

# Camden Safeguarding Adults Partnership Board Annual Report 2017/18

“Safeguarding is everybody's business”



Royal Free London  
NHS Foundation Trust



Central and North West London  
NHS Foundation Trust

Camden and Islington  
NHS Foundation Trust



Camden  
Clinical Commissioning Group

University College  
London Hospitals  
NHS Foundation Trust

The Tavistock and Portman  
NHS Foundation Trust

London Ambulance Service  
NHS Trust



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## 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 community safety 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.

## Message from the chair



Thank you for your continued interest in safeguarding adults in Camden. I am pleased to be introducing the 2017-18 Annual Report.

Our Board is composed of a truly diverse group of partner providers in the health, care, justice, housing, voluntary and emergency services all of whom regularly engage with adults in need. The Board has welcomed a number of new members and thanked departing members for their contributions to its safeguarding endeavours.

This report seeks to capture the actions of the Board's partner organisations and the work of the Board's sub groups to progress the wellbeing and safety of the adults at risk whom they serve. This year the Board incorporated into its consideration the recently established Learning Disability Mortality Review Programme (LeDer) seeking to drive improvement through learning in these reviews. Learning and improvement in this service area was further enhanced through a Significant Event Analysis (SEA) into the case of "Alex". The Board held a successful joint workshop with the Childrens' Safeguarding Board in relation to Mental Health exploring procedures and practice in relation to safeguarding which achieved a very high rate of participation. Having substantially completed the actions relating to the last three years strategy concluding in March 2018, in the first quarter of 2018 the Board completed a very successful consultation with Camden residents and professionals to inform its new three year strategy which it agreed for the period April 2018 to March 2021.

Through on-going training and more general awareness raising we seek to encourage people to raise their safeguarding concerns. The number of concerns referred remains high and is increasing. Health and Social Care Commissioners are continuing to regularly monitor the safeguarding practices of the range of care home and domiciliary providers with which they contract. When required, incidents of concern are investigated and follow-up actions monitored. The Board is particularly grateful to committed staff and members of the public who raise their concerns with the appropriate authority so that these can be checked. Ultimately, securing the highest levels of safety for vulnerable adults relies on vigilance by all in our community. Through a range of presentations and workshops the Board has sought to keep its members informed of wider community safety concerns relating to targeted fraud and financial exploitation and modern slavery.

On behalf of all board partners I would like to thank the chairs of our board sub groups for progressing the range of activities covered in this report. Our thanks also to Fatima Fernandes, our Board Manager, who supports all the work of the Board. The work of our Board is made possible through the resources which the Council and Health commissioners continue to make available and which complements the resources each organisation commits to their own safeguarding work.

### **James A. Reilly**

Independent Chair,  
Camden Safeguarding Adults Partnership Board

## Introduction to the 2017/2018 SAPB annual report

Camden Safeguarding Adults Partnership Board (SAPB or “the Board”) is a multi-agency group that meets quarterly and was established before there was a duty for it to become a statutory body under The Care Act 2014 (The Care Act) with a responsibility to deliver against a number of core duties.

Our Board's Annual Report provides an overview of its achievements over the last 12 months and its priorities for the year ahead. It explains what the statutory duties of the SAPB are and what we have done to meet them. It presents the profile of safeguarding adults in Camden for 2017 to 2018 and describes the work of our sub-committees and partners.

The Board is required by law, under the Care Act 2014, to produce an annual report each year. The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults with care and support needs (referred to as ‘adults’ hereafter in this report).

The report must set out what we have done during the last year to safeguard adults with care and support needs in Camden. This annual report tells you:

- the profile of adult safeguarding in 2017/2018
- what each partner agency has done to help deliver our safeguarding strategy
- what each of our sub-groups and the High Risk Panel have done
- what training was provided in 2017/2018
- drafting of the new SAPB Safeguarding Strategy 2019-2021
- Next steps for the 12 months ahead

This report is a public document and will be sent to each partner organisation who will be expected to disseminate the report across their organisations sharing it with stakeholders and scrutiny committees. It will be published on the board's website at [www.camden.gov.uk/asg](http://www.camden.gov.uk/asg).

As required by the Care Act, a copy will also be sent to:

- the Chief Executive and the Leader of Camden Council;
- the Borough Commander for Camden of the Metropolitan Police Service;
- the Director of [HealthWatch](#) Camden; and
- the Chair of Camden's [Health and Wellbeing Board](#).

It is anticipated that those organisations will fully consider the contents of our annual report and how they can improve safeguarding in their own organisations, networks and via their partnership with us.



## Introduction to Camden Safeguarding Adults Partnership Board

The Care Act 2014 sets out the core duties of all safeguarding adults boards. SAPBs must have certain agencies in their membership, with core statutory partner agencies defined as the local authority, the police and the NHS. Camden SAPB encourages a high level of engagement and commitment from partners.

Camden SAPB is a group of statutory, voluntary and independent organisations all committed to working together. All our work is centred on safeguarding adults from any kind of abuse and neglect. The Board coordinates how agencies across the borough work together in order to help and protect adults who may be experiencing, or are at risk of harm.

The Board met on a quarterly basis during 2017/18 and the following organisations were part of the Board:

- 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
- 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, Hopscotch Asian Women’s Centre, Camden Carers Centre
- James Reilly, Independent Chair of Camden SAPB

Each organisation sends a nominated senior staff member to attend the Board as their “Board member”. The main funders of the Board were Camden Council and Camden Clinical Commissioning Group (however the Camden Clinical Commissioning Group contribution for 17/18 is a matter of ongoing discussion with the council) Metropolitan Police in Camden and Camden Fire Brigade.

Currently, apart from the Board Manager, there is no additional support for the board. We will be pursuing the progression of hiring a board administrator, as it is proving difficult to sustain all of the functions of the board and the sub groups without additional support.



## Board Funding

The funding of the Board remains an issue.

Total money received during the year was £93,546 of which the London Fire Brigade contribution was £500 and the Metropolitan Police contribution was £5000. The remainder of the funding came from Camden Council's Adult Social Care Department.

Staffing costs, (independent chairing and board management) made up the majority of our expenditure for 2017/18. Further costs related to conducting a SAR and publishing the annual report.

The funding of the Board clearly is a matter of concern. Therefore, at its Board meeting in October 2017, the Chair raised the issue of the financial burden for the board budget falling disproportionately upon the Local Authority.

In last year's annual report, it was made clear that such a funding arrangement does not necessarily reflect the multi-agency constitution of the Board or the partnership working that is required of effective adult safeguarding arrangements across our communities and that this can be better promoted and secured by financial contributions from across the partnership.

In light of this, the Chair wrote to the Chief Executives of the health partners on the board, given the ongoing and exacting efficiency demands facing the Local Authorities. As this is a Partnership Board, assisting all partners to build and gain assurance, the letter mentioned that it is reasonable to seek a modest contribution from the health providers at the same time acknowledging the financial pressures all public bodies are under in these times. It was proposed that each NHS Trust provider partner makes an annual contribution of £8,000 from 1st April 2018. Together these health providers would then contribute a third of the Board's costs.

Even with the £8,000 contribution from health partners, it would still leave the lion's share of the contributions coming from the Local Authority and Camden Clinical Commissioning Group.

This proposal will continue to be discussed with board partners.

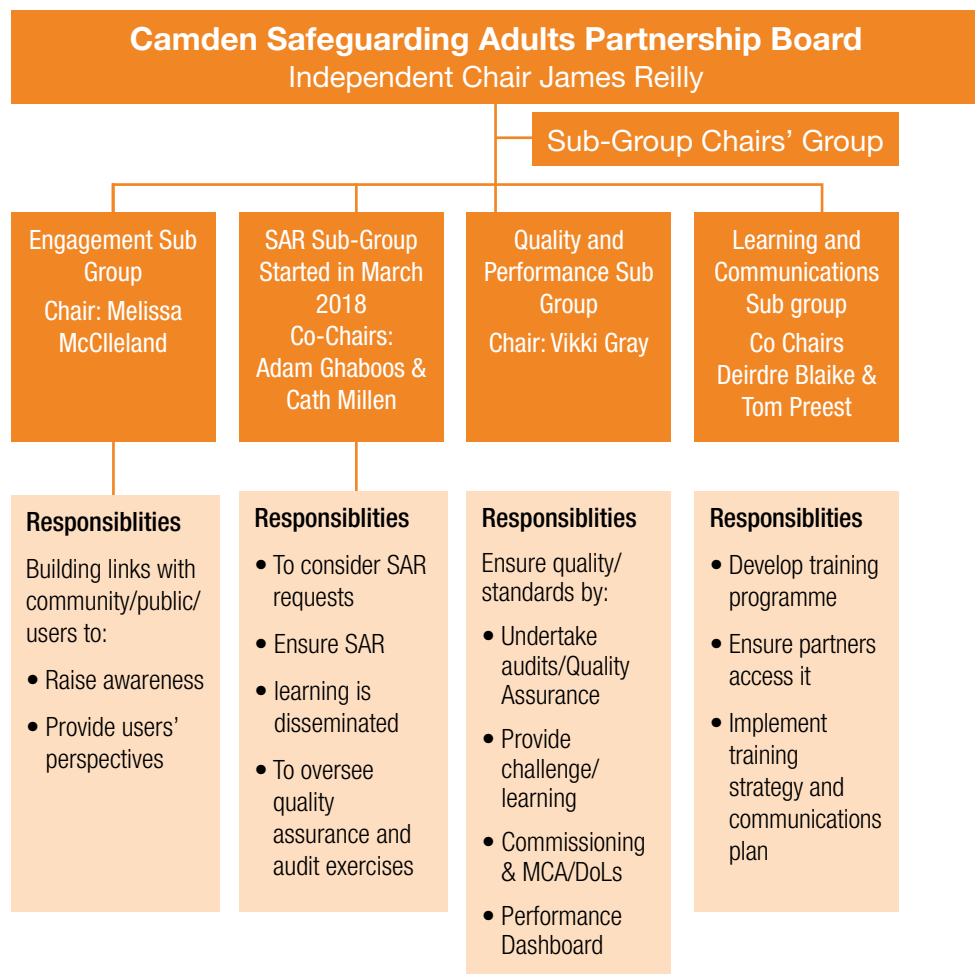
In 2017-18 the Board held a joint safeguarding strategy with the Islington Safeguarding Adults Partnership Board that sets out the actions we have committed to taking in order to help and protect adults across both our Boroughs. Sharing a strategy makes sense as we are similar in many ways, and face many of the same challenges.

## Board Resources

The Board is supported by sub-groups that do some of the day-to-day work which helps deliver the safeguarding strategy. The sub-groups make safeguarding information materials and training available, run the annual conference, monitor quality and standards, instigate reviews of serious incidents and develop guidelines. They can set up short-life task and finish groups to help them achieve these things.

The Board makes sure that there are strong adult safeguarding policies and processes in place. We check that all organisations are signed up to them, and that they are working well to protect people from abuse and neglect.

Organisations are committed to working together to improve the well-being of adults in the borough. The Board supports the work of each organisation by looking at audits or inspection findings from partner agencies and by challenging organisations to complete self-audits of their safeguarding arrangements, then supporting them to develop action plans.



### What is safeguarding adults?

Safeguarding adults means protecting an adult 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.

The legal framework for safeguarding adults work is set out by the Care Act 2014. Safeguarding involves:

- People and organisations working together;
- Preventing abuse or neglect from happening in the first place;
- Stopping abuse and neglect where it is taking place;
- Protecting an adult in line with their views, wishes, feelings and beliefs;
- Empowering adults to keep themselves safe in the future; and,
- Everyone taking responsibility for reporting suspected abuse or neglect.

### 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 or in day care centres or hospitals.

### Who is an adult at risk?

Safeguarding adults applies to 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 [camden.gov.uk/asg](http://camden.gov.uk/asg)

## Priority 1 – Empowerment

### What it means:

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

### Our goals:

- Keep the person at the centre and work holistically
- Make information and advice more accessible
- Raise awareness of scams, fraud and financial abuse

## Priority 4 – Protection

### What it means:

“I get help and support to report abuse and neglect. I get help to take part in the safeguarding process to the extent to which I want.”

### Our goals:

- Help communities and families to actively report abuse
- Equip staff and volunteers to protect people
- Equip the voluntary/ community sector as active

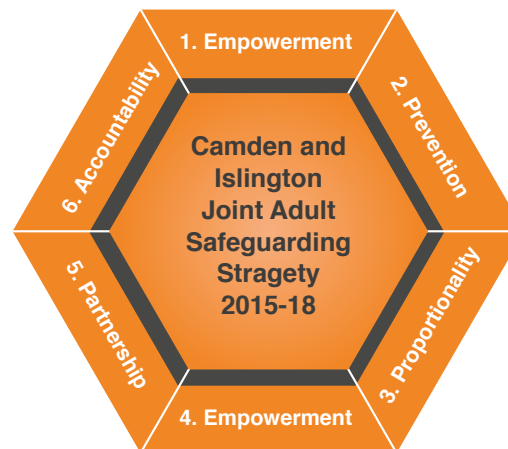
## Priority 2 – Prevention

### What it means:

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

### Our goals:

- Make information on protecting yourself available
- Reduce situations in which people can be abused
- Identify quality of care issues early to prevent abuse



## Priority 5 – Partnership

### What it means:

“I am confident professionals will work together, with me and my network, to get the best result for me... only sharing personal information if helpful and necessary.”

### Our goals:

- Help all partners identify and report abuse
- Share the right information at right time with right people
- Give feedback to people who report concerns

## Priority 3 – Proportionality

### What it means:

“I am sure professionals will work in my best interests as I see them, and will only get involved as much as needed.”

### Our goals:

- Identify and deal with the risks people face
- Respect people's rights, helping them find solutions
- Respond to self-neglect appropriately
- Improve how we consider and assess issues of capacity

## Priority 6 – Accountability

### What it means:

“I understand the role of everyone involved in my life and so do they.”

### Our goals:

- Help more victims to get a positive outcome
- Use trends in quality of care to prevent abuse
- Encourage a learning culture, not a blame culture
- Use more data to quality assure safeguarding services
- Involve adults, families and carers in quality assurance



## What have we looked at as a Board in 2017/2018?

### An overview from the Care Quality Commission (CQC) of the state of health and social care in Camden

The Board asked CQC for an overview of the state of care in Camden. This year CQC has found that most people are receiving good quality care and that standards have been maintained. Local systems work together to share information and knowledge and to address matters when needed. Where there is the need for improvement the issues are known to relevant agencies and plans have been made to work with providers to improve. CQC has identified five factors affecting the sustainability of good care. These are: access; quality; workforce; demand and capacity; and funding and commissioning. These are the areas that must be worked on locally to drive improvement over the coming year.



### North Central London (NCL) Challenge Event

Members of the Board attended this annual challenge event, which took place on 1st November 2017 and was hosted by our North Central London colleagues at Islington Council. It was a successful event with a high level of participation from Board partners.

Prior to the event, all board partner organisations were asked to complete the updated NHS England Board audit tool (sometimes referred to as the Safeguarding Adults Assurance Framework - SAAF) which has been developed by the London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London. It reflects statutory guidance and best practice. Partners used their completed Board audit forms to challenge and discuss progress with their counterparts in the NCL boroughs. Discussion took place on the challenges that the board faced and how learning from each other and information sharing could be achieved.

Partners proposed merging some subgroups across NCL in order for them to avoid attending similar meetings and harness more comprehensively expertise across NCL boroughs. The NCL Board Chairs & Managers have met to put in place these arrangements in the course of 2018.



### Consultation on the new Safeguarding Adults Partnership Board Strategy 2018-2021

The planning to draft the new strategy was underway towards the autumn of 2017. Together, with the NCL Boards, we consulted with local communities in the winter of 2017.

We have listened to our board partners who had informed us that some of them work across the NCL footprint and the impact it was continuing to have on time and resources. Together with our NCL partners and we looked at ways to improve practice and to align some of our priorities.

A focus group of service users, carers and professionals co-produced the consultation survey questions which included people with learning disabilities and people with sensory disabilities. We separated surveys (one for professionals and one for the public) and used an online survey tool to collate responses.

In Camden, we deliberately reached out to hear the views of people who we know might not use on line methods. We did this by holding two separate meetings with Camden Carers and with Hopscotch Asian Women's Centre.

We got to hear at first-hand what their issues and concerns were.

Feedback was also received from a variety of ways: NCL Board Chairs and Board Managers meetings, information that has come to the board throughout the year, through face to face engagement events, speaking with adults at risk that live within the borough as well as carers that look after them, intelligence and performance data, challenge and support

events and self-audits, feedback from residents, findings from case reviews, findings from London SARs report and the Making Safeguarding Personal programme.

The evidence base for developing the priorities has therefore been far reaching and varied.

The new draft Strategy will be going to the SAPB for its sign off in April 2018.



### Multi-agency Safeguarding Hub (MASH)

Work continues to embed and maximise the benefits of the adults' MASH which brings together staff from key services (including adult social care, mental health, police, health and housing) in the same place to receive and risk assess safeguarding concerns. It is helping us share information and respond to concerns more quickly and ensure that we get the best out of the opportunities to work more effectively together and 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.

In May 2017, ADASS invited the Board to nominate seven individuals from Camden SAPB organisations to attend the "Train the Trainer: Human Trafficking and Modern Slavery Multiagency Awareness Raising Training" to become an awareness raising trainer.

The London SAB commissioned the International Organization for Migration and Stop the Traffik to develop, pilot and evaluate comprehensive multi-disciplinary modern-day slavery awareness training to meet the needs of frontline and ancillary professionals working in key agencies e.g. health, social care, police etc.

In order to reach as far an audience as possible, the 'train-the-trainer' approach was adopted. Trainers received one day training and were

expected to deliver three awareness raising sessions locally over a 12 month period, themed as:-

- What is modern slavery and human trafficking?... and the difference with people smuggling.
- What good internal referral mechanisms look like?
- How to identify and respond to potential cases of modern slavery and human trafficking, using indicators, and applying current laws with a victim-centred and multiagency approach
- Good practice models for multiagency work

These sessions will also equip attendees to:

- Understand what the trainer's commitment entails
- How to access online resources, training tools and support
- What evaluation method to use for their training

The Board are proud to have trained 84 staff within its partner organisation in 2017/18.



### Safeguarding Adults Review (SAR)

YY SAR – In 2016/17, the SAPB commissioned this SAR. This involved commissioning an independent review and publishing a full report written by an author recruited for the purpose.

