Adult Social Services Review Panel
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Agenda item 6

Croydon Safeguarding Adults Board

Annual Safeguarding Report 2014 - 2015

CSAB

Croydon Multi-Agency
SAFEGUARDING
ADULTS BOARD

Overall assurance statement and partner agency reports

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Foreword

As independent chair of the Board I am pleased to introduce the 2014/15 Safeguarding Adults Annual Report on behalf of the Croydon Safeguarding Adults Board. It sets out local response to this complex and fast developing agenda. It provides an overview of progress against priorities set out in our business plan (2013/2015) as well as priorities over the coming two years.

Board partners have continued to face major challenges in respect of substantial resource reductions and organisational restructure leading to role changes and increased individual responsibilities. Despite this the report evidences a great deal of achievement and an ongoing and significant commitment to continuous improvement in safeguarding adults. In this context the Board has a commitment from organisations in the statutory sector to contribute to a partnership budget to support developments in safeguarding adults from April 2015.

Safeguarding adults is a complex and ever changing agenda and in the context of current legislative change I have included below some definition as to Board purpose and responsibilities and highlighted aspects of the Board's preparation for Care Act implementation.

The Safeguarding Adults Board (SAB) does not deliver operational services nor does it have sole responsibility for safeguarding adults in Croydon. Its role, as set out in the Care and Support Statutory Guidance (2014), is one of seeking assurance of the effectiveness of local safeguarding arrangements. These arrangements are led and developed by organisations across the partnership (providers providing quality care and support; commissioners assuring themselves of safe and effective services; CQC ensuring compliance with regulatory standards; Police preventing and detecting crime). The statutory guidance reminds us that safeguarding is not a substitute for these. The SAB is an important source of advice, supporting partners to improve their safeguarding mechanisms. There are clear overlaps with other key partnerships and the SAB is taking steps to further develop these so that there is mutual support on key agendas.

"The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services…. It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services". (Care and Support Statutory Guidance, issued under the Care Act, 2014).

The Board has been putting measures in place to support implementation of the Care and Support Statutory Guidance, issued under the Care Act 2014.

For the first time (from 1st April 2015) safeguarding adults' boards are placed on a statutory footing. A significant development has been the establishment of a

Leadership Executive to facilitate shared leadership and accountability across statutory partners (as defined in the Care Act) to the Board. Quarterly meetings have been established where I meet with Croydon Council's Chief Executive, Executive Director of People, the Adult's Lead Member and the Leader of the Council. I meet regularly with chairs of sub groups to support the Board in keeping on track with realising business plan objectives. Terms of Reference and the Strategy of the Board have been revised to reflect expectations of the Care Act.

Most importantly we will continue to ensure that the core principles set out in the Act in respect of safeguarding adults remain central to the way in which we work. Those principles are reflected in the Statutory Guidance within its definition of what safeguarding is and why it matters.

The guidance underlines that *"People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being".* This is at the heart of the central theme in the Care Act of *Making Safeguarding Personal.* Croydon has engaged in all available opportunities nationally over the past two years to develop this approach and this report sets out tangible and effective ways in which this is being progressed. The Head of Professional Standards for the Council's People Department-Adult Care Services has provided valuable and significant leadership and motivation in this fundamental shift.

This report provides evidence of a great deal of hard work and significant progress on the objectives the Board set itself for the two year period from 2013. The detail of these wide ranging achievements is set out in the body of the report. A number of the Board's key achievements during the year demonstrate clear and increasing commitment to collaboration and cooperation across organisations. For example work in the area of pressure ulcers; response to the issue of fire risk for particular groups of individuals; commitment to sharing information and intelligence to identify risk in service provision. The work of both the Croydon CCG and Croydon Council in identifying opportunities to secure external resources to develop the whole partnership's work in the context of the Mental Capacity Act (MCA) is positive in this context and will have significant longer term benefits for practice.

The report highlights at the end of the commentary on each objective those objectives which are necessarily longer term in nature and these are carried forward to the strategic plan for 2015/17. Challenges requiring the Board's continued attention are also clearly highlighted at these points in the report and I highlight here those challenges which I see as most significant.

The Board has demonstrated its willingness to learn, to develop and to understand its strengths and weaknesses (safeguarding self-audit and challenge event; entering in to a peer audit in respect of the MCA; willingness to learn lessons/to review where things have gone wrong). However in this context the report highlights the need for development of a more robust approach to seeking assurance of the effectiveness of safeguarding adults. A number of issues arising from the data are highlighted in the

executive summary and indicate areas where further analysis and information are required to enhance our understanding and to allow us to target any necessary actions accordingly. Putting in place an assurance framework which will allow us to gather and join up a range of information will enable us to respond to some of the questions posed by this report. The Board intends to put in place in the coming year a more robust system for gaining assurance of the effectiveness of safeguarding arrangements within and across organisations. It is intended that this will be a key part of the role of a new Board Manager (funded by the Board) alongside a new quality assurance subgroup. There are some solid foundations for such a framework already in place. These need to be developed in line with our strategy in order to give the required assurance as to:

- Are local people safe?
- Are local agencies working effectively both internally and together?
- Does the person feel safe as a result of safeguarding support?
- Are people involved and empowered in safeguarding support?

This will require the cooperation of key partners in contributing information to form an integrated scorecard which will enable a greater level of assurance. This in turn requires a level of transparency across organisations which the Board will work to enhance over the coming year. Without this transparency and willingness to share information openly the Board cannot gain the assurance it requires to fulfil its responsibilities.

The high numbers of care providers in Croydon alongside indications from the data in respect of safeguarding issues in relation to care provision make the focus on commissioning and quality of service provision a continuing priority. Significant