has not been published so it is not possible to benchmark our data against that of other areas. The national data for the previous year’s 2018/19 is available on the NHS Digital website and the graph below will be updated with 2019/20 information when it is made public. This is anticipated to be in November 2020.
The total number of concerns recorded in LB Camden has fallen from 1117 in 2018/19 to 1050 in 2019/20.

Most abuse is alleged to occur in the home of the person requiring protection. This corresponds to the pattern seen in previous reports. The home is the location for allegations of common types of abuse such as financial exploitation and self-neglect.
The action taken following enquiries reduced or removed the risk in 93% of investigations. In some cases the risk remains because the subject of the safeguarding enquiries does not feel able to cease contact with the source of the risk.

Where risk remains, we continue to work with the person and their families with the aim of monitoring and reducing risk in the long term.

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<tr>
<td>Care home - Nursing</td>
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<tr>
<td>Care home - Residential</td>
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<td>1</td>
<td>16</td>
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<td></td>
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<tr>
<td>Hospital - Acute</td>
<td></td>
<td>4</td>
<td>1</td>
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<td>48</td>
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<tr>
<td>Hospital - Community</td>
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<td>11</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>Hospital - Mental Health</td>
<td></td>
<td></td>
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<tr>
<td>In a community service</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>In the community (excluding community services)</td>
<td>2</td>
<td>9</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Own home</td>
<td>1</td>
<td>14</td>
<td>52</td>
<td>71</td>
<td>6</td>
<td>111</td>
<td>29</td>
<td>12</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Hospitals and the client’s home were particularly prominent locations; and abuse involving Neglect and Acts of Omission were the significantly more frequent type of abuse.

At the time of publishing this report, the national data for 2019/20 has not been published so it is not possible to benchmark our data against that of other areas. The national data for the previous year’s 2018/19 is available on the NHS Digital website and the graph below will be updated with 2019/20 information when it is made public. This is anticipated to be in November 2020.

The survey results suggest the majority of adults who receive social care services from Camden feel safe (green + lime = 65%) however this is lower than 2016-17 when the equivalent figure was 71%.
A large majority consider adult social care services have a positive impact on their safety (green + amber = 83%) which matches the London-wide figure for this statistic.

**Making Safeguarding Personal**

Desired outcomes are defined as the wishes of the adult at risk or their representative which have been expressed at some point during the information gathering and or enquiry phases.

This approach supports the core elements of Making Safeguarding Personal and endeavours to keep the service users at the centre of the process with a clear focus on outcomes.

**How safe people feel by whether services helped them to feel safe**

<table>
<thead>
<tr>
<th></th>
<th>Feel as safe as I want... and services help</th>
<th>Feel as safe as I want... but services do not help</th>
<th>Do not feel as safe as I want... and services help</th>
<th>Do not feel as safe as I want... and services do not help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td>59%</td>
<td>25%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>London</td>
<td>60%</td>
<td>23%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>England</td>
<td>64%</td>
<td>22%</td>
<td>6%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: ASCS 2017-18 (unweighted)

**Desired Outcomes for completed S.42 Enquiries**

- Fully achieved 53%
- Partially achieved 39%
- Not achieved 8%
• Camden Council: Adult Social Care, Housing, Community Safety, Integrated Commissioning
• Camden Clinical Commissioning Group
• Metropolitan Police Service in Camden
• Camden & Islington Cluster National Probation Service
• London Community Rehabilitation Company
• London Ambulance Service NHS Trust
• Camden and Islington Mental Health NHS Foundation Trust
• Central and North West London NHS Foundation Trust
• Great Ormond Street Hospital for Children NHS Foundation Trust
• Royal Free London NHS Foundation Trust
• University College London Hospitals NHS Foundation Trust
• Tavistock and Portman NHS Foundation Trust
• London Fire Brigade in Camden
• Voluntary sector organisations – Age UK Camden, Camden People First, Hopscotch Asian Women’s Centre, Camden Carers Centre
• James Reilly, Independent Chair of Camden SAPB
Appendix 3 – Partner Contributions

Introduction

All partners on the Safeguarding Adults Partnership Board (SAPB) were invited to provide a written summary of the work undertaken during the last year and their top 3 priorities for 2020/2021.