The author presented the final report and recommendations to the SAPB at its board meeting in autumn 2017. The Board approved the report and it was published shortly afterwards. An action plan was produced and each board partner was asked to take at least one recommendation to implement within their organisation. The SAPB has received regular assurances that the learning has been cascaded and embedded by partner agencies.

The SAR report regarding “Alex” (“Alex” is a pseudonym for the individual) was presented to the Board at its autumn 2017 board meeting. The SAR took the form of a Significant Events Analysis meeting where all agencies involved with the individual were invited so that learning could be shared. It was chaired by an independent professional and attended by all partners that were involved. The Board received assurances that the actions identified across the system for all agencies were being embedded.



### **Making Safeguarding Personal (MSP)**

The MSP working group has now concluded and the work will be carried forward via the Q&P Sub Group. A number of agencies developed Making Safeguarding Personal Action Plans, which will be updated and reviewed as part of Q&P Sub Group. ASG have started gathering data on people’s desired outcomes and the extent to which they were met.

The following are quotes of what some service users had to say:

“I am happy with my new care worker, since I had my fall at home”

“The measures taken by my social worker and the hostel staff mean I now feel safe from harm”

“I wanted the social worker to look into the issues to help prevent it happening in the future to my daughter and others”



### **Counter Terrorism: Radicalisation and Extremism**

This area remains of cross-cutting importance for the Board. A particular focus on increasing awareness and providing training has been of key importance for partners. The Council’s Prevent team continues to reach out and work in a multi-agency way to effectively safeguard adults.

Some of their initiatives this year have included:

- Disrupting speakers that promote messages of hate by up-skilling voluntary sector organisations with regard to their booking policies. The

“framework for responding to speakers promoting messages of hate and intolerance in venues in Camden’ has been refreshed. The document aims at assisting venues in making challenging decisions around speakers who may hinder community cohesion within the borough.

- Working with voluntary sector organisations to train and upskill them on Prevents aims and help to embed within their safeguarding policies ways to respond to Prevent concerns.
- Working more closely with partners such as probation and mental health services to create more robust pathways for raising Prevent concerns.



### **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 (HQIP) 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. The reviews aim to positively influence practice and policy by:

- Identifying the potentially avoidable contributory factors related to deaths of people with learning disabilities.
- Identifying variation and best practice in preventing premature mortality of people with learning disabilities.
- Developing action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.

The LeDeR steering group operates as a limb of the Safeguarding Adult Review subgroup of the Camden Safeguarding Adults Partnership Board and reports quarterly to Camden CCG and NHS England. Although not

all reviews are safeguarding matters, the prevention principles of adult safeguarding set out in the Care Act 2014 focus not just on abuse or neglect but also the risk of abuse or neglect. During 2017/18, the focus has been on getting the review process in place and assuring on the quality of the reviews, focus is now on implementing the learning from the reviews captured in a multi-agency plan. Key themes for action to date include:

- Application and recording of the Mental Capacity Act, including Powers of Attorney/Deputyships and appropriate challenge between professionals/carers
- Communication between services
- Learning materials required by carers on high-risk conditions such as constipation and aspiration pneumonia
- Following NICE Guidance for conditions experienced by individuals with a learning disability.



### Integrated Performance Dashboard

The SAPB monitors its performance at every meeting and through its sub-committees. The integrated performance dashboard continues to be a priority for the Board in terms of getting meaningful data from all partners which is then reported to the Board in a comparable way. The dashboard presents data supplied by a number of partner organisations to allow for better sharing and access to safeguarding information across board partners.

It is being worked on presently to incorporate a wider range of metrics and to provide an integrated view of key safeguarding matters across the partnership. The dashboard will continue to assist in building up an important source of intelligence for all Board Partners. In 2017-18 it included improved data from the Met Police and information from the Fire Service on Home Fire Safety Visits performed in Camden.



### Concerns with Establishments

The 'Establishment Concerns' process was implemented in 2016.

This is the process by which concerns are managed with respect to a number of adults at risk in one establishment, or where there are serious concerns about poor quality of care from a provider. It provides a framework for the management of large-scale adult safeguarding enquiries and allegations of concern of abuse/neglect. At each board meeting, partners are informed on safeguarding matters concerning providers or issues that are sensitive or high risk.



### Safeguarding Adults Conference

The Board ran its third safeguarding adults conference on 30

November 2017. The title of the conference was "Learning from statutory reviews - "Adults with complex needs". The conference was attended to maximum capacity with delegates from various agencies: Local Authority, Health, GP practices, external organisations, Police, Fire, it was an environment in which participants positively explored a range of practice and procedures to better co-ordinate their safeguarding efforts.

The Learning and Communications Subgroup organised the conference (on behalf of the Board) with support from the Training and Development Service at Camden Council. All Partners on the Board were involved in the conference and were invited to attend, along with representatives from their respective organisations.

The themes and workshops were well received. They consisted of the following:-

Themes:

- Learning from serious Adults Reviews
- Neglect, Self-Neglect and the Mental Capacity Act
- Effective Multi-disciplinary team working

## Workshops:

- Thresholds and understanding risk
- Professional curiosity/Respectful Challenge
- Accountability
- Achieving person centred care

**Working Together Workshop**

The Board ran its third safeguarding adults conference on 30 November. On 27th June 2017, the SAPB Chair was invited to speak at a “Working Together Workshop” that was put together by our partners from Camden & Islington NHS Trust - Mental Health and Camden’s Children Safeguarding Board. The audience were a mixture of social work practitioners and local authority and mental health staff. One of the objectives of the workshop was to improve strategies for working together between Children and Adult Mental Health services.

It provided a real opportunity for us to look at how adult mental health and children’s social work could work closer together. It was a great opportunity because the chairs of the two safeguarding boards (children’s and adults) were present and could take away the messages from the workshop to improve the way we work together. The workshop was about how we will continuously improve our partnership working.

The workshop has resulted in a Joint Working Protocol which was produced by Children’s SW and Adult Mental Health teams.

The protocol has been agreed by the following services and will be implemented by the following workers:

- Mental health professionals working within the Camden and Islington NHS Foundation Trust
- Family workers and others based in Camden’s Early Help Service
- Social workers based in Children’s Safeguarding and Social Work division



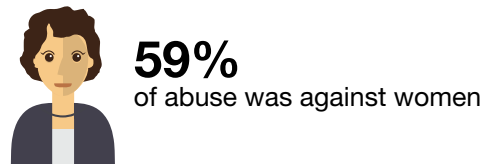
## 2017/2018 – the safeguarding story in numbers – Adult Safeguarding

### How much abuse and neglect was reported



### Who was at risk of abuse and neglect?

**41%** of abuse was against men



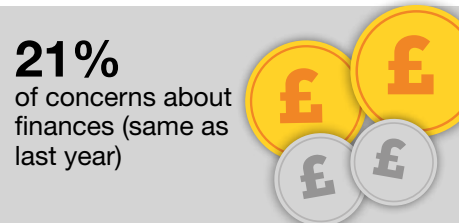
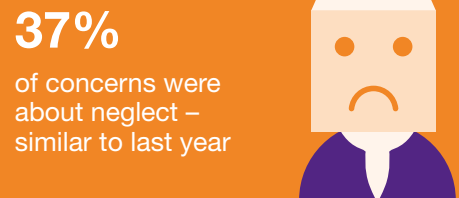
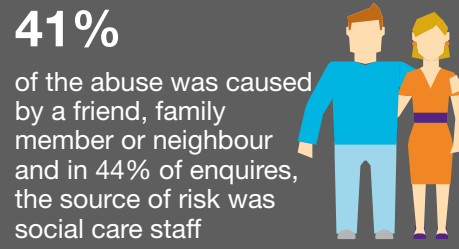
**51%** of victims had a physical support need and 11% had a learning disability



**72%** of abuse victims were people from white ethnic backgrounds

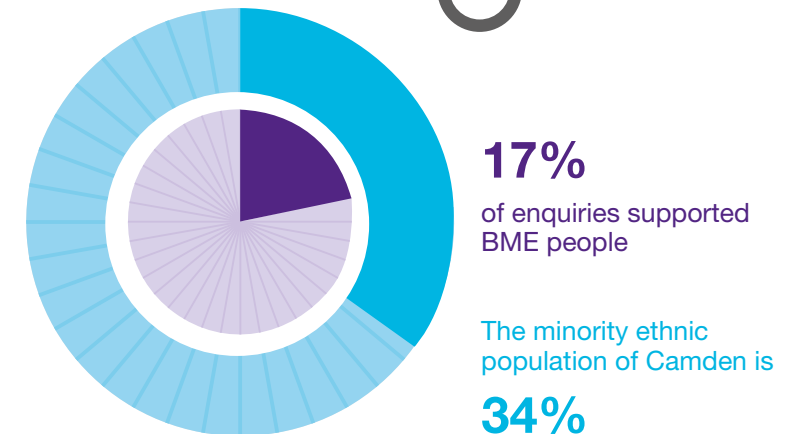
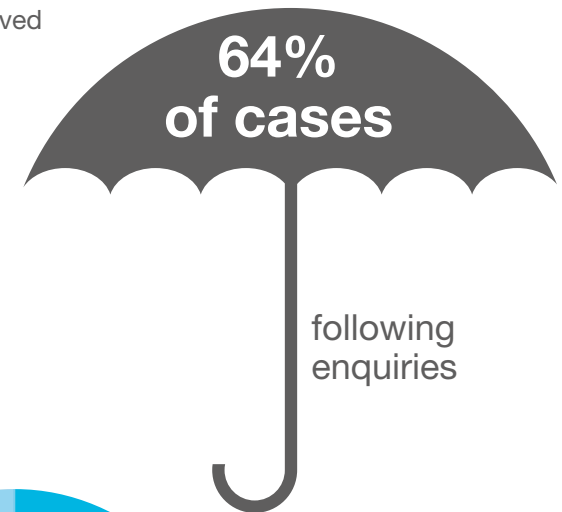


### What were people at risk from?



### What did we do to protect people?

Risks were removed or reduced in



The board aims to investigate reasons behind the data and possible actions required as a result e.g. under representation of BME people.

## Case study A

## Financial Abuse



**Brendan was referred to MASH on 28/09/17 by the London Met Police following a Police visit under warrant to his home. The Police were concerned about criminal activity at the property.**

As a result of the visit seven males were arrested, which included Brendan and two wanted suspects.

Brendan was found lying on a mattress in a cupboard with a knife under his pillow. Brendan was found very malnourished and the flat was very dirty. Brendan was physically unwell and unable to leave the flat easily due to a number of stairs and no lift. There was little food in the fridge and the kitchen had a lot of flies and rotten food strewn around it. Bags of clothing not belonging to Brendan were found at the address suggesting that the males were living or at least staying for some of time at the address. When Brendan arrived at the police station, they did not pursue with his arrest believing that he was being exploited by the other males.

Police and Origin Housing supported with changing the locks to the property. However due to the outstanding risks at the flat a return home was felt to be inappropriate for Brendan. Brendan was supported to move to a hotel until a suitable flat could be identified for Brendan.

Following his stay at the hotel Brendan moved to a new flat on the 4th October 2017, which was identified by Origin Housing. Brendan was supported to move by his Social Worker and an Origin Housing Officer. However, Police felt that the risks to Brendan living isolated in the community were too great and requested he be found some form of communal living scheme to reduce these risks.

Brendan was moved to sheltered housing on the 24th October 2017. Brendan's Origin Housing worker made multiples trips to his flat to collect belongings, which were brought to Brendan's new sheltered housing flat.

A London Met PC visited Brendan on the 5th October 2017 and contacted the Social Worker to confirm, "The difference between him now and the man I met last week is unbelievable, particularly in such a short space of time".

Brendan's Social worker supported him in changing his mobile number. In addition, a referral was made to an outreach worker to support with buying any new items Brendan may require for his new home.

## Deprivation of Liberty Safeguards (DoLS)

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The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA). The safeguards apply to people who lack capacity to consent to their care and treatment in hospitals and homes (whether privately or publicly funded) and their purpose is to prevent arbitrary decisions that deprive vulnerable people of their liberty. In the event of it being necessary to deprive a person of their liberty the Safeguards give them rights to representation, appeal and for any authorisation to be monitored and reviewed.

People can be deprived of their liberty in settings other than hospitals and care homes such as supported living or their own home. However in such cases the deprivation can only be approved by the Court of Protection and applications for authorisations in such circumstances should be made to the Court.

The MCA gives certain responsibilities to staff caring for vulnerable people who lack the capacity to consent to their care and treatment, to use restriction and restraint where it is in the best interests of the person and is necessary and proportionate to prevent harm. If, however, that restriction and restraint moves towards depriving that person of their liberty it could be unlawful unless authorised by the relevant local authority or court following an assessment process determined in law.

Article 5 of the European Convention on Human Rights states: “everyone has the right to liberty and security of person. No one shall be deprived of his liberty save...in accordance with a procedure prescribed in law.” A Supreme Court Judgment known as ‘Cheshire West’ on 19 March 2014, made clear that liberty means the same for all, regardless of disabilities or conditions and the deprivation of that liberty, therefore, applies far wider than health and social care have previously recognised.

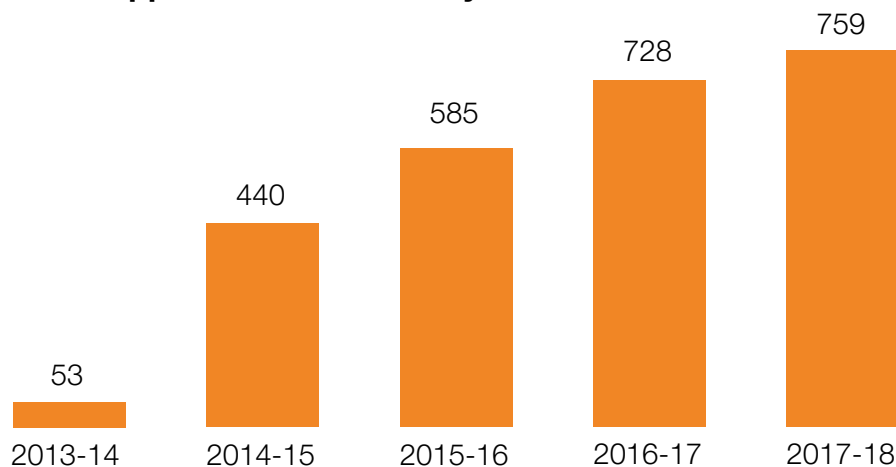
The ‘Acid Test’ was devised by the court to help identify a deprivation of liberty:-

- Is this patients free to leave (whether they are compliant or not)?
- AND
- Is this patient subject to continuous supervision and control?

The SAPB is aware that there will be occasions when it will be necessary, in the best interests of an incapacitated patient, to deprive that person of their liberty.

DoLS are a safeguard and a positive tool in that they provide independent scrutiny to ensure that such a situation is in the best interests of the individual concerned. It is an unauthorised deprivation of liberty, i.e. lacking the necessary scrutiny, which is unlawful.

### **DOLs Applications received by LB Camden**



The number of DoLS applications received in 2017-18 was the highest recorded since 2014 following the Cheshire West judgement. In addition, the upward trend of application numbers continues. There has been an increase of just under 40 applications between 2017-18 and the previous year. That said, this is a lower increase when compared to just under 150 increased application from 2015-16 to 2016-17 so it is possible that the flow of incoming work is starting to stabilise.

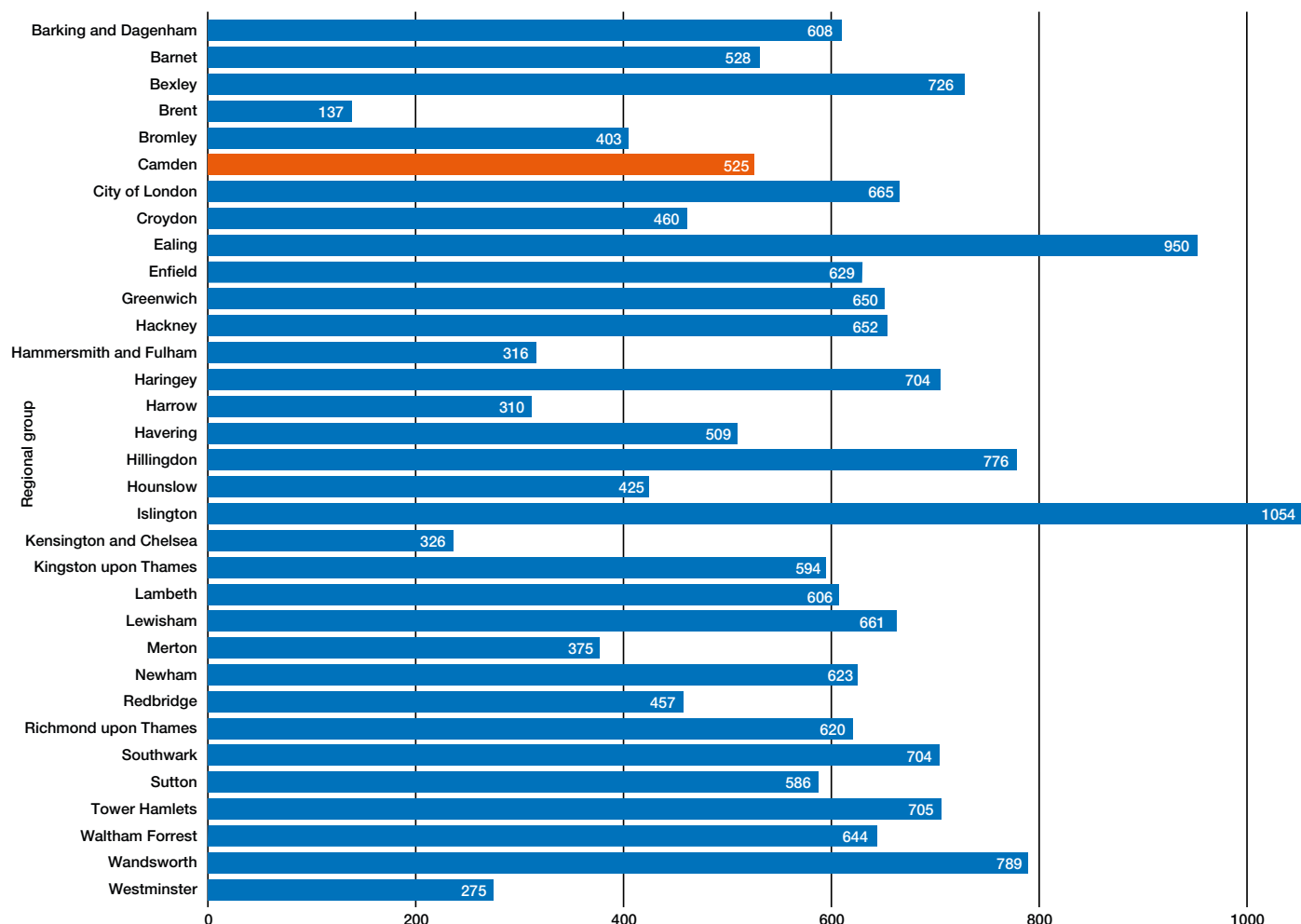
The London Borough of Camden is considering how it can meet this increased demand, which poses a substantial challenge to resources. It is recognised that if suitable capacity to cope with rising number of applications is not made available, then the council could be inadvertently responsible for illegal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

Work continues to increase awareness of Deprivation of Liberty among staff at care homes, families, carers and other stake holders, and this is being achieved through i.e. care provider's 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.

Finally, whilst we wait for the amendment of the MCA / DOLS law, 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.

Work to increase awareness of Deprivation of Liberty among staff at care homes, the increasing number of safeguarding concerns reported – most of which require a DoLS assessment – and aging population demographics suggest that the number of DoLS applications will continue to increase in future.

### Number of DoLS applications received per 100,000 adults during 2017-18





Case  
study B

## Self Neglect



**Mr Adam Smith is a 56 years old man who has a history of type 1 diabetes, high cholesterol, non-epileptic seizures, left below the knee amputation and right forefoot amputation.**

Mr Smith has resided in hostels in Camden since 2016. Issues relating to self-neglect, particularly around his insulin management have been a reoccurring theme since the autumn 2017.

Mr Smith had several hospital admissions within a two-month period from September 2017; all were related to his diabetes.

On each admission, attempts were made to talk to him about arranging support at home but these were declined by Mr Smith or he would self-discharge before a discussion could take place.

Eventually on the 14th October, a Hospital Social Worker managed to undertake a Care Act Assessment with Mr Smith, and review his capacity in relation to his care and support needs. Mr Smith was discharged home with a reablement care package, which consisted of three daily care calls to support medication management, meal preparation, personal care and domestic support. However, 9 days later, he is back in hospital. At this point, he is emaciated and high risk of death.

Mr Smith was discharged with a new type of insulin and a care package and he has not had any further admissions since October 2017.

Further safeguarding meetings were held with professionals to monitor and review arrangements for Mr Smith. The safeguarding culminated in January 2018 in an enquiry meeting at Mr Smith's GP Practice, which he attended.

Mr Smith was able to make his views known about the safeguarding process from the outset, which included what personal outcomes he wanted from it.

### Conclusion

It was concluded that the safeguarding enquiry would end. Mr Smith is not self-neglecting any more. Although some concerns remain around the administration of his insulin, when the nurses visit, he has already administered and he becomes agitated by their visits. They have made a decision that they will not visit anymore and Mr Smith would be re-referred if required.

In terms of care, Mr Smith agreed to only one care call per day, as he is managing to do more for himself.

Mr Smith acknowledged that the morning can be difficult, which meant he appreciated the carer support at this time.

A positive impact of the change in the insulin type has resulted in Mr Smith not having any further hospital admissions.

The hostel continue to engage with Mr Smith around a move on plan to alternative accommodation.

### Making Safeguarding Personal

- Mr Smith was kept involved, invited to meetings, participated in those meetings. All concerns and consequences were transparently discussed with Mr Smith. All interventions were in negotiation with him and we worked within his zone of tolerance.

**Empowerment** – Mr Smith was always empowered to make his decisions, by timely information sharing and transparency. All professionals encouraged the self-management of insulin, which was big thing for Mr Smith.

**Partnership** – A lot of joint working, Diabetic nurse specialist, Hostel, Hospital Ward manager, Consultant, Mental Health Services and GP worked extremely closely to manage the risks, even considered going to the courts at one point as we were unsure of capacity, but felt forcing him to have the insulin from District Nurse’s would be too restrictive in reality.

**Proportionality** – This was a time intensive piece of work, as risks were very high, particularly of death – however unwise decisions and least restrictive options were always considered.

**Prevention** – Adult Social Care worked closely together with health colleagues to prevent and delay repeated hospital admissions. We supported by providing a care package to avoid further self-neglect issues.

District Nursing and hostel staff were also supportive in working to reduce risk of further hypos when Mr Smith was in their care.

**Protection** – Health services supported with changing Mr Smith’s insulin type, which improved his health. Adult Social Care implemented a care package to help Mr Smith in maintaining his daily care routines, which alleviated the issues around his self-neglect. A referral was also made to mental health services with Mr Smith’s consent to begin exploring the reasons behind the self-neglect.

Mr Smith was referred to Groundswell for support to attend appointments, as he was missing appointments.

**Accountability** – All partners took responsibility and attended meetings as necessary. They understood the seriousness of the situation and the medical services took a lead on understanding the root cause of readmissions

## Positive improvements

Mr Smith has managed to keep out of hospital since October 2017. This could be attributed to the change of insulin type he was given upon his last discharge. Despite his readings continuing to be high, they appear to be normal for him, which enables him to function. The health professionals have educated the hostel staff about the signs of Mr Smith being unwell and when they should alert emergency services.

## SUB GROUPS

### High Risk Panel (HRP)

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The HRP is a multi-agency panel and continues to be held every 6 weeks and has discussed a variety of cases that do not necessarily meet the threshold for safeguarding but the involved agencies have concerns about the level of risk that these cases present with.

The panel the cases are presented and have the benefit of being discussed by the expert panel from a variety of services including:

- Adult Social Care – Camden Council
- Environmental Health – Camden Council
- Mental Health
- Safeguarding Leads from Health (Clinical Commissioning Group)
- Housing – Camden Council
- London Fire Brigade in Camden
- Voluntary Sector
- Metropolitan Police in Camden

Cases presented to the panel have characteristics of some of these issues but are not exclusive to these:

- Hoarding
- Fire Risk
- Self-neglect and
- Service refusals
- Substance misuse and
- Mental Health

As a recommendation from the “YY” SAR, the Board has asked for the panel to be reviewed to include some senior management representation. In light of this, the HRP will be updating the current Terms of Reference and policies that govern the panel. The panel are hoping to have a regular administrator who will help with tracking cases and keeping statistics of cases presented at panel so trends and proper evaluation of the effectiveness of panel can be measured.

The HRP continues to remain a very useful tool to manage high risk cases where the risk is discussed, advice is offered and the risk is known and shared by all involved agencies.

### **Safeguarding Adults Review (SAR) Sub Group**

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At its January 2018 meeting, the board agreed to the setting up of a SAR Sub Group and which organisations would sit on it to enable the Camden SAPB to meet its statutory obligations around the commissioning and carrying out of SARs.

The primary purpose of the SAR sub group is to:

- ensure the SAPB meets its statutory obligations around the commissioning and carrying out of SARs

- ensure that learning from each SAR is disseminated and embedded into practice
- Oversee quality assurance and audit exercises as necessary
- to initiate, co-ordinate and oversee progress on joint enquiries that operate at the level below an independent SAR.

The Sub-group will meet on a quarterly basis and the Chair of the Sub-group has the authority to call an extraordinary meeting if there is pressing business which needs to be addressed before the next scheduled meeting. It will be co-chaired by the Met Police (Camden) and the Principal Social Worker at Camden Council.

The SAR sub group held its first meeting in March 2018 when it discussed and agreed its Terms of Reference.

### **Learning and Communication Sub Group**

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The Board continues to provide and promote a multi-agency approach to learning and development against the training strategy to ensure the Board fulfils their training responsibilities across the Partnership.

One of the key elements of effective safeguarding and promoting of adults welfare is that all staff in all agencies and services have a clear understanding of their individual and their agency’s roles and responsibilities and are able to undertake these in an effective manner. It is recognised that this will be achieved by a combination of single and inter-agency training.

The training strategy continues to set out four levels of training for different groups of staff according to their role in the safeguarding process.

The main goals for 2017/18, were to:

The learning approach focused on:

**Prevention**- Learning from serious incidents and cases (including Safeguarding Adults Reviews and domestic homicides) locally and nationally

**Protection** - the voluntary and community sector, and communities themselves, were supported to play an active role as Safeguarding partners

**Accountability** - Encourage a culture of learning not blame

2017/18 Learning offer

The Board put on the Safeguarding Adults annual conference in November 2017. The theme was **“Learning from statutory reviews – “Adults with Complex Needs”** and with delegates from various agencies from Local Authority, Health, GP practices, external organisations, Police, Fire, it was an environment of positivity and a joining together of services.

The Board funded multi-agency training through the Learning and Development Service (Formerly TDS) and the programme consisted of:

- Level 1 e-learning modules
- Level 2 Safeguarding adults awareness half day sessions and onsite safeguarding awareness sessions with external organisations as and when requested. Two hour briefings on priority topics and MCA/DoLs awareness sessions.
- Level 3 and 4: “Making section 42 enquiries: the new care act safeguarding process” and “Safeguarding adult managers in local authority and mental health trusts”

All training was subsidised (free at the point of delivery) to staff and volunteers of any agency working with Camden residents.

### 2017/18 training attendance by organisation type

Course title	Camden Council	External	Health	PVI	Grand Total
Addressing FGM	6			6	12
Adult safeguarding in practice: carer stress	4			2	6
Adult safeguarding in practice: financial and material abuse	13		2	4	19
Adult safeguarding in practice: mate crime, hate crime and cuckooing	2			5	7
Adult safeguarding in practice: modern slavery	12		1	1	14
Adult safeguarding in practice: self-neglect, hoarding and non-engagement	9		2	3	14
Adult safeguarding in practice: substance misuse	4		2	7	13
Human Trafficking and Modern Slavery Awareness Raising Course	8	13		1	22
Making section 42 enquiries: the new care act safeguarding process	59		8	5	72
MCA and tenancy agreements	13			1	14
Raising safeguarding concerns for frontline staff	21		1	3	25
Safeguarding adult managers in local authority and mental health trusts	12		8		20
Safeguarding adults awareness	124		17	187	328
Safeguarding adults in practice: domestic violence and abuse	5			4	9
Safeguarding children and adults awareness	63		1		64
Self-neglect, hoarding and non-engagement	23		3	11	37
Understanding and assessing risk	8		1	19	28
WRAP: Workshop to Raise Awareness of Prevent	19			13	32
<b>Grand Total</b>	<b>405</b>	<b>13</b>	<b>46</b>	<b>272</b>	<b>736</b>

Moving forward for 2018/2019 the Board should seek assurances to the safeguarding adult training and ensure delivery of multi-agency training and continue to offer level 1 and level 2 training for organisations in the voluntary and community sector.

The Board should review the training strategy to maintain its compliance.

The Board should seek to develop an audit for the completion of the SAAF self-assessment template.

### **Learning & Communication Sub group commitments for 2015/18 period – SAPB strategic plan**

The LCSG has published its commitments for 2018/19 which will focus on the same areas as the previous year, and will seek to consolidate and further the work already undertaken by Partners. In particular, the LCSG will focus on raising awareness of different types of abuse, responding to national and local priorities, and empowering the local community to recognise abuse and protect itself from it.

### **Quality and Performance Sub-Group**

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The role of this sub-group is to gather and critically analyse information and intelligence to present to the Safeguarding Adults Board to enable it to fulfil its statutory responsibilities to:-

- Gain assurance of the effectiveness of its safeguarding adults arrangements
- Identify risks
- Hold partners to account
- Develop mechanisms to support safeguarding adults practice
- Inform the strategic plan

Key achievements during this reporting year have been:-

- Development of a multi-agency safeguarding adults referral form
- Introduction of a multi-agency Escalation and Challenge Procedure
- Development of a Safeguarding Adults Review leaflets for professionals and families
- Development of the Integrated Performance Dashboard
- Review of the Establishment Concerns Process

The subgroup supports the SAR subgroup in monitoring the delivery of SAR action plans and will also work in partnership with safeguarding adults subgroups across North Central London to support continuous improvements in safeguarding adults practice and processes.

### **Engagement Sub Group**

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Owing to significant changes in personnel relating to this group it was unable to meet as planned. This prompted a review with the Council Team that is engaged with voluntary sector groups in Camden to identify and engage with those organisations which work with adults with care and support needs. In addition, in 2018-19 we are establishing a task and finish group with colleagues in the North Central London Boroughs to try and strengthen this work.

### **Board Priorities for the next 12 Months**

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- Draft the new SAPB Safeguarding strategy for 2018-2021
- Progress the strategic priorities with our North London Central Partners
- Implement the Year 1 Delivery Plan including Embedding Making Safeguarding Personal as a 'golden thread' through safeguarding adults



- Mental Capacity Act (Mental Capacity (Amendment) Bill – The SAPB to gain assurance and support of the application of the MCA across the borough.
- (Look at how the MCA is being applied across the partnership. The readiness for the new bill coming through)
- The exploitation of adults with care and support needs particularly in relation to Homeless People and those at risk of homelessness with mental health and substance abuse needs.
- Further development of the assurance Dashboard to fulfil the boards statutory responsibility.

## Appendices

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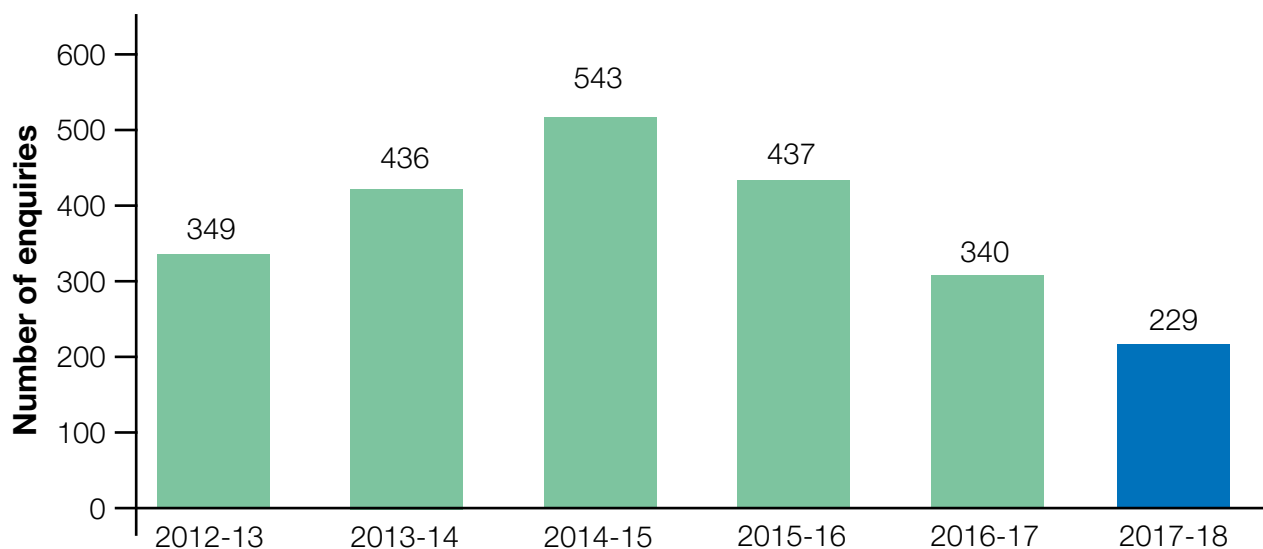
1. LB Camden Safeguarding Performance Data
2. Board Attendance
3. Partner Organisations contributions

## Appendix 1: London Borough of Camden Safeguarding Performance Data

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 Return – unless otherwise stated. Percentages may not total 100% due to rounding.

### Individuals involved in S.42 Safeguarding Enquiries investigated by LB Camden



The number of individuals involved in section 42 safeguarding enquiries investigated by LB Camden has dropped for a fourth year in succession.

This was a reduction of approximately a third on the previous year.

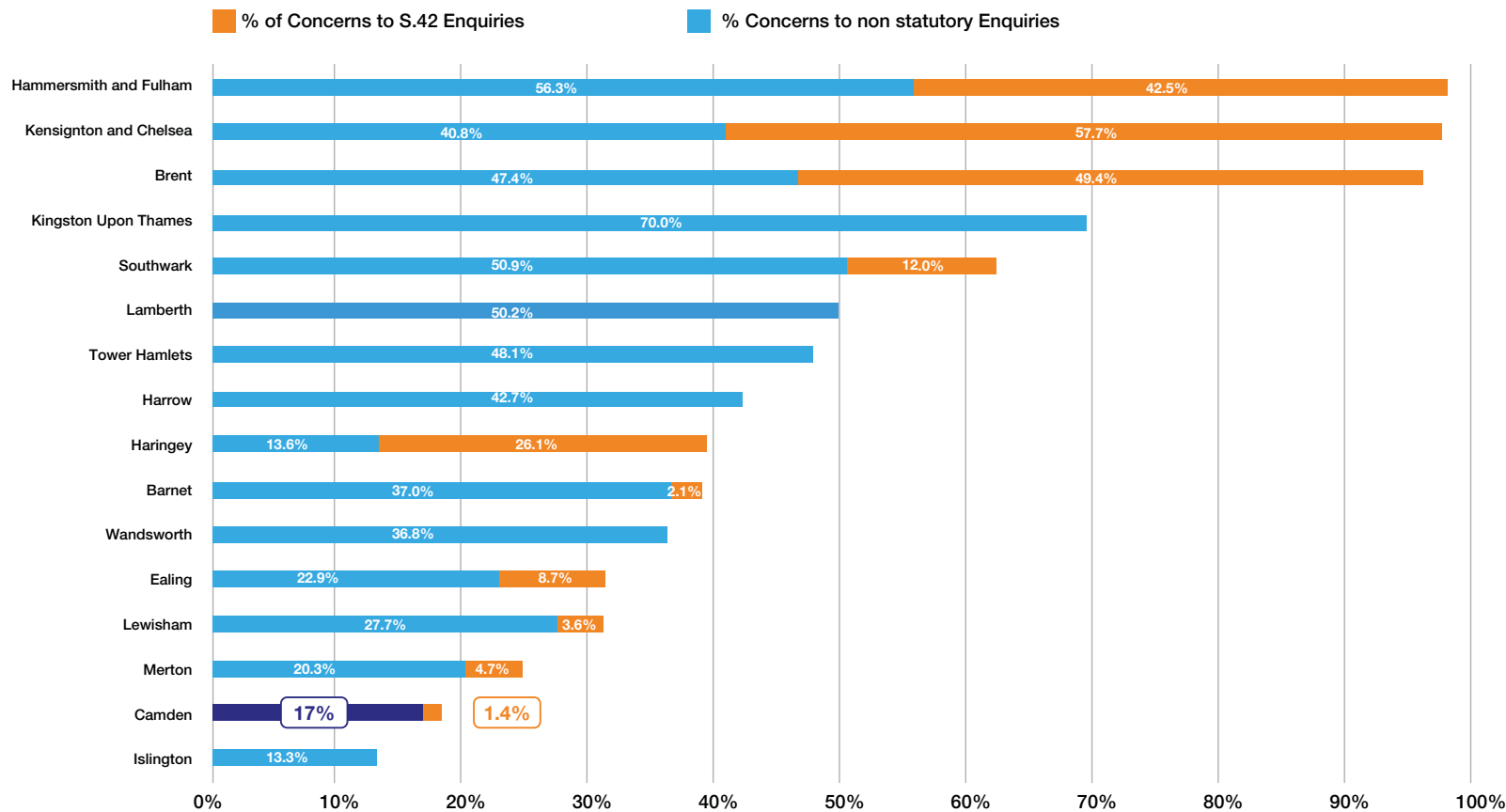
A new safeguarding concern episode was created with the introduction of the new workflow at the end of October 2016. The concern episode is in keeping with the revised pan London safeguarding policies and procedures and the Care Act. It allows the worker to gather relevant information and make proportionate decisions as to whether or not a full section 42 enquiry is necessary.