Summarised findings by partners

Age UK Camden: Posters are displayed in Age UK Camden’s public places, offices and day centres and leaflets are available to promote safeguarding awareness. Staff have supported individuals through safeguarding processes, including attendance at meetings, and will continue this work which embodies Making Safeguarding Personal principles as a priority through 2020/2021. Age UK Camden has worked closely with Trading Standards to raise awareness of scams, and with other SAPB partners including the Metropolitan Police and NHS. Talks from SAPB partners feature at coffee mornings hosted by Age UK Camden monthly. During the last year, Age UK Camden contributed to the multi-agency Self-Neglect Toolkit developed by the SAPB and did a presentation at the Financial Abuse and Exploitation Masterclass organised by SAPB partner, NHS Camden Clinical Commissioning Group. Learning captured from Age UK Camden’s participation at SAPB’s High Risk Panel, Safeguarding Adults Review subgroup and the Engagement subgroup are used to review and improve its procedures for safeguarding and support processes. Participation in the SAPB has given Age UK Camden a clear focus on empowerment, prevention and protection in adult safeguarding. Priorities include safeguarding training for employees and volunteers, with a focus on the incoming Liberty Protection Safeguards and the new multi-agency self-neglect toolkit. Partnership working, displayed so effectively within the SAPB, will continue to be extended to engage external agencies and community stakeholders.

Camden and Islington Mental Health Trust (CIFT): Findings from a domestic abuse safeguarding practice joint audit with other SAPB statutory partners fed into the Quality & Performance subgroup of the SAPB, raising the profile of domestic abuse. Multi-agency working and learning from this collaborative work is resulting to establish domestic abuse as a primary category; the identification of a link between domestic abuse and social isolation; and, improved consistency in recording between partners. CIFT have played an active role in the incoming Liberty Protection Safeguards (LPS) local implementation network. A new e-learning course in Mental Capacity and Deprivation of Liberty Safeguards (DoLS) has received positive feedback and training compliance for the Mental Capacity Act, Safeguarding and Prevent is a key achievement. Crisis houses and a close collaboration with Camden Hostels has resulted in improved outcomes for homeless people with mental health and substance use needs, who are at risk of abuse and exploitation. The Trust participated in a North Central London learning event to raise the profile of homeless deaths and prevention. An Awareness and Response to Domestic and Sexual Abuse (AR-DSA) Network was created by the Trust, as part of their commitment to people suffering from domestic and sexual abuse. Early successes from the Network include a multi-agency event in honour of the White Ribbon campaign, with a focus on trauma informed approaches. As part of the Trust’s involvement in a year-long Pathfinder Project, two co-located Independent Domestic Violence Advocates (IDVAs) have been embedded across six teams in the Trust, to provide specialist domestic abuse support. This work is strengthened by a specialist Domestic Abuse Practitioner recruited into the Safeguarding Hub. As part of a Section 75 agreement with the London Boroughs of Camden and Islington, a safeguarding workshop
attended by Safeguarding Leads from the local authorities and the Trust, reviewed multi-agency safeguarding allocation and the development of an escalation protocol. The Trust has been an active member of Camden SAPB including the Quality and Performance and Safeguarding Adult Review subgroups, which provide constructive challenge and scrutiny to improve safeguarding arrangements. The Trust also provides expert mental health and substance misuse advice at Multi Agency Risk Assessment Conference (MARAC). Skills and knowledge of Safeguarding Adult Managers (SAMs) within the Trust has been enhanced through a quarterly SAMs workshop which featured Making Safeguarding Personal decisions.