The more comprehensive process may have resulted in the decrease in enquiries.

This new 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.

The revised safeguarding workflow has resulted in a higher proportion of safeguarding concerns not proceeding to a full Section 42 enquiry.

### 2017-18 Safeguarding Adults Collection Benchmarking



Camden’s conversion rate of less than 20% of concerns proceeding to Section 42 enquiries is one of the lowest in the group of comparable London boroughs. Some boroughs also divert concerns into non-statutory enquiries but Camden is one of several authorities that rarely do this. Only in the ‘tri-Boroughs’ plus Haringey are there significant numbers of non-statutory enquiries.

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.

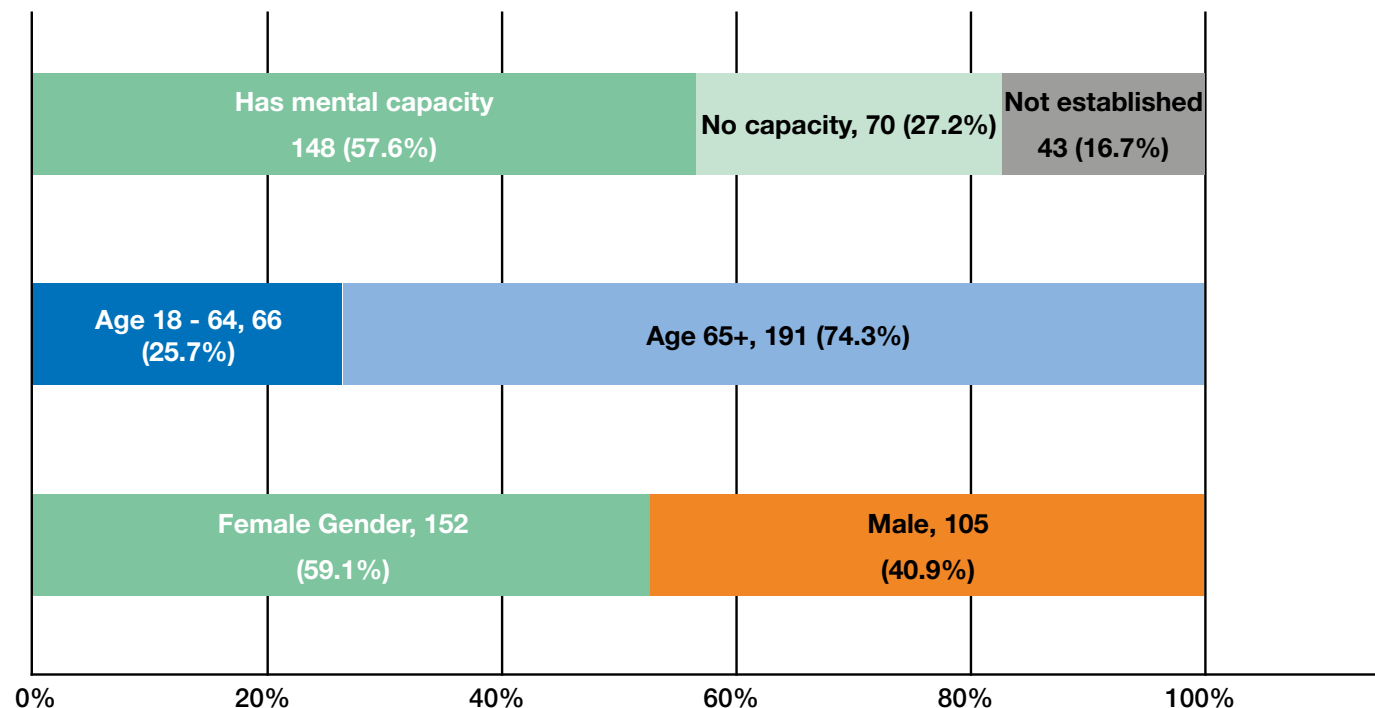
Camden has investigated in detail reasons why concerns are not progressed to full Section 42 enquiries and in around half of cases, signposting to other services is considered to be the appropriate, proportionate response.

### Demographic characteristics of persons involved in completed Section 42 safeguarding enquiries investigated in LB Camden 2017/2018.

Camden's conversion rate of less than 20% of concerns proceeding to Section 42 enquiries is one of the lowest in the group of comparable London boroughs. 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.

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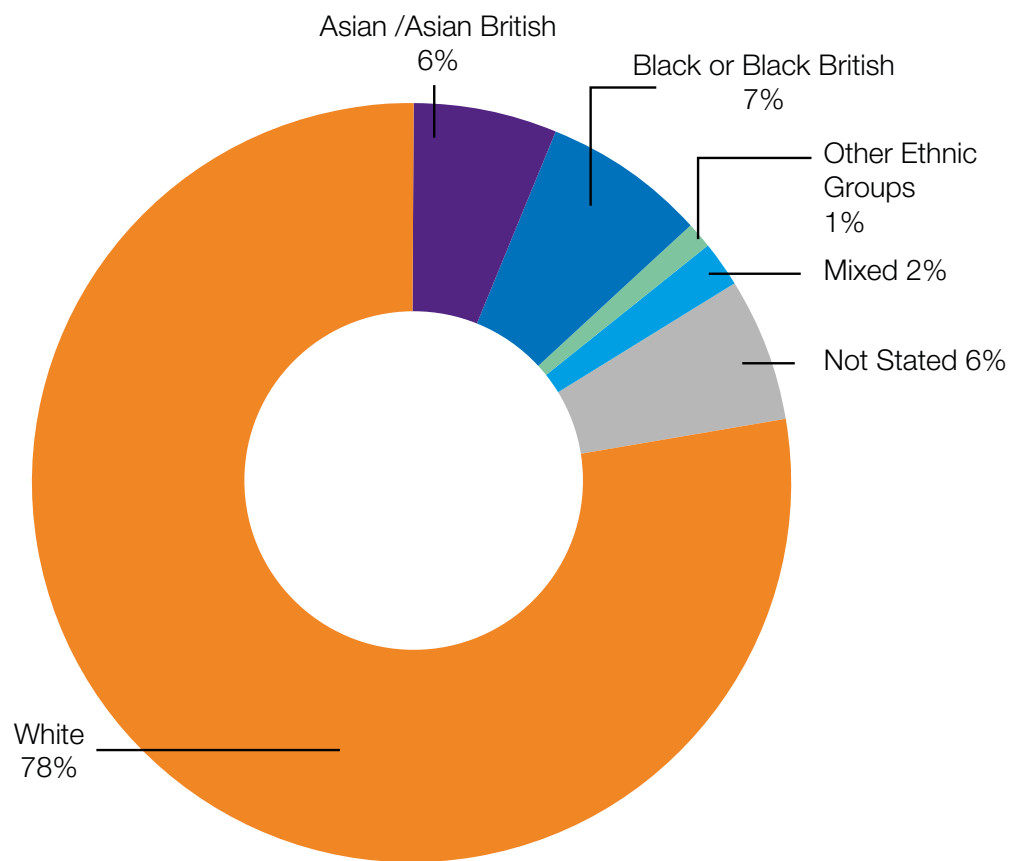
Most individuals involved in section 42 enquiries have mental capacity but around a quarter of individuals involved in enquiries do not have capacity.

More than two-thirds 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.

The proportions of men and women involved in safeguarding enquiries are almost equal, with a very slightly higher proportion of women. In 2016-17 this statistic was reversed as more men than women were subject to safeguarding enquiries.

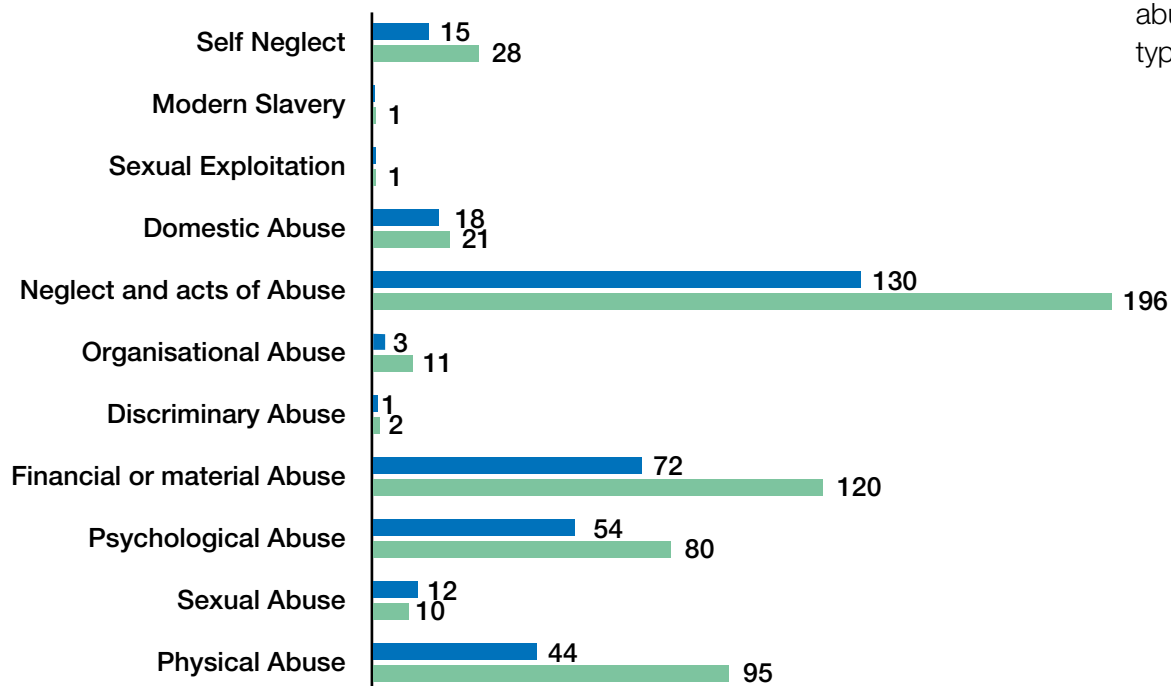
'In 2017-18, 16% of enquires involved an individual of BME ethnicity. The population of LB Camden is 35% BME so assuming the prevalence of safeguarding concerns is similar across all communities, the number of concerns and enquiries recorded for BME individuals is lower than expected.

### Ethnicity of cases referred for enquiry (2017-18)





### Type of abuse alleged in completed enquiries, both section 42 and non-statutory enquiries, investigated by LB Camden in 2017-18



In line with national feedback, there has been an increase in the number of allegations of neglect, which includes situations involving self-neglect. In 2017-18 there has been 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.

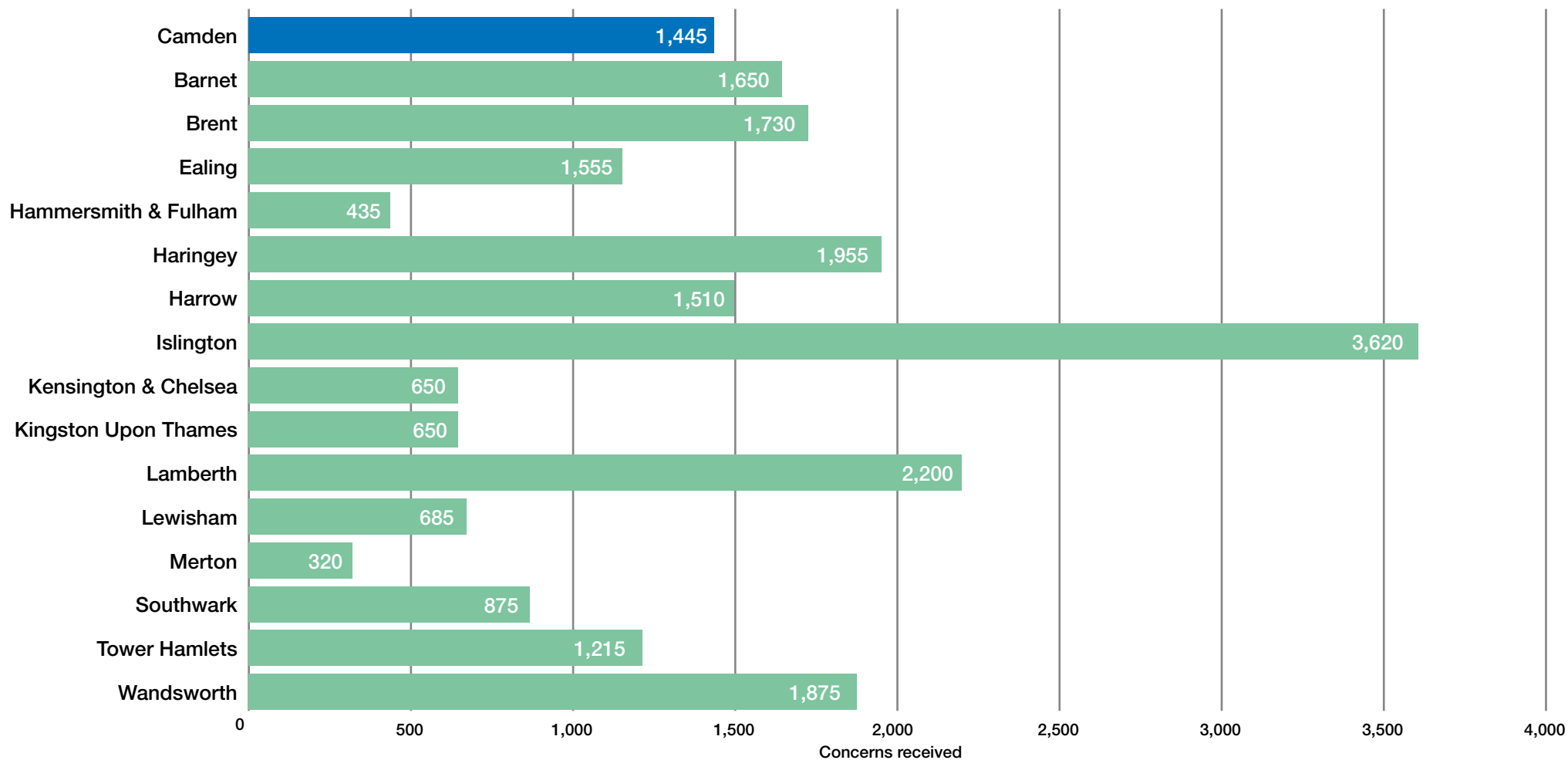
### Instances of abuse: total number of S.42 enquiries

	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial or Material Abuse	Discriminatory Abuse	Organisational Abuse	Neglet and Acts of Abuse	Domestic Abuse	Sexual Exploitation	Modern Slavery	Self Neglect
2017-18	42	11	51	67	1	3	115	17	0	0	15
2016-17	94	10	79	118	2	11	191	20	1	1	27

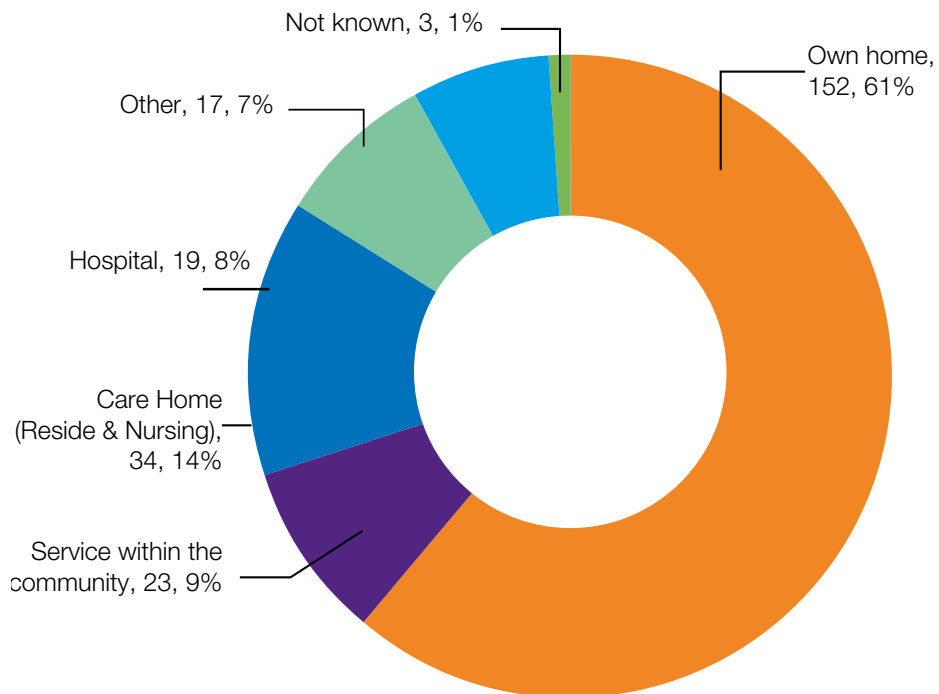
The concern episode is in keeping with the revised pan London safeguarding policies and procedures and the Care Act. It allows the worker to gather relevant information and make proportionate decisions as to whether or not a full section 42 enquiry is necessary.

(figures on chart are rounded to nearest 5)

The total number of concerns recorded in LB Camden has fallen from 1507 in 2016/17 to 1444 in 2017/18.

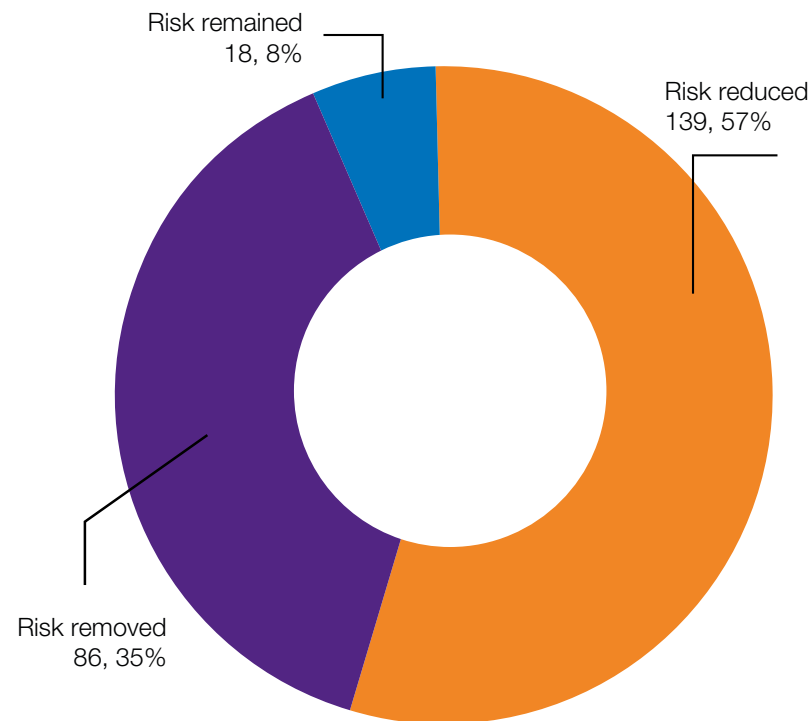


### Location of alleged abuse (2017-18)



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.

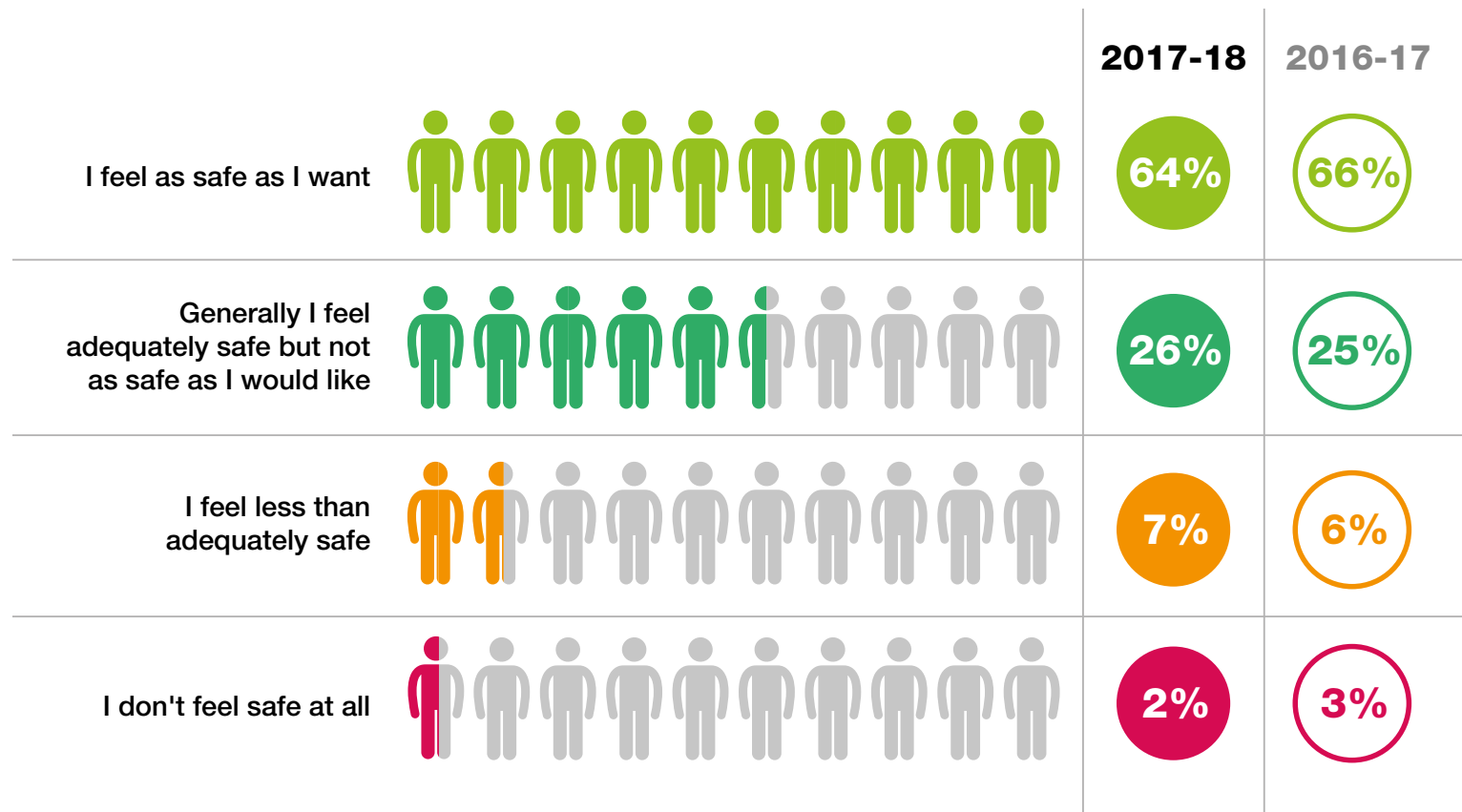
### Action taken to manage risk associated with LB Camden residents (2017-18)



The action taken following enquiries reduced or removed the risk in almost two-thirds (57%) 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.

**How safe people who use ASC services feel (2017-18)**

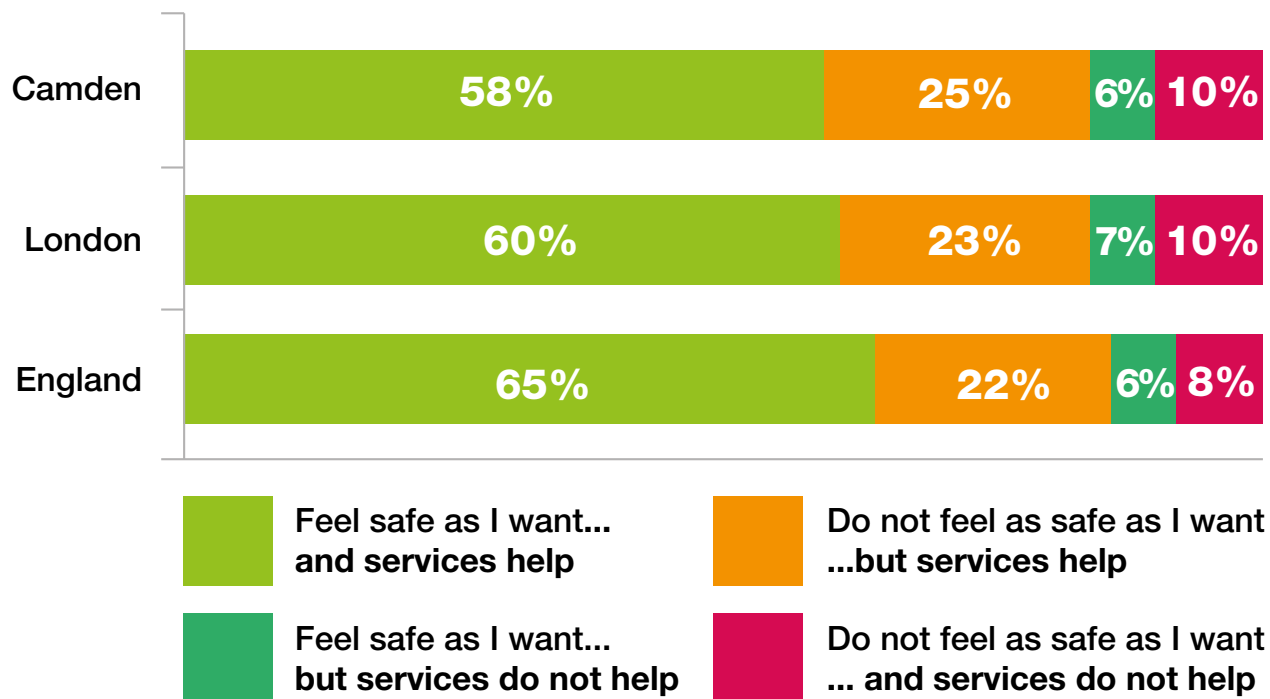


The annual survey of users of adult social care includes questions asking about feeling safe. All service users are given the chance to participate in the survey, not only those who have been involved in safeguarding concerns.

The data above has been weighted to ensure that the survey responses of different categories of service users, e.g. older people, learning disabilities, are calculated in proportion to the relative composition of the overall client population.

Source: ASCS 2017-18 (weighted)

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



The survey results suggest the majority of adults who receive social care services from Camden feel safe (green + lime = 64%) 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.

Source: ASCS 2017-18 (unweighted)

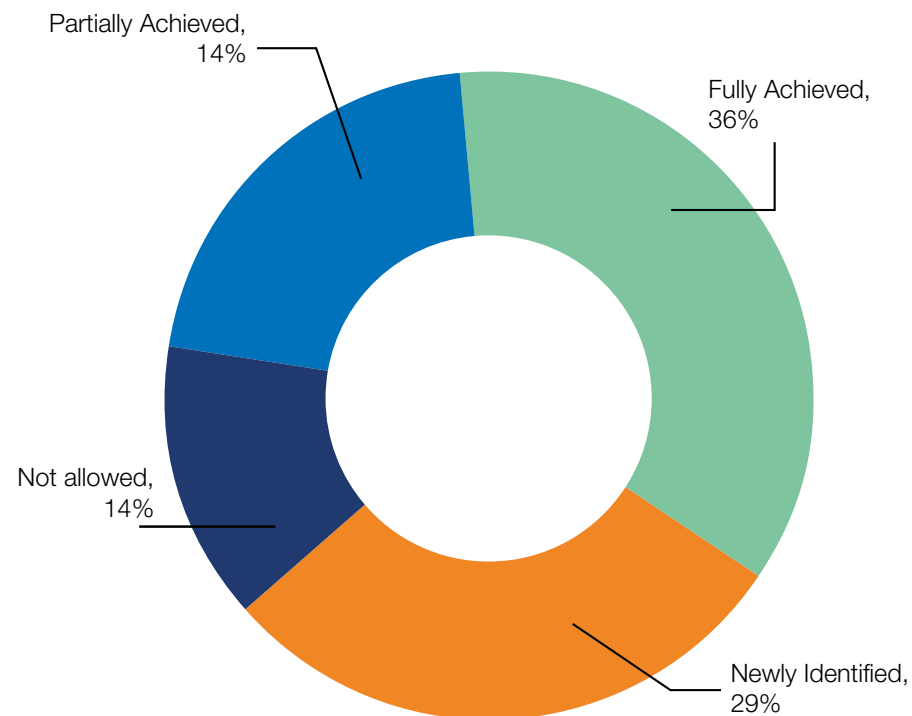
## Making Safeguarding Personal

During 2016-17, LB Camden introduced a new safeguarding workflow with greater facility to measure approaches consistent with Making Safeguarding Personal. This enabled information to be collected on user-defined outcomes and included recording which had their own outcomes met.

This new 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.

In addition to the clients who achieve outcomes, 29% 'changed their mind' and were no longer interested in achieving the outcomes they sought at the start of the safeguarding process.

## Desired Outcomes for completed S.42 Enquiries





## Appendix 2: Camden SAPB attendance record by agency

### Camden SAPB attendance record by agency

Agency	2017/2018				annual
	19/04/2017	19/07/2017	18/10/2017	17/01/2018	
Camden Council Adult Social Care	✓	✓	✓	✓	100%
Camden Council Housing	✓	✓		✓	75%
Camden Council Procurement					0%
Camden Council, Commubity Safety	✓	✓	✓	✓	100%
Community Rehabilitation Company					0%
Camden & Islington NHS Foundation Trust	✓	✓	✓	✓	75%
University College London Hospitals NHS Foundation Trust	✓	✓	✓	✓	100%
Royal Free Hospital NHS Foundation Trust	✓	✓	✓	✓	100%
Central & North West London NHS Foundation Trust	✓	✓	✓	✓	100%
Tavistock and Portman NHS Foundation Trust					0%
Camden Clinical Commissioning Group	✓	✓	✓	✓	100%
NHS England					0%

Metropolitan Police - Camden	✓	✓	✓	✓	100%
Probation Service	✓				25%
London Fire Brigade - Camden		✓	✓	✓	75%
London Ambulance Service NHS Trust		✓		✓	50%
Camden Carers Centre	✓	✓	✓	✓	100%
Age Uk - Camden		✓	✓	✓	75%
Hopscotch Asian Womens Centre	✓		✓	✓	75%
Service User representative	✓	✓	✓	✓	100%
Camden Council - Intergrated Commissioning	✓	✓	✓	✓	75%
<b>Average Attendance</b>	✓	✓	✓	✓	<b>79%</b>

### Independent Chair's comments on Board attendance

We have worked hard once again to ensure that all partner organisations on the SAPB are represented by a post holder of sufficient seniority and expertise and that ideally the same person should attend each meeting.

However, there are inevitably operational pressures on individuals and organisations as well as annual leaves, reorganisations and role changes.

Having said this, we feel that reinforcing the message on regular attendance is something that this board will continue to be persistent on.

## Appendix 3: Partner Organisation Contributions

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In this section, our partners set out how they have contributed to the work of the SAPB and to the ongoing improvement of local safeguarding adults arrangements. Each partner was asked to frame their contribution in response to the following 4 questions: -

**What has your organisation done in 2017/18 to achieve the priorities of the Board?**

**What difference has your organisation made to improve the safeguarding of adults and in promoting their welfare?**

**How has your organisation challenged itself and others to improve safeguarding arrangements?**

**What are your top 3 priorities for 2018/19?**

## Age UK Camden

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p><b>Empowerment</b> All staff trained on the importance of involving clients in Safeguarding particularly: gaining consent, exploring mental capacity and encouraging clients to make their own choices.</p> <p><b>Prevention</b> In house self-neglect training made available to all frontline staff and delivered to befriending volunteers doing home visits.</p> <p><b>Protection</b> Staff at resource centres and dementia services supported clients to enable them to engage more in the safeguarding process.</p> <p><b>Partnership</b> Worked in partnership with Trading Standards to support clients who have been victims of financial abuse via the telephone and/or doorstep crime. Provided support and devices including call blockers, memo minders and spy cams.</p>	<p>Reviewed all staff training and highlighted those that need refreshers and initial training. This has resulted in increased awareness of safeguarding and professional discussions around safeguarding clients.</p> <p>Provided education sessions on Lasting Power of Attorney and supported clients to complete Lasting Power of Attorney forms and advise of Living wills. This has encouraged people to formalise their wishes whilst they have capacity.</p> <p>Made Safeguarding the golden thread of all staff's work and embracing making safeguarding personal. As a result this has improved clients experience of the process and staffs confidence.</p> <p>Contribute to the high risk panel, providing recommendations to staff dealing with vulnerable clients.</p> <p>Provided information at the Camden Safeguarding Conference.</p>	<p>Emphasised that Safeguarding is Everyone's responsibility. Improved accountability.</p> <p>Produced bimonthly reports on safeguarding to the Board of Trustees.</p> <p>Carried out an internal safeguarding audit of our records and challenged and improved practice as a result of the audit and case note reviews.</p> <p>All new staff are required to carry out safeguarding training in their first month in post.</p>	<p>Closer integration and greater partnership working with our subsidiary charities.</p> <p>To embed the MCA into practice and staff to document their implementation.</p> <p>Improve awareness of safeguarding with clients whose first language isn't English particularly in the Bengali and Somali communities.</p> <p>All Trustees to complete the required level of Safeguarding training</p>

## Adult Social Care – London Borough of Camden

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p><b>Safeguarding Workflow</b> A review of the local authority safeguarding workflow on MOSAIC was commenced in 2018.</p> <p>Following that review, the workflow has been updated to reduce the length of the concern episode and to ensure the language used is Care Act compliant.</p> <p>The reason for the review was to ensure that the local authority were being proportionate in responses to safeguarding referrals and were strengthening our aim of keeping the individual at the centre of the process.</p> <p>In terms of Making Safeguarding Personal the workflow is designed to ensure that the individual concerned is consulted throughout the process. An example of this is ensuring that desired outcomes are captured as a mandatory question.</p>	<p><b>Safeguarding Audit</b> Over the last year, Adult Social Care has focused on developing quality assurance mechanisms and we introduced a practice audit system, whereby all managers (from Director to Team Manager) are given several random case files to audit.</p> <p>The audit was completed in Sept 2017.</p> <p>The main findings were summarised and disseminated to staff, with individual feedback given where appropriate.</p> <p>The aim of the audit was to improved safeguarding practices.</p> <p>Camden Adult Social Care also introduced a new safeguarding workflow in October 2016 to reflect the Care Act, the London Safeguarding Multi Agency Policies and Procedures and Making Safeguarding Personal (MSP) principles.</p>	<p><b>Learning and Development</b> A mandatory safeguarding awareness (which covers children’s and adults safeguarding) e-learning course has been developed and was completed by over 90% of Camden Staff.</p> <p>The Adult Social Care Workforce Development Group have established what is core training for each practitioner group e.g. SW, OT, ASO and Outreach Workers. This includes what level of safeguarding training each group of workers should have.</p> <p>The Safeguarding Service Manager &amp; Learning &amp; Development Team have undertaken a recent drive in promoting training in safeguarding awareness, section 42 enquiry and safeguarding adult’s manager. We have had an exceptionally large take up for the section 42 enquiry offer.</p>	<p><b>Mental Health/Section 75 review</b> A review of the Section 75 agreement between the Council and Camden and Islington NHS Foundation Trust has been completed. Both organisations have agreed to reconfigure the existing arrangements to seek to strengthen the role of social work within mental health services.</p> <p>The review identified improving safeguarding as a key priority area and work is underway in this regard (safeguarding work stream).</p> <p>Draft performance framework will be monitored under quarterly performance meetings, which includes outcomes around safeguarding.</p> <p>The proposal is that the Section 75 agreement will be reviewed (annually reviewed) and quarterly by both organisations on an annual basis through the annual performance meeting.</p>