NHS Camden Clinical Commissioning Group (CCG): As a statutory partner, Camden CCG is represented on the SAPB by the Director of Quality and Clinical Effectiveness, the Designated Nurse for Safeguarding Adults and the Elected Governing Body Member with the safeguarding portfolio. The Designated Nurse chairs the Quality and Performance subgroup which now incorporates the Making Safeguarding Personal development group. The CCG’s involvement in the national LeDeR programme, which reviews deaths for people over the age of 4 with a learning disability, has demonstrated effective triangulation of information to improve care and safeguard adults. Specific Mental Capacity Act training for GP practices is facilitated by the Designated Nurse and Named GP for Safeguarding Adults. Designated professionals have a whole health economy role and as clinical experts and strategic system leaders, are a source of advice to the CCG, NHS England, the local authority and the SAPB. Learning from SAPB subgroups is cascaded to GP practices via the GP website and incorporated into safeguarding training programmes. Priorities for the CCG include developing arrangements for compliance with the forthcoming Liberty Protection Safeguards.

Central & North West London NHS Foundation Trust (CNWL): The Domestic Abuse Lead keeps staff working for the Trust abreast with changes to practice. Seven-minute briefings have proven to be an effective way to cascade key messages to staff following Safeguarding Adults Review and Domestic Homicide Reviews. CNWL’s Prevent Lead is now Co-Chair of NHS England’s Safeguarding Adults and Prevent Providers Forum, which puts CNWL at the forefront of future regional prevent strategies and polices. Modern slavery and human trafficking training package has been developed. At the Domestic Abuse conference in November 2019, a network of Domestic Abuse Ambassadors was launched – 45 staff members registered interest and 2 cohorts have received training to equip them for this role in early 2020. As with all statutory partners, the implementation of Liberty Protection Safeguards, is an ongoing priority for the Trust. Work for 2020/2021 will also focus on promoting awareness across all services and working collaboratively to identify and support victims subject to female genital mutilation, breast ironing, forced marriage, radicalisation, modern day slavery, domestic abuse, serious youth violence and child criminal exploitation and county lines.

London Ambulance Service NHS Trust (LAS): Has continued to ensure the safeguarding of adults at risk remains a focal point within the organisation and are committed to ensuring all persons within London are protected at all times.

The Safeguarding Team has expanded and have worked hard to support staff, monitor and review safeguarding practice and raise the standard of safeguarding training. This has enabled them to increase the profile of safeguarding both internally and externally which in turn has made improvements. The Trust has 64 Safeguarding Boards it engages with. Whilst it is not possible for the Trust to attend all Boards, they support local Strategy and reviews and provide information to support the work of the Boards. Scrutiny of the Trusts practice is assured through Brent Safeguarding Board and its reports and audits are available to all boards across London. London Ambulance Service NHS Trust (LAS): has continued to ensure the safeguarding of adults at risk remains a focal point within the organisation and are committed to ensuring all persons within London are protected at all times.
Some of their priorities for 2020/21 include rebuilding the Safeguarding Team and consider new Safeguarding practice, work with partners to develop contextual safeguarding arrangements following a pilot, improve safeguarding response to Prisons and introduce a new safeguarding referral process with the rust moving to Electronic Patient Care Record.

**London Community Rehabilitation Company (LCRC):** The LCRC Learning and Development Team has delivered Safeguarding Assessment Training (REACTA). An updated CRC Performance Management Information tool for safeguarding has been effective for prioritising service users who are very vulnerable. Audits are undertaken on a monthly and quarterly basis and these are focused on quality indicators of safeguarding, risk management, recording and interventions. The implementation of a new integrated case management and risk assessment tool will enable a strengths-based approach to risk assessment and development of LCRC Public Protection Boards at a local and pan-London level; illustrating a commitment to ensuring safeguarding is inherent in all work undertaken with service users who present with multiple needs and offending behaviours.

**London Borough of Camden, Adult Social Care (ASC):** ASC has continued to play an integral role supporting the SAPB by facilitating the Quality & Performance and Safeguarding Adult Review subgroups, which both have chairing representation from ASC. Learning taken from the North Central London workshop on homeless deaths, hosted by the SAPB, contributed to a learning event related to the death of an individual in the hostel pathway. Deaths of homeless people has been a priority for the SAPB in 2019/2021. A new workflow has been developed following publication of the ADASS Framework for Making Decisions on the Duty to Carry Out Safeguarding Adults Enquiries, which should also improve conversion rates from previous reporting years and support practitioners to practice in accordance with legislation. ASC has adopted a project approach to the implementation of the Liberty Protection Safeguards (LPS); changes will be significant, a project approach has enabled early engagement, scoping, preparation work and the development of training programmes. The project brief has been shared with the SAPB partners through the Quality & Performance subgroup. Health partners from the CCG and Trusts have become extended members. Safeguarding and DoLS staff in ASC continue to attend and support regular meetings of MAPPA, MARAC, PSW, London DOLS Leads, and London Modern Slavery Networks. Information and learning from these forums is shared with staff across the council, which in turn supports the development of safeguarding practice in our communities. ASC facilitate the High Risk Panel, which is a multi-agency panel held every six weeks. The purpose of this panel is to review cases where risk to the individual is significant. The panel provides advice and support to practitioners who refer into the panel. There have been a number of positive case outcomes from this panel over the years. ASC continue to review the purpose and relevance of the panel to ensure it is supporting vulnerable adults effectively into 2020/21. Making Safeguarding Personal (MSP) continues to be a priority agenda for safeguarding work as well as for wider strengths-based practice under the three conversations model for ASC. In terms of MSP we have ensured this is captured as part of the auditing work ASC undertakes internally and with strategic partners of the SAPB. ASC has developed our Safeguarding Learning and Development Group (SLDG) during the course of 2019/20. The SLDG has an ethos of being practitioner led with representation from teams within ASC, CIFT and Rethink advocacy services. The SLDG facilitator is making efforts to extend representation to health colleagues in 2020. The expectation is that representatives will take information and learning from the groups back to their respective services. The sessions have included bite size learning on self-neglect and hoarding, MSP, Modern Day Slavery, Liberty Protection Safeguards, covert medication and the principles of safeguarding in practice situations. A new safeguarding practice audit tool was trialled for ASC case audit and subsequently used for our joint audit with CIFT at the end of June 2019 on the selected theme of domestic abuse. This audit tool was taken to the Camden SAPB Quality and Performance subgroup in June 2019 for consultation with partners, and further revised. The tool can be adapted
in the future when we undertake themed audits, the specific themes being determined by emerging trends and issues in safeguarding practice. Findings from the domestic abuse audit, undertaken with partners in June 2019, resulted in improvements to safeguarding recording and learning has informed the redesigned safeguarding workflow. ASC’s partnerships with the Project and Communication Director from the Human Trafficking Foundation and representatives from the Vulnerability and Assessment Unit of the London Metropolitan Police, have been extended to the SAPB. A multi-agency event in 2020/21 with a focus on Modern Day Slavery is planned.

**London Borough of Camden, Commissioning:** LBC’s Commissioning team has a well-established quality assurance process, including regular monitoring meetings with providers and quarterly provider forums, which facilitate the sharing of best practice and identification of challenges. Commissioners have worked with North Central London colleagues to develop a shared online performance management platform (“PAMMS”) which offer a consistent approach to quality assurance for care homes and better information sharing for residents placed out of borough. Commissioners collaborate with ASC and the CCG to review provider quality concerns, with a joint focus on keeping residents safe. Meetings are held monthly with CQC’s Regional Officers to discuss provider performance. Commissioners work closely with providers to develop their systems and improve quality, this has included working with contracted providers to ensure their policies and procedures comply with adults’ safeguarding legislation. Focus on ensuring that commissioned services meet and exceed quality and safety standards is an ongoing priority.

**London Borough of Camden, Housing Services:** Housing have continued to play an integral role supporting the SAPB through Board events, the SARs, High Risk panel, SAR and Q&P subgroups. They worked with partners to develop the Board multi-agency self-neglect tool kit.

A new landlord service was launched in summer 2019 which included the setting up of new neighbourhood-based housing teams and have more than doubled named housing officers. A new guidance hub for staff has been launched which includes improved information on safeguarding. They have reviewed the new housing psychologist role with help from Public Health and plan to increase the number of psychologists who support neighbourhood staff to work with tenants who have mental health issues.

A new personalised service for sheltered housing tenants has been launched. The housing have also worked with other council teams to look at ways to improve the help given to people affected by domestic violence and abuse and sit on the Multi Agency Risk Assessment Conference. They also help to safeguard adults through the caretaking staff out on estates acting as eyes and ears and through the repairs staff who help make homes safe and secure.

**Great Ormond Street Hospital NHS Trust:** A Safeguarding Adults at Risk of Abuse and Neglect Policy is in place and includes a clear pathway for staff to raise safeguarding concerns about adults. An increased focus on safeguarding adults has been incorporated into induction and update training. Pertinent information is shared during the quarterly Safeguarding Links meeting and in the Safeguarding Newsletter. Preliminary work has been undertaken to identify processes, personnel and infrastructure to prepare for the Liberty Protection Safeguards. Work is underway to more effectively record consent and undertake mental capacity assessments, as required.

**Hopscotch Asian Women’s Centre:** Staff working for the domestic abuse service have ongoing safeguarding training. During the last year all care workers have undertaken safeguarding training which is supplemented by spot checks and supervisions with a safeguarding focus. The CQC rating has improved and they have re-written assessment forms and conducted a thorough testing of them and rolled out the new system. Safeguarding is featured at every staff meeting thus raising the focus. A further improved CQC rating and a thriving Homecare service which is based on the increased safety and wellbeing of service users are some of its priorities for next year.
London Fire Brigade (Camden): Vulnerable people in the community have been prioritised for Home Fire Safety Visits. In Camden, 2578 home fire safety visits were carried out in 2019/20 – during these visits smoke alarms have been fitted and fire safety advice has been provided. All crews in Camden have undertaken safeguarding training to identify signs of abuse and recording processes, and dementia awareness training. The Dementia Champions programme is promoted and work to make stations dementia-friendly is underway. LFB is developing a more detailed ‘Safe and Well’ visit which will enable greater signposting assistance.

Metropolitan Police (Camden): Within the Basic Command Unit in Camden, there are now a number of specialist units including: a dedicated Community Safety Unit which deals with allegations of Domestic Abuse; a dedicated Sapphire Unit which incorporates detectives specialising in rape and serious sexual assaults and Sexual Offences Investigation Trainer Offers to support victims; and, a dedicated specialist Child Abuse Investigation Team. Camden Police also operate a Safeguarding Hub overseen by a Detective Chief Inspector, who also co-chairs SAPB’s Safeguarding Adult Review subgroup. The Safeguarding Hub is made up of teams dedicated to investigating missing persons, online child abuse investigations and child sexual and criminal exploitation cases. Officers from the Hub co-locate with Camden’s Multi Agency Safeguarding Hub (MASH); the MASH is a conduit for enabling police to receive and responds to information that may be require by partner agencies.

National Probation Service: Safeguarding for all National Probation Service staff is refreshed every two years and supplemented by training in Deprivation of Liberty Safeguards (DoLS), unconscious bias, disability awareness, equality, diversity, LGBT awareness, suicide and self-injury. Briefings to all staff include female genital mutilation, hate crime and modern slavery. The ‘duty to refer’ process (Homelessness Reduction Act 2017) has been fully utilised to safeguard people who are homeless. Offender Managers work with partner agencies, including Multi Agency Public Protection Arrangements (MAPPA), to identify vulnerable adults including individuals trafficked or victim of modern slavery. There are Senior Probation Officers for Safeguarding, acting as a single point of contact, for information dissemination in Camden. The National Probation Service participates in multiple multi-agency forums to achieve a holistic approach to safeguarding and risk.

Royal Free London NHS Foundation Trust: The Trust has generated 12% more referrals to the Acute Liaison Nurses for people with a learning disability. A Trust-wide policy for working with people with a learning disability has been introduced. An increase in the number of vulnerable women referred to specialist midwives is recorded. Hospital-based Independent Domestic Abuse Advisors are available to support patients and staff and there is an ongoing campaign raising awareness for staff experiencing domestic abuse. Between April 2019 and March 2020, the Trust generated 1,039 referrals to A S C teams from 25 local authorities. Improvements in mental capacity assessments undertaken and the quality of these assessments has been a result of training delivered, focused on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), and bespoke training delivered to wards. Staff sit on the Boards SAR and Q&P sub-groups. The Trust continues to prepare for Liberty Protection Safeguards and embedding Level 3 Safeguarding Adults training, as a priority.

Camden Carers Centre (CCC): Training staff and volunteers to equip them to safeguard carers and cared for people continues to be a priority for CCC. They continue to work with University College Hospital medical students to understand the specific needs and challenges that carers face within health settings. Learning from attendance at SAPB meetings is used to improve practice. Social media and the CCC website are used to promote safeguarding awareness. They sit on the Boards SAR, Q&P subgroups.
University College London Hospitals NHS Foundation Trust: EPIC system is a Trust-wide initiative integrating over 150 systems and processes into one seamless system; safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) has been smoothly transitioned, for more optimised and efficient patient care. A new Band 7 Safeguarding Nurse was recruited in September 2019. The Trust hosted the sixth annual Mental Capacity Act conference in May for 143 people and a Liberty Protection Safeguards masterclass in September for 127 attendees. Evaluations were overwhelmingly positive for these two valuable events. The Trust has generated a 15% increase in safeguarding referrals and a 30% increase in DoLS applications. The NHS England e-learning training in Prevent WRAP tool has been incorporated into training systems. The Trust’s Modern Slavery Team trained 48 staff from the Trust and 14 from the London Borough of Camden. A new workflow was introduced by the Female Genital Mutilation (FGM) service to support women with FGM. The Head of Safeguarding is a member of the National Mental Capacity Forum and sits on working groups for the MCA and LPS Code of Practice. Patient outcomes are improved from inquest findings, Safeguarding Adult Reviews, Domestic Homicide Review and LeDER reviews. A Liberty Protection Strategy is being developed to prepare the Trust to meet these new statutory responsibilities. The annual audit process has been improved, reviews and recommendations are shared with the Safeguarding Adults Steering Group and a timeline has been developed to ensure improvement actions are taken by local divisions. Staff sit on the Boards SAR and Q&P subgroups.

Care Quality Commission (CQC): In the 2019 CQC State of Care report most of the care provided in England was of good quality and improving slightly. Not everyone had good experiences of care and there were particular challenges for people with mental health needs where the use of segregation was used for people with severe and complex problems. There was pressure on all health and social care providers. CQC has continued to work locally with key stakeholders, carrying out inspections and providing information. CQC also produced national publications about driving improvement through technology and a national report which looked at sexual safety through empowerment. The Trust were part of a pilot for the Pathfinder project which aimed to establish a comprehensive health practice in relation to domestic abuse. Key achievements of the project include the setting up of a domestic abuse and health strategy group which provided space for developing a collaborative responses, share learning and opportunities for capacity building. They have updated their monitoring and improved staff training as per the projects recommendations.
Journey for 2020-21
The start of 2020-21 saw the entire country plunged into a pandemic that is unprecedented in our lifetimes. COVID-19 has and will continue to have an effect on our services. Increasing levels of mental ill-health are anticipated as people struggle with higher levels of social isolation, loneliness and bereavement.

Care and healthcare services are having to develop innovative ways of reaching people in the current climate. People who would previously have got along without help are now relying on their community.

Our response to this during 2020-21 is to do what we can to innovate and broaden our reach. We plan to re-ignite our Learning and Development Subgroup and move more training online so that anyone, anywhere can access the vital training they need. We will be sharing the lessons from reviews in new ways.

Foremost, our partners are committed to and will continue to monitor services to ensure they are protecting the most vulnerable in our society.

Contact
Email: camdenSAPB@camden.gov.uk

The annual report is available to the public on the board’s website www.camden.gov.uk/safeguarding-adults