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<p><b>High Risk Panel</b> The YY SAR (Safeguarding Adult Review) has concluded and the final report was presented to the SAPB in October 2017 and signed off.</p> <p>The SAR report has now been published on the Camden website.</p> <p>This was a complex and unusual case of a man who had an underlying eating disorder and was self-neglecting. Some of the main findings were lack of management oversight, difficulties in working with complex capacity issues and self-neglect and poor communication between the agencies involved.</p> <p>The key themes from the SAR were the focus for the annual Safeguarding Conference in November 2017.</p> <p>A recommendation of the SAR is to ensure that there is senior multi-agency representation on the high-risk panel facilitated by Adult Social Care and that the right core agencies are represented.</p> <p>The work to revamp and re-publicise the high-risk panel started in December 2017.</p>	<p>The Adult Social Care senior management team (SMT) felt that it was timely to audit a number of safeguarding cases to understand the extent to which we have embedded MSP into practice, how well practitioners are working in relation to safeguarding concerns and enquiries and how well they are recording safeguarding activity.</p> <p>A slight majority of the practitioners audited had embedded MSP principles into their practice and the new safeguarding workflow records this change, for example, the person's desired outcomes and the extent to which they have been met can easily be recorded. However, nearly half of those audited had either not recorded evidence of MSP or had partially evidenced that they had worked in this way.</p> <p>We will continue this process of audit in Sept 2018.</p>	<p>From Sept – Dec 2016 around 40 staff members from the Mental Health Trust were trained in the use of the MOSAIC safeguarding workflow.</p> <p>Learning and Development are working on different and more innovative approaches to providing safeguarding training in Adult Social Care, which include working towards producing a webinar on Modern Day Slavery – this will allow for greater numbers of workers to access this important training in Adult Social Care.</p>	<p>A new post of Adult Social Care Head of Mental Health Social Work has been created and recruited to, which will take a lead on ensuring that safeguarding practice and recording are consistent across Adult Social Care and mental health services.</p> <p>Safeguarding Workflow on MOSAIC.</p> <p>The target over the next 12 months is to ensure that the safeguarding workflow is used appropriately and effectively.</p> <p>Audits have shown that there are teams who have struggled to use the workflow correctly, which has meant a lower conversion rate for safeguarding concerns to section 42 enquiries in comparison to comparable neighbouring local authorities.</p> <p>The workflow review was completed in March 2018, and the number of pages within the concern episode were subsequently reduced.</p>

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<p>A recommendation of the SAR is to ensure that there is senior multi-agency representation on the high-risk panel facilitated by Adult Social Care and that the right core agencies are represented.</p> <p>The work to revamp and re-publicise the high-risk panel started in December 2017.</p> <p>The newly formed panel met for the first time in July 2018.</p> <p>Safeguarding Learning and Development Group</p> <p>In 2018 we reviewed the Safeguarding Champions Group. The purpose of the review was to ensure that the group remained meaningful and was making a difference from a learning and development perspective within the service.</p> <p>Following the review a number of changes were made to the group and its functions.</p>			<p>Data from April, May, June and July indicates that the workflow revision has marginally affected the conversion figures. It appears the figures indicate that we have returned to percentages in the 20's. These figures will continue to be reviewed in the upcoming months to understand whether this trend will continue.</p> <p>The data and the audits undertaken indicate that the safeguarding work undertaken by workers in Adult Social Care is safeguarding individuals and supporting them to achieve their desired outcomes.</p> <p>'Making Safeguarding Personal' is embedded into the safeguarding workflow from the outset and the individual is at the centre of the process.</p> <p>We have a detailed concern episode to capture relevant information and to assist us in keeping people safe from harm. When reviewed by an external trainer recently she concluded that the new workflow was a big improvement on the previous version</p>



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<p>The membership was opened up to new members, which included colleagues across the mental health trust. The group is not confined to Social Workers but also has Access and Support Officers, Outreach Workers and Occupational Therapists.</p> <p>The Safeguarding Learning and Development Group provides short training sessions on subjects chosen by members of the group. The learning from these sessions are disseminated service wide.</p> <p>Where possible we find expert practitioners to facilitate the sessions e.g. we have Social Work professionals who have strong understanding of hoarding and would ask them to undertake a session on this subject with the group.</p> <p>The group also review safeguarding complaints. The purpose of this is to allow practitioners involved in the group to see where Adult Social Care may have got it wrong and suggest ways of improvement that can be shared with colleagues.</p>			<p>It is clear that different local authorities have very different practices in terms of how the work is captured and that the IT workflow will affect the data.</p> <p>It is also noted that colleagues in partner agencies, who use multiple operating systems, are finding it challenging to maintain the use of the workflow correctly.</p> <p>To improve standards we will run a monthly data check to monitor the success of the revised safeguarding workflow.</p> <p>The data will be reviewed in September and a further review of the workflow, with support from colleagues in IT will be considered if necessary.</p> <p>Safeguarding Service Manager and Lead Practitioner to complete whistle-stop tours of teams in the London Borough of Camden who are using the workflow to support with Q&amp;A's, safeguarding processes and the three-stage test.</p>

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<p><b>Provider concerns forum</b> We have introduced a monthly provider concerns forum. The purpose for the forum is for senior managers in Adult Social Care to meet with commissioning, quality assurance, health and safeguarding colleagues to review provider issues. The meeting has enabled greater communication between agencies involved and allowed for a more efficient response to issues identified.</p> <p><b>MASH</b> MASH continues to screen concerns relating to individuals without a care package in Adult Social Care. The virtual links forged with the Police, London Ambulance Service, London Fire Brigade, Trading Standards, Commissioning, voluntary sector, Camden Safety Net, Housing and Mental Health remain positive, and in some cases have grown over the past 12 months.</p> <p>Recently closer working links have developed between MASH and Mental Health, which has brought about clearer mechanisms in the transfer of work between the services.</p>			<p>This will also be embedded into the Safeguarding Learning &amp; Development Group in the months ahead, to cascade the importance of using the safeguarding workflow correctly.</p> <p><b>Modern Day Slavery</b> Work is continuing to develop a shared approach to modern slavery across adult and children safeguarding services in Camden.</p> <p>Staff members have attended a “train the trainer” course on modern day slavery provided by ADAS to enable them to deliver training sessions for other members of their teams.</p> <p>There are clear referral routes for referrals concerning modern slavery in adult and children safeguarding services.</p> <p>The focus for the work now is that services increase awareness of modern day slavery amongst Council staff and partners to allow better identification of the crime and ensure all staff are aware of the statutory duty to report any victims encountered to the National Referral Mechanism (NRM).</p>

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<p>A recent audit demonstrated that MASH is continuing to work in compliance with the local authority workflow and there is strong understanding of legislation and Care Act interpretation within the team.</p> <p><b>Safeguarding Dashboard</b> We continue working towards improving the integrated performance dashboard to reflect the six strategic outcomes of the Joint Safeguarding Strategy. This will enable the board to track progress in delivering its commitments throughout the year.</p> <p><b>Deprivation of Liberty Safeguards</b> In the last 12 months, we have trained 11 additional staff members to become Best Interests Assessors. The total number of Best Interests Assessors on our rolling rota is now 15.</p> <p>The commitment for these workers is 6 assessments per year in addition to their normal roles in Adult Social Care.</p> <p>We have started holding BIA and MCA forums quarterly in Adult Social Care, which is aimed at improving standards of practice in these areas of our work.</p> <p>We have reviewed MCA Training with new 'fit for purpose' training agreed with Learning and Development.</p>			<p>Adult Social Care have responded to these challenges by exploring the idea of webinar training for Modern Day Slavery. It is hoped this will mean the training will access a wider audience.</p> <p>Learning and Development are supporting Adult Social Care in this enterprise and it is hoped the webinar will be available later in 2018.</p>

## Camden Carers Centre

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>Updated CCC Safeguarding Policy Ensured that all staff have read and understood</p> <p>100% of staff received Safeguarding Adults training</p> <p>100% of CCC Volunteers received Safeguarding Adults Training</p> <p>Safeguarding processes are part of CCC Induction Programme for all new staff</p> <p>CCC Safeguarding policy displayed on CCS Website and safeguarding flyers displayed in meeting rooms</p> <p>CCC regular attendee at SACPB</p> <p>CCC has been a member of SACPB subgroup: Learning &amp; Communications and hence co-created and facilitated SACPB Conference 2018. Ensuring that family and carer issues were central to the discussion – via workshops and appropriate speakers</p> <p>CCC contributed to SACPB Quality and Performance subgroup dive into carer experience of Safeguarding investigations</p>	<p>By staff being more familiar of what safeguarding is about and what actions and results come from investigating a situation they are more confident to bring any concerns to their manager to discuss</p> <p>CCC has supported a number of carers through the safeguarding process and enabled more open dialogue between all parties involved</p> <p>Carers reported they felt more able to discuss issues and concerns without fear of person they care for instantly being removed or carer simply being condemned.</p> <p>Carers report that CCC has enabled carers to feel that by sharing their concerns the action taken is supportive for all involved</p> <p>Carers report that via the more safe settings of CCC Health &amp; Lifestyle Consultations; CCC one to one sessions with Support &amp; Wellbeing Workers; CCC Counselling sessions and activities such as rambles and art sessions they have felt more able to share concerns, worries and know that they will be taken seriously without being immediately judged</p>	<p>CCC has had a central role in strengths based work and tackling of social isolation and loneliness which is being taken forward in Camden. CCC in particular are ensuring that the issues for family and carers are fully heard and addressed. Examples of involvement:</p> <p><b>Family Group Conferencing</b></p> <p><b>Citizen Led FGC</b></p> <p>Working with Owls re Ideas Project – ways that communities can help themselves to build supportive community networks – ideas picnic, ideas bus crawl</p> <p>CCC member of staff and Young Adult Carers were guest speakers at All Party council debate on social isolation and loneliness</p> <p>CCC are Central to the development of the 3 Conversations model of working in ASC which at its heart requires joint working, increased dialogue between statutory, health and voluntary sector professionals</p>	<p>Ongoing practical work with Social Services, Health Services and the Third Sector to address social isolation and loneliness within the community with CCC focus on isolation of family and carers</p> <p>CCC central to development of Citizen Family Group Conferencing model aka Full Circle which has a focus on long term prevention</p> <p>Work with CSAPB Chair to ensure the Community Engagement Sub group is developed</p>

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<p>A group of carers from CCC were consulted on priorities of SACPB strategy 2018 onwards</p>	<p>Carers report that CCC has helped to demystify the word Safeguarding to an extent</p>	<p>As key members of CCG led Complex Care and neighbourhood MDTs CCC have helped to challenge the thinking of other professionals in particular when addressing concerns around involved family and carers. CCC have then played an active part in working closely with other professionals and families to ensure a more positive outcome for all</p>	

## Camden Clinical Commissioning Group

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>NHS Camden Clinical Commissioning Group (CCG hereafter) is a statutory partner of the Camden Safeguarding Adults Partnership Board (SAPB). The CCG is represented 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 CCG have been represented at all Board meeting and subcommittee meetings in the reporting period. This includes providing the Deputy Chair for the Board and Chair to the Quality and Performance subcommittee.</p> <p>The CCG have led several work streams to fulfil the recommendations of the YY SAR such as a Multi-agency Escalation and Resolution Procedure, development of the safeguarding adult's agenda within Camden GP Practices and partnered the local authority review of the High Risk Panel.</p> <p>Through subcommittee work and commissioning responsibilities, the CCG has contributed significantly in the development of the SAPB Dashboard to provide assurance and monitoring of safeguarding adults arrangements across Camden.</p>	<p>Through its Designated Nurse and Named GP for safeguarding adults, the CCG demonstrates its investment to secure advice and expertise on its commissioning responsibilities and the partnership work to safeguard adults in Camden. The CCG priority to develop a Camden GP safeguarding adult's network has been achieved through well attended and evaluated bespoke sessions run by the CCG safeguarding adult's professionals. The GP sessions this year have focussed on learning from local and national statutory and mandatory reviews, the GP role in the PREVENT agenda, self-neglect and mental capacity.</p> <p>Oversight and Contribution to the delivery of the PREVENT programme (supporting people away from violent extremism) has been a key priority for the CCG safeguarding adults team this year. The CCG have worked with NHS England to ensure commissioned services were supported in their efforts to reach training targets and gained assurance that robust systems and governance were in place for PREVENT.</p>	<p>Following a review of the Camden High Risk Panel, the CCG reflected on how medical support could be provided to this function. As a result, the Named GP is now a member of the Panel, providing medical expertise to the collaborative work of the panel, which supports some of the most vulnerable people in the community. The Named GP is developing links with clinical multi-disciplinary hubs to ensure there is joined up working for those at high risk of poor outcomes for complex reasons.</p> <p>The CCG safeguarding adult's professionals developed an information sharing template to facilitate joint working between social workers and GPs where there are statutory enquiries for safeguarding adults. This was in response to concerns from both health and social care professionals around the legality, quality and timeliness of both requests for information and responses. The template is in now in use and will be audited to measure its impact in improving outcomes of enquiries during this year.</p>	<ol style="list-style-type: none"> <li>1. Oversight and contribution to the health economy preparations for the implementation of the Liberty Protection Safeguards</li> <li>2. To develop a health service forum to support and develop safeguarding adults systems and practice across North Central London</li> <li>3. Oversight and contribution to the prevention, identification and response in relation to modern slavery</li> </ol>



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<p>Working in partnership with NHS England, the CCG have been piloting an electronic template within the GP records to support GPs in applying and documenting the Mental Capacity Act where appropriate with their patients.</p> <p>Further development and evaluation of this template alongside support for GPs with the MCA is planned for 2018/19</p>	<p>The CCG is a member of the Camden Channel Panel and continues to work with partner agencies to improve outcomes for those vulnerable to such forms of exploitation.</p> <p>The national LeDeR programme reviews deaths of people aged 4 years upwards with a learning disability. The CCG coordinates the local response to reviews and chairs the Camden Steering Group. Camden has developed a work plan to ensure learning from reviews is embedded in to practice and makes improvements. To date, work with GPs to support the application of the mental capacity act and clinical work to produce information for service users and carers about high risk conditions for people with a learning disability, are close to completion.</p>		

## Camden &amp; Islington Mental Health NHS Foundation Trust

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>During the year 2017/18 the Trust has committed itself to the goals of ensuring all service users and patients are protected from abuse and neglect and that we have the systems and processes in place to work effectively with our partners to realise the priorities of the board.</p> <p>Throughout 2017/18 the Trust has been committed to managing safeguarding adult enquiries where there is a requirement for us to do so. Where there is no requirement we defer to colleagues in Adult Social Care as the lead agency whilst maintaining a spirit of collaboration, cooperation and coordination throughout the safeguarding process.</p> <p>During 2017/18 the Trust has been committed to ensuring the Making Safeguarding Personal initiative and the principles of the Mental Capacity Act and the Care Act are at the heart of our safeguarding adult deliberations.</p>	<p>The Trust is required by its Clinical Commissioning Group (CCG) to meet a 80% minimum target at all levels for safeguarding adults Core Skills training competence. At the end of March 2018 these were: Level 1 – 89%; Level 2 – 84%; Level 3 – 83%; Level 4 – 100%.</p> <p>With regard mental capacity Core Skills training competence the Trust at the end of March 2018 recorded 75% against a CCG target of 80%</p> <p>For the Prevent Core Skills training competence the Trust at the end of March 2018 recorded 86% for Level 1-2 Basic Prevent Awareness Training (BPAT) and 82% for Level 3 Workshop to Raise Awareness of Prevent (WRAP) both against a NHS England target of 85%; and 100% for Level 4 specialist roles.</p> <p>The Trust recorded a total of 383 safeguarding adult concerns raised during 2017/18 on the Datix incident log. This represents an increase of 31% in the number of safeguarding adults concerns from the previous year 2016/17.</p>	<p>The Trust has challenged itself through preparation for a quality inspection by the Care Quality Commission in December 2017. This preparation led to the development of a number of safeguarding products across the Trust and included screen savers and a Youtube safeguarding presentation. The Trust developed a Safeguarding Operational Group to support the Trust Safeguarding Committee and commissioned a Trust-wide Safeguarding Hub to support the Acute Division as a new service.</p> <p>The Trust also embarked on a major project with our two main borough partners to use LAS (London Borough of Islington) and Mosaic (London Borough of Camden) as the primary electronic record platforms for the documentation of all safeguarding adult activity across Camden and Islington. The Trust anticipates that these infrastructure developments will improve partnership working and safeguarding accountability.</p>	<p>The Trust has five key priority outcomes for 2018/19.</p> <p>Priority Outcome 1: ASSURE PRACTICE – We will make sure practice is person-centred and outcome focused.</p> <p>Priority Outcome 2: PREVENT – We will prevent abuse and neglect where possible.</p> <p>Priority Outcome 3: RESPOND – We will assure responses are timely and proportionate when abuse or neglect have occurred.</p> <p>Priority Outcome 4: LEARN – We will assure safeguarding practice is continuously improving and enhancing the quality of life of adults and children.</p> <p>Priority Outcome 5: AUDIT – We will ensure safeguarding practice is supported by sound and resilient audit.</p>

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<p>In meeting this objective the Trust has been committed to ensuring there are sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed across all service areas and levels in order to meet the priorities of the board.</p> <p>In this respect the Trust is confident that staff who perform a safeguarding adult function will receive appropriate training, support, and supervision as is necessary to enable them to deliver the priorities of the board.</p> <p>Central to this priority has been the empowerment of our service users and patients by placing their outcomes at the heart of all our safeguarding deliberations.</p>	<p>By far the largest safeguarding concerns raised by category of abuse was Domestic Violence accounting for 24% of all concerns raised. This is at variance with the national data which identifies Neglect as the primary category.</p> <p>In addition to the above, the Trust recorded a total of 31 Prevent concerns raised during 2017/18 on the Datix incident log.</p> <p>During 2017/18 the Trust has delivered an integrated safeguarding adult and safeguarding children learning programme within a Think Family approach. This approach features the function of exploitation across adult and child safeguarding and incorporates both Making Safeguarding Personal and the Awareness &amp; Response to Domestic &amp; Sexual Abuse (ARDSA) initiative. The outcome for the Trust being significant progress in keeping people safe who are experiencing or are at risk of harm from domestic abuse and violence.</p>	<p>In association with London Borough of Camden the Trust participated in a multi-agency safeguarding audit led by Adult Social Care. The publication of the Internal Audit Final Report in October 2017 identified the high priority areas of concern as well as the key areas of good practice. The recommendations of the Report have set three core outcomes to be achieved across the partnership: (i) the processes for managing safeguarding adult concerns; (ii) staff access to key ICT platforms; and (iii) quality checks to ensure compliance with the new arrangements.</p> <p>The Trust also completed the NHS North Central London (NCL) safeguarding adult assurance toolkit and took part in the associated Challenge Event in October 2017 where responses were analysed and further actions identified.</p>	<p>Our aim in the Trust is to ensure that formal safeguarding adult processes are appropriately applied where applicable and that our service users and patients are empowered to determine the outcomes they desire to prevent or minimise the continuation of abuse and neglect or the risk of it.</p>

## Central & North West London NHS Foundation Trust

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<p>CNWL has, in the last 12 months, continued its routine work to ensure the continued safety and well-being of our service users, both while they are in our care and in planning for their continued well-being when they leave our care. We have also made sure that concerns are raised in appropriate ways where safety and well-being is felt to be at risk. This has included close engagement with partner agencies in raising safeguarding concerns, reporting incidents internally where a safeguarding reporting threshold has not been met, and making sure that service user wishes are central to care provision at all times.</p> <p>This high-quality, on-going level of care standards has been supported by staff development through training, practice review and audit. Our current compliance level for Safeguarding Adults training is 95% across the Trust, for example, and we have launched new e-learning modules that will enable our staff to access appropriate training in this area in a wider variety of formats.</p>	<p>CNWL carried out a staff survey three years ago to determine how confident staff were in dealing with Safeguarding Adults issues. The results from that survey led to improvements in reporting and monitoring concerns and in identifying them appropriately.</p> <p>As a Trust, we decided to repeat the survey last year to measure the impact of the measures undertaken. The results suggested very clearly that staff reported feeling much more confident in dealing with Safeguarding Adults both as a concept and in clinical practice (98% said they understood the concept of an adult at risk and knew who to contact about safeguarding concerns, for example). This supported what we had also been told externally following CQC inspections: our performance with regard to Safeguarding Adults was good. We will, of course, continue to aim at improvements through our Safeguarding Adults team, which covers the whole Trust and which can import good practice in one area to others where this is appropriate.</p>	<p>Our Trust Safeguarding Adults annual report sets out our key priorities for 2018/19. One of the major challenges identified has been to promote a higher awareness of the Mental Capacity Act in our clinical teams, and a better conception of how existing practice either already meets those requirements or can be adapted to do so. This follows on from the staff survey referred to previously which has evidenced how a close focus on a topic can lead to improved work in that area. To support better recording of Mental Capacity we have, for example, developed a recording template which will be easily accessible on service user care records and provide prompts for staff wanting to evidence their interactions with service users. This will be of particular impact when decisions are challenged by others or may be contradictory to previous assessments, as in a recent case where staff supported a service user's unwise decisions about her property following a robust and well-documented mental capacity assessment.</p>	<ol style="list-style-type: none"> <li>1. We intend to build on our strong Safeguarding Adults foundations to develop staff understanding of self-neglect and modern slavery as safeguarding concepts.</li> <li>2. We will take steps to develop our staff perceptions of domestic abuse in line with the Care Act (domestic violence had already been a CNWL Safeguarding category for both child and adult safeguarding) so that safeguarding concerns that might already indicate abuse will also show if the context of that abuse might suggest domestic abuse too.</li> <li>3. We aim to further embed the Mental Capacity Act in staff awareness and ability to assess, as well as promoting better record keeping to support and further evidence good practice.</li> </ol>

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<p>A priority last year for the NHS in general was rolling out Prevent training, both at a basic awareness level and at a higher level of HealthWRAP. A target of 85% compliance was set for NHS Trusts and CNWL was able to report 84.4% compliance in April 2018 - the highest level reported by an NHS Trust in London.</p>	<p>An area identified for improvement last year was in reporting Deprivation of Liberty Safeguards (DoLS) concerns from our in-patient wards to ensure that the correct basis for both identifying and supporting service users without the mental capacity to make relevant decisions for themselves was identified and undertaken. The new template that was developed by the Safeguarding Adults team has now been in use for a year and has significantly improved practice in this area by providing an agreed format for identifying DoLS issues and for making audit much easier.</p> <p>Our Trust Safeguarding Adults annual report sets out our key priorities for 2018/19. One of the major challenges identified has been to promote a higher awareness of the Mental Capacity Act in our clinical teams, and a better conception of how existing practice either already meets those requirements or can be adapted to do so. This follows on from the staff survey referred to previously which has evidenced how a close focus on a topic can lead to improved work in that area.</p>	<p>As a further support for our planned development in Mental Capacity practice, we are ensuring that MCA training becomes formally registered as essential to role for certain staff groups, which will enable us to more closely monitor compliance levels in this important subject.</p> <p>We also intend to further improve on-going good practice in managing pressure ulcers with techniques developed in other parts of CNWL. These have had an acknowledged impact elsewhere and we are keen to develop them in our community services in Camden as well as on our in-patient wards.</p>	

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## Commissioning – London Borough of Camden

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p><b>Establishment Concerns Process</b> In collaboration with colleagues from Camden CCG, Commissioning and ASC, the Camden ECP has undergone a review with a revised version submitted to the SAPB for approval.</p> <p>In 2017/18 the Council initiated the ECP on one occasion. The Service placed under ECP was a nursing home provider and the process was in place for over 3 months. The areas of concern identified within the ECP were addressed by the provider with support from stakeholders and a quality improvement plan was produced by the service which detailed how they would ensure long-term sustainability of improvements and provided assurance that residents were safe.</p> <p>Commissioning services continue to lead on the development of improving quality standards across the commissioned services, with a focus on working with providers to obtain workable service improvements and sustainability of quality.</p>	<p>Subsequent to appropriate quality alerts and safeguarding concerns we make sure that providers undertake a “lessons learned” approach to improve quality and reduce the risk that a quality alert / safeguarding will occur again. This ensures that our providers improve practice at every opportunity. The difference can be seen in the checks we make to ensure that our providers recruit sufficient numbers of suitable staff to support people to stay safe and meet their needs. In addition, we work very closely with partners from the voluntary sector and Camden Clinical Commissioning Group’s quality and safety team utilising their clinical expertise to improve health related safeguarding of adults while promoting welfare.</p>	<p>To challenge others to improve safeguarding arrangements our team now conducts safeguarding site visits with the safeguarding lead from ASC. At these visits, we scrutinise our providers’ safeguarding files and practice issuing an improvement plan where there is room for improvement. Furthermore, we invited our providers to ensure that their practice is in line with our Supporting people, connecting communities strategic plan where ‘safeguarding’ is prominent. We have challenged ourselves to improve contract monitoring practice through initiating a review project revising the way we monitor all Adults’ services contracts. In addition, we set up a quality assurance mailbox to ensure that we are sighted on safeguarding concerns relating to our providers and challenge them to improve practice respectively.</p>	<p>Our top three priorities are:</p> <ol style="list-style-type: none"> <li>1. Measuring outcomes and what is important to our service users and monitoring our services to ensure these outcomes are delivered</li> <li>2. Ensuring value for money from all our contracts</li> <li>3. Aligning our practice to the Strengths Based Approach</li> </ol>

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<p><b>Provider Concerns Meetings</b> Commissioning have contributed to and attended monthly provider concerns meetings hosted by ASC, focussing on all commissioned services across homecare, extra care, reablement, nursing and residential and out of Borough services where there have been concerns. This has contributed to greater understanding of services and information sharing across the Council and CCG, allowing issues to be addressed quickly to prevent escalation within services.</p> <p><b>CQC Information Sharing</b> Commissioning continue to work closely with CQC inspectors in Camden and there are regular meetings with the lead inspector for the Borough held across the year.</p>			

## Community Safety & Emergency Management Service – London Borough of Camden

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>The London Borough of Camden Community Safety &amp; Emergency Management Service (CSEM Service) went through a review in 2016/17. The service is now designed to deliver interventions that make people safer when they face a high risk of harm.</p> <p>We know that people who need support around community safety, crime and antisocial behaviour experience different levels of risk. Many face a significant risk of harm. Two women are murdered each week in the UK in domestic homicide incidents, and the life expectancy for a person sleeping rough is in their 40s. We also need to be prepared for emergency incidents. As such, we have increased our investment in services to support victims of domestic violence and abuse.</p>	<p>We increased our investment in street population services in the last Q of 17/18 supported additional Council funding to set up innovative hotspot teams to work with our most entrenched rough sleepers involved in high risk behaviour.</p> <p>At the same time the interventions used by the new service will be delivered and reviewed so they will make the most impact for the wider community, especially in terms of encouraging and supporting those people experiencing problems to report them if they are not already doing so.</p> <p>The CSEM Service also drives forward work in relation to strategic priorities around hate crime and extremism. We work to safeguard adults from being drawn in to extremism or at risk of radicalisation by supporting the work of the Prevent programme, and also deliver a multi-agency Channel Panel.</p>	<p>We continue to offer innovative and effective support for victims of domestic violence and abuse and learning from this work are developing effective safety interventions in other work areas related to adult safeguarding. The CSEM Service were actively involved in the organization of the annual conference “Learning from Statutory Reviews - Adults with Complex Needs” in November 2017. The Head of Service and Risk Reduction Manager led on a workshop around “Accountability” at the conference. Domestic Abuse data is now collected as part of Quality and Performance Sub-Group.</p> <p>Partnership working is at the heart of everything we do and we would very much encourage all agencies to think about attending our monthly Community Safety Partnership afternoon.</p>	<p>The Camden Community Safety &amp; Youth Offending Partnership Board recently agreed the community safety strategic priorities for 2018/19 to be:</p> <ul style="list-style-type: none"> <li>• Youth Violence</li> <li>• Drug Related Activity</li> <li>• Antisocial Behaviour (inc Rough Sleeping and Street Activity)</li> <li>• Domestic &amp; Sexual Violence</li> <li>• No Place For Hate</li> <li>• Moped-Enabled Crime</li> </ul> <p>Child Sexual Exploitation is to be covered by the Camden Safeguarding Children Board and Night Time Economy has moved from being a stand-alone priority to be incorporated within the above priority areas where relevant.</p> <p>Camden CSEM Service actively works to meet the above strategic priorities and links up with the safeguarding boards across Camden.</p>

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	<p>The Service also undertakes work around tackling hate crime and providing support to victims of antisocial behaviour. We work with Adult Social Care to ensure that those victims and perpetrators of hate crime receive the joined up support they require. The Service is active in the community, including with faith organisations, by communicating the methods available to report hate crime. We use third party monitoring sites across the borough to monitor community tensions, and hold surgeries across the borough for residents and our community to speak to us about their concerns.</p>	<p>This meeting helps us to work together to meet the challenges around a number of priority areas. Partnership working is also integral to reducing the level of drug dealing in the borough which we know to be harmful to the most vulnerable in our community, and when our emergency management service responds to incidents with our partners, we ensure that those that are vulnerable receive the extra assistance and protection they require.</p>	

## Hopscotch Asian Women's Centre

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>Hopscotch have reviewed their way of working since having a CQC inspection we have reviewed how we manage clients, with a review of all files including care plans and risk assessments.</p> <p>Our DBS and monitoring systems have also been reviewed, hopscotch have also be liaising with local teams with in Camden as we are part of a new contract for hopscotch.</p> <p>The registered manager has also attended board meetings at the beginning of the year to support with actions of board.</p>	<p>Since a major safeguarding investigation from Camden regarding a client we have since reviewed how we manage our clients and carers the Registered manager and director have both reviewed and changed polices around missed visits, no entry as well as the on call police to match with not only safeguarding measures but also the company's duty of care to clients.</p> <p>Hopscotch are also looking into ECM system to ensure tracking of visits can be monitored and assessed. We want to ensure all out clients are receiving a visit and to a good standard of quality.</p> <p>We have hired a quality and compliance manager to ensure any safeguarding matters past or present are being reviewed, that post is new and there to support in improving our standards and files.</p> <p>Our on-call procedure has also changed, we have outsourced on call to support the clients in a more effective way and to relieve the pressures of office staff.</p>	<p>Hopscotch have defiantly been challenged and in return challenged the way the organisation now manages safeguarding cases. Having a safeguarding lead and clear process has been a challenge to update and improve.</p> <p>As the registered manager it is my duty to ensure we have keeping all of our clients safe, if there are any concerns the protocol would be follow the safeguarding policy and to report and form of abuse and or any other safeguarding matters.</p> <p>We have also change our HR company to which we are clearer in the procedures we need to follow.</p>	<p>Hopscotch's main priorities are</p> <ol style="list-style-type: none"> <li>1. Having relevant polices and training for safeguarding</li> <li>2. Ensuring Spot checks and ECM systems are being reviewed</li> <li>3. Client, Carer feedback forms review</li> </ol>

## London Community Rehabilitation Company

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>Our focus in 2017/18 in relation to safeguarding has been twofold: first to strengthen our visibility across the partnership and secondly to ensure staff are skilled in the recognition of and responsiveness to, any safeguarding concerns. In respect to strengthening our visibility and partnership working, five Contracts and Partnerships Manager posts have been created and sit within specific London CRC (LCRC) areas with this as their strategic focus. They are tasked with attendance at Safeguarding Adult Boards and engagement with Safeguarding Adult Reviews, along with building relationships with our key stakeholders. The North post covering Camden is joining us later than others and will commence in role in August 18.</p> <p>LCRC have also developed a new case recording and assessment tool, REACTA that specifically focuses on risks posed by the Service User to any identified children or vulnerable adults.</p>	<p>It is our intention that with the imposition of a new case recording and assessment approach, REACTA, all our Offender Managers will be able to provide a thorough and thoughtful analysis of the risks presented to any vulnerable adults in contact with Service Users and for robust actions to be implemented in order to safeguard them or the Service User themselves. With this, the envisaged impact will be a reduction in unnecessary checks causing local authorities undue strain as well as an uplift in quality referrals and multi-agency working.</p> <p>The effectiveness of this approach will be measured over the next 12 months.</p>	<p>Strategic oversight and accountability is provided through our LCRC Safeguarding Board. The Board has driven our work to train key staff groups, with 87.5% of Communities CRC staff in the North REACT trained by the end of May. A new suite of performance measures have been developed which allow the organisation to track progress, challenge and hold itself to account. These are reviewed by the LCRC Safeguarding Board and are now included within operational accountability and supervision sessions with managers and practitioners.</p>	<p>London CRC are committed to strengthening our operations and strategy around vulnerable adults, given the large proportion of our Service User population who meet the criteria for 'Adults at Risk'.</p> <p>Our future work is focussed on developing a framework for our safeguarding practices which remains responsive to each London borough's SAB priorities and the changing needs of our Service User population.</p> <p>We will also continue to embed our new REACTA approach to ensure the safety and well-being of both our Service Users and any vulnerable adults that they may come into contact with.</p> <p>Further to this, we will look to strengthen our partnership work through on-going engagement with the Safeguarding Adults boards across London via our Contracts and Partnerships Managers.</p>

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<p>London wide training has been delivered to our operational staff in the use of REACTA to increase our organisational responsiveness to the needs of vulnerable adults through thorough assessment, timely actions and managerial oversight.</p> <p>LCRC have an internal Safeguarding Board that is chaired by our Chief Executive and has representation from our strategic and operational heads. The Boards' remit is to monitor quality and performance within our operational team and to have oversight to our wider safeguarding action plans which incorporate learning from Safeguarding Adult Reviews and borough based priorities.</p>			<p>More broadly London CRC will continue to strengthen our management of Service Users in the community through increased managerial support, increased partnership working and the development of evidence based interventions reflective of our Service User's needs.</p>



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<p>More broadly London CRC will continue to strengthen our management of Service Users in the community through increased managerial support, increased partnership working and the development of evidence based interventions reflective of our Service User's needs.</p>			

## Housing Department – London Borough of Camden

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>Through 2017-18 we continued to draw on the learning from our landlord services review in our ambition to become a more person focussed landlord with greater understanding of our residents and the issues they face. This transformational project is exploring practical improvements that enable to staff to respond earlier and prevent problems from emerging or escalating.</p> <p>Initiatives include:</p> <ul style="list-style-type: none"> <li>* A new division and a new role in our housing management service dedicated to resident safety with particular focus on fire safety. We also have a new resident safety panel chaired by a resident of the Chalcots estate.</li> <li>*Our work on resident safety includes particular focus on how we work with residents who are at higher risk (perhaps because of self-neglect or hoarding issues). In partnership with the LFB we have fitted eight personal protection misting system to help protect those at highest risk with more to follow.</li> </ul>	<p>Housing services contribute to safeguarding adults in multiple ways from cleaners and caretaking staff who act as the Council's "eyes and ears" on estates, to repairs staff who make homes safe, housing officers who tackle anti-social behaviour and support workers who work with the most vulnerable.</p> <p>Staff in housing roles are well placed to identify safeguarding issues. Rent officers and staff who provide money advice for example may be the first to identify financial abuse. Housing Options staff may be the first advisors to speak to someone fleeing domestic violence when they receive an enquiry about rehousing. As a result the Council ensures all housing staff receive mandatory safeguarding training.</p>	<p>2017-18 was a year of robust self-analysis through key service reviews including, in particular, our landlord services review This was informed by safeguarding adult reviews and our involvement in a domestic homicide review last year which prompted us to challenge ourselves about whether we were always a service someone would think to contact if they needed help.</p> <p>Resident participation and feedback is central to housing services and is supported by our tenant participation team.</p>	<p>The expansion of our landlord services review redesign to include more area teams</p> <p>Rising to the challenge of Universal Credit, promoting financial inclusion and resilience and raising awareness to help prevent financial exploitation.</p> <p>A continued focus on resident safety especially fire safety.</p>

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<p>We have also secured funding this year for a psychologist to join front-line housing staff for two years to support staff to work with residents with mental health needs. We will use this opportunity to develop a new approach to working with those with the most complex needs.</p> <p>Other new roles include extra debt and welfare benefits advisors to respond to high demand from residents for support with money pressures. We know these can leave residents vulnerable to exploitation by doorstep lenders and other high interest loans and we are increasing the support we offer as part of our response to the roll out of Universal Credit to Camden.</p>			

## London Fire Brigade – Camden

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>Home fire safety visits (HFSV's) in Camden are targeted at those we consider the most vulnerable. In 2016/17 we carried out a total of 2436 HFSV's. 87% (2119) of these were carried out in high priority locations or people at risk due to their vulnerability. In total we have installed 3150 smoke detection units.</p> <p>We have also fitted 195 specialist alarms for those hard of hearing with strobe and vibrating pads.</p> <p>14.1 % of our time was spent on carrying out community safety activities. We have close links with many community and voluntary groups to promote increased fire prevention knowledge and understanding in the borough.</p>	<p>We are a key member of the High Risk Panel, offering recommendations and working closely with partners to reduce fire risk to our most vulnerable residents, helping people to stay safe.</p> <p>The LFB's Community Safety Investment fund provided £30,000 to Camden. This has result in direct interventions in the highest risk cases of fire by provision of personal suppression systems which activate to extinguish fires in the home.</p> <p>Camden gained money from the LFB to install a sprinkler system in a high rise block that contains sheltered housing. The detailed planning work for this has now happened and installation should take place in 2018/19.</p>	<p>The LFB are a non- statutory member of Safeguarding Adults Boards and we also attend a variety of Partnership sub-groups attached to the Board.</p> <p>All staff in Camden have received training in safeguarding best practice and the LFB is rolling out CBT packages that will be part of our mandatory training to be completed each year.</p>	<ol style="list-style-type: none"> <li>1) All LFB staff to become dementia champions and for LFB stations in Camden to become Dementia Safe Havens.</li> <li>2) To work to ensure that the HRP panel addresses hoarding behaviour efficiently.</li> <li>3) To further target our community safety interventions to those who are most vulnerable.</li> </ol>

**Metropolitan Police (Camden)**

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>As a continuation of the remodelling work we commenced on Camden Borough in April 2017, we have now moved to Omni-competence for all investigative officers on the Safeguarding Strand. We are in the process of training and upskilling all officers so that they are able to investigate all crime types within the safeguarding arena, realising our ambition that it is everyone's responsibility to safeguard adults.</p> <p>We have appointed an ANVA (Abuse &amp; Neglect of Vulnerable Adults) lead to ensure that training and best practice is disseminated across the command to all officers so that we continue to make safeguarding personal.</p> <p>Central North Partnership &amp; Prevention Hub (Vulnerable People &amp; Places Strand) have been working closely with Trading Standards from Camden Local Authority to identify elderly and vulnerable residents who have been historic victims of distraction burglaries and scam mail.</p>	<p>We have recruited an additional Detective Chief Inspector to oversee the Safeguarding Hub and partnership activity surrounding vulnerable adults. This has meant that we have been able to appoint a co-chair to assist in the management and oversight of the Camden Serious Adult Review (SAR) Panel and that there is enhanced supervision of the daily workings of the Camden MASH (Multi-Agency Safeguarding Hub).</p> <p>Regular multi-agency strategy meetings in the MASH ensures that we have oversight and consistency in respect of vulnerable adult cases so that we provide the best possible support adult victims of crime.</p> <p>As best practice, we have recently introduced the Domestic Abuse Violence Pod, which is a team of dedicated officers working closely with the co-located Camden IDVAs at Holborn Police Station, to be the conduit between the support services and the investigation teams to ensure that we are providing the best possible support to all victims of domestic abuse. The pod leads on the area of obtaining civil orders, quality assurance of investigation and risk management for all domestic abuse investigations.</p>	<p>The MARAC/Community MARAC process continues to be chaired by police officers at Inspector level to ensure the necessary oversight of the referral system and that problem solving is applied on a multi-agency level.</p> <p>We continue to actively contribute to the SAR process so that we maximise every opportunity to learn and develop best practice in adult safeguarding.</p> <p>In July 2018, we conducted an internal assessment of our current quality assurance processes on Camden Borough for investigating and overseeing the abuse and neglect of vulnerable adults. We identified some key areas where we could introduce more training and provide better support to investigators, which we are actively pursuing.</p> <p>We have recently introduced a MASH peer review system whereby each borough MASH provides feedback on performance and effectiveness in dealing with, and responding to, adult safeguarding.</p>	<ol style="list-style-type: none"> <li>1. Refreshed training to all BCU officers on Camden around adult safeguarding in terms of the MASH and MARAC processes and to investigators around the abuse and neglect of vulnerable adults in care settings, specifically care homes/ their own home.</li> <li>2. Increased awareness raising with officers and more activity in the community around recognising the signs of modern slavery, particularly raising awareness of the use of vulnerable adult homes for "cuckooing" in respect of County Lines.</li> <li>3. Now that the CAIT (Child Abuse Investigation Team) Referrals Desk is embedded in the Camden MASH, there is a drive to fully replicate this long standing and efficient system to make adult strategy discussions as effective as child strategy discussions, thereby making safeguarding personal in respect of police investigations and support provided to vulnerable adult victims.</li> </ol>



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<p>Since this initiative started, local ward officers have visited in excess of 40 victims to ensure that target hardening/ crime prevention advice is provided but also that a vulnerability check is completed with regards to them receiving appropriate support and adequate provision of care.</p> <p>In July 2018, the Safeguarding Strand implemented additional training on domestic abuse for all officers to educate them on the use of civil orders, available support agencies and the MARAC referral process in such investigations.</p>	<p>In October 2017, a modern slavery awareness campaign was run at both Kings Cross and Euston Train Stations, in conjunction with partners, to educate local businesses, staff working at transport hubs and commuters around how to recognise &amp; respond to the signs of modern slavery.</p>	<p>In light of hate crime being underreported, we have set up a quarterly Camden Hate Crime Scrutiny Panel with partners to analyse investigations from a multi-agency perspective in order to better understand how we can improve victim confidence to report and achieve positive outcomes for victims.</p>	

## Royal Free Hospital NHS Foundation Trust

What has your organisation done in 2017/18 to achieve the priorities of the board	What difference has your organisation made to improve the Safeguarding of adults and in promoting their welfare?	How has your organisation challenged itself and others to improve safeguarding arrangements?	What are your top 3 priorities for 2018/19
<p>In 2017 / 2018 the Royal Free London NHS Foundation Trust has committed to safeguarding and understands that to safeguard effectively we must work collaboratively with partner agencies and professionals.</p> <p>We have a full establishment of staff. The training figures are consistently in the 80% range for delivering MCA/DoLS and Safeguarding adults awareness, we have also worked diligently to raise awareness of PREVENT, with 10,200 staff trained in basic awareness.</p> <p>The rate of referrals to our acute Learning Disability (LD) liaison nurse has increased over the last year There were 258 referrals at the Royal Free hospital which is a 12% increase. Approximately half of the referrals are from within the trust, a quarter are from the local community learning disability teams and the others come from G.P's, family and carers or self- referrals.</p>	<p>In the past year we have completed and implemented a new Safeguarding Policy. (Integrated Adult and Children) and a new Safeguarding Supervision Policy</p> <p>We have adopted a 'think family' approach to all our actions and policies and it is evident in a new three year work plan. Members of the safeguarding team are involved in a pilot project to improve the awareness and identification of early help and intervention to families and individuals in need. The pilot has been accepted as a project for quality improvement training provided by IHI and supported by the Trust. Using this opportunity the project group is supporting the development of early help and intervention across the Trust.</p> <p>We have commissioned a perinatal service for adults with moderate to severe mental health illness, safeguarding concerns have been picked up from this ensuring early intervention.</p>	<p>The safeguarding strategy and associated work plan (2018 -2021) has been developed. The aim of the strategy is to ensure there is a shared vision that safeguarding all our patients is everyone's business; that we foster a think family approach, that we listen to what matters to our patients and that safeguarding is central to core business across the trust. The full safeguarding team came together in November to develop the five key strategic aims. We have a three year strategy that informs our three year work plan. The progress of this work plan is monitored by the Integrated Safeguarding Committee (ISC). The ISC reports internally via the trust governance structure and produces an annual report for the Clinical standards and Innovations committee and the full Trust board.</p>	<ol style="list-style-type: none"> <li>1. To develop a work stream to progress the principle of Making Safeguarding Personal.</li> <li>2. Deliver the PREVENT agenda across the Trust by raising awareness and training appropriate staff to recognise and report concerns.</li> <li>3. Develop and deliver level 3 safeguarding adult training. To prepare for the Intercollegiate Guidance for Adult Safeguarding the safeguarding team has been preparing for the inclusion of adult safeguarding level 3 training to our mandatory training programme. Training will follow a modular model and will strongly focus on MCA/ DoLS but also include seminars on domestic abuse, trafficking/ modern slavery, substance misuse, homelessness, and other vulnerability factors.</li> </ol> <p>Where possible the children safeguarding and adult safeguarding level 3 training will be combined and delivered together in a session promoting a think family approach.</p>

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<p>In addition, there has been a 34.5% increase in the number of people with a learning disability flagged on the patient administration system. Our LD Nurse worked with an Ophthalmology Consultant to set up a Ophthalmology clinic to be held monthly with longer appointments, a relaxed atmosphere showing fantastic reasonable adjustments for the Trust. The nurse also reviews all deaths of patients with a LD as part of the national LeDeR initiative. Currently she is working on developing hospital champions.</p>	<p>Safeguarding referral rates are stable 905 cases were referred to the adult safeguarding team, 401 alerts at the Royal Free Hospital.</p> <p>There were 323 applications for Deprivation of Liberty</p> <p>We have refined our Safeguarding Alert reporting and screening in this past year and we are working with the local authorities to ensure that our processes are aligned. We have reduced the administrative burden for staff raising concerns and improved our information sharing with the relevant local authority teams, particularly relating to pressure ulcers where we are broadly following the new DOH Safeguarding Adults Protocol, Pressure Ulcers and the interface with a Safeguarding Enquiry which was ratified in January.</p>	<p>A member of the safeguarding team sits on the weekly serious incident review panel. The lead for safeguarding adults along with the head of safeguarding completed the Safeguarding Adult Assessment Framework (SAAF) and attended the challenge event. Out of 33 elements there was 1 area where improvement was required and the area identified for improvement was PREVENT training which we have improved but will continue to be the focus for the Trust.</p> <p>We supported the Camden Safeguarding conference and responded to the SAR, where significant learning for the Trust has happened.</p> <p>This year we undertook a review of our domestic abuse programme focusing on how we benchmark ourselves against national good practice. The trust meets 10 of the 12 recommendations relevant to an acute trust in the NICE guidance on Domestic violence and abuse. The referral data from the last 3 years has demonstrated excellent uptake and a need for its continued support in the Trust.</p>	

## Tavistock &amp; Portman Hospital NHS Foundation Trust

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<p>The Trust's Safeguarding Adults Lead post was expanded to support this area of work.</p> <p>There was a focus on ensuring all Trust staff complete Level 1 Adult Safeguarding</p> <p>HR set out to improve the Trusts' Training recording system to enable a more reliable reporting of training compliance by staff.</p> <p>The Trust's Safeguarding Adults Policy and Procedure was reviewed to ensure this was Care Act compliant.</p> <p>Lessons from Safeguarding Adults Reviews were delivered at the Trust's Learning Event.</p>	<p>All staff have been informed of their duties to respond to adult safeguarding concerns and as such, there has been increased awareness in this area (Trust wide survey has confirmed this).</p> <p>The Safeguarding Team has offered a central place/service where practitioners can approach for information and advice particularly, when they encounter complex cases</p> <p>The Safeguarding Adults Concern form on Care-Notes was updated to ensure practitioners could record safeguarding concerns and therefore safeguarding activity can now be tracked across the Trust. This includes numbers of Safeguarding Supervisions taking place.</p>	<p>There are monthly Safeguarding Meetings with the Safeguarding Team where key issues and areas of development are discussed and actioned.</p> <p>There is a quarterly Safeguarding Adults and Children Committee which works to improve safeguarding arrangements across the Trust.</p>	<p>To develop a training programme that is in line with the new competencies outlined in the NHS Intercollegiate Document and achieve an 80% adult safeguarding training compliance.</p> <p>To establish a consistent approach to recording practices to enable the Trust to effectively report on adult safeguarding activity.</p> <p>To strengthen the links with the Camden Safeguarding Adults Board and its sub-groups.</p>

## University College London NHS Foundation Trust

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<p>1. UCLH Safeguarding Adults &amp; MCA training compliance: LI 1: 97%, L 2: 67%, L 3:85% Prevent BPAT : 97%</p> <p>2. Safeguarding concerns : 586, +5%</p> <p>3. Top 3 concerns raised: Neglect - 32% Domestic Violence: 26% Self Neglect : 16%</p> <p>4. Learning Disabilities: trained 4 reviewers for LeDER project Completed LeDER Review : 1 Co reviewed: 1 Recruitment of a LD Health Support Specialist : a new role to work as a play therapist for adults with LD; it's a first identified role in the country.</p>	<p>1. The increase in staff training &amp; awareness has resulted in the increase of referrals for DV, neglect &amp; people who self-neglect</p> <p>2. The role of the hospital based IDSVAs has seen 30% referrals to MARAC which includes safety planning &amp; one prosecution</p> <p>3. Lessons learnt from SAR's has resulted in an increase in DoLS application at the Care of the Elderly wards. The MDT team have a better understanding on the MCA &amp; Best Interests principles</p> <p>4. A World Elder Awareness Day held at UCLH (June 2017) with Camden Trading Standards helped to raise awareness for financial scamming. This empowered people to request for safety block phone.</p> <p>5. Introduction of the LD HSS role will help to support &amp; enhance the experience for people with LD who come to hospital</p>	<p>1. The safeguarding team conducted 2 audits which 70% of staff have admitted they continue to lack confidence in applying DoLS in practice. This has generated several actions:</p> <p>a) the Queen Square Division approved the funding for a 6 month secondment of a Band 7 Safeguarding Nurse to support their staff, starting August 20th</p> <p>b)The medical team have begun to invite the safeguarding teams to deliver bespoke training during their monthly Clinical Governance Days &amp; the weekly Mortality &amp; Mobility Meetings</p> <p>2) The low compliance of Level 3 MCA training for senior staff had improved from 85% to 92% for the end of June as a result of reminders by their line managers</p> <p>3) The Safeguarding team issued several incident reports when poor practice and poor application of the MCA &amp; best interest were not appropriately followed. This has resulted in positive actions being taken to mitigate the risks identified</p>	<p>1. Making Safeguarding Personal is part of the UCLH Safeguarding Strategy for 2019/20</p> <p>2. Ensure that lessons learnt from SAR's and DHR's are embedded in practice</p> <p>3. The safeguarding adult service will continue to audit practice regularly to ensure effective quality assurance. It is awaiting an external audit which is due. It will re-audit in Q3 using a smaller more focused sampling in high risk areas</p>

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<p>5. Safeguarding Adults Review: Implemented sessions learnt from Camden &amp; Islington SAR's Care of the Elderly (CoE) team has developed a pilot during handover to identify patients who may require MCA &amp; DoLS consideration The CoE team leads a junior doctors audit to seek improvement in the better application of MCA to practice</p> <p>6. Hospital based Domestic &amp; Sexual Violence Advisor (IDSV): The presence of the IDSV has increased staff awareness through training &amp; their visibility, resulting in the increase in referrals There was an increase by 57% since DV was introduced in the Care Act 2014 Referral to MARAC &amp; support: 30%</p> <p>7. UCLH has led in a Bill presented to Parliament in July to reform the MCA &amp; DoLS, by presenting to the Joint Committee for Human Rights in May</p> <p>8. Developed an app for junior doctors as an aide memoire for basic guidance on safeguarding, the MCA &amp; DoLS</p>	<p>6. The Annual Conferences &amp; Masterclass helped to increase the knowledge &amp; skills of (260) professionals for the 2 countries to enable them to be equipped with current case laws &amp; legislations. This ensures patients and people's rights are protected &amp; supported when they lose capacity to make decisions.</p> <p>7. The involvement &amp; leadership of UCLH at the forefront of the Bill to Parliament to reform the MCA &amp; DoLS supports the advocacy of people under the DoLS process who are being delayed due to a lack of resources &amp; capacity of LA's to cope with the numbers since the 2014 Supreme Court ruling.</p> <p>8. The engagement of the medical team to develop &amp; own their strategies to address the recommendations of the SAR's leads the way to promoting best practice &amp; seek better outcomes for patients. The audit is one good example.</p> <p>9. The app for junior doctors acts as a useful 24/7 resource for rotating staff to seek guidance &amp; advice especially during out of hours.</p>	<p>4) Three members of safeguarding team are qualified BIA's. This provides them with additional knowledge, competence &amp; confidence to challenge practice both at trust level and at a London wide and national level. An example is the conversion of Section 42 by some LA's. Another example is leading on challenging discharges of complex patients where LA's have responsibilities. An application was made to the Court of Protection whereby the Judge was highly critical of the LA's. As a result, he transferred the responsibility &amp; costs of the application from UCLH to the LA's.</p>	

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<p>9. UCLH is a member of the National Mental Capacity Leadership Forum, a joint Department of Health &amp; Ministry of Justice initiative. The forum has raised the MCA agenda in national campaigns like Financial Services, Royal Colleges, OPG</p> <p>10. UCLH has successfully acquired funding (2nd year) from NHS E to deliver its Annual MCA Conference &amp; a Legal MCA Masterclass</p>			



## London Ambulance Service NHS Trust

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2017-18 has been another busy year for the London Ambulance Service NHS Trust. We have seen an increase in incidents and an increase in safeguarding Concerns raised by our staff. Safeguarding continues to be a priority for the Trust and we have this year recruited a full time administrator to assist with the increased workload.

During the year we have introduced two new policies Safeguarding supervision and Chaperone policy. We continue to provide annual safeguarding training to clinical staff which this year was delivered via e learning and reflected learning from Safeguarding Adult Reviews, Serious Case Reviews or audits undertaken.

The Trust has undertaken a number of quality audits throughout the year these include

- Auditing knowledge and retention of staff learning
- Quality of concerns/referrals raised
- Quality of training delivery
- Modern slavery referrals
- Child sexual abuse and child sexual exploitation
- Adult sexual abuse
- Child female genital mutilation

The full London Ambulance Service safeguarding governance and assurance can be found in our annual report for 2017/18 which will be published on our website when agreed.

## Find out more

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If you live in Camden and would like to become involved in the work For more information, please contact us:

Phone: **020 7974 4444**

Email: **camdenSAPB@camden.gov.uk**

The annual report is available to the public on the board's website [www.camden.gov.uk/asg](http://www.camden.gov.uk/asg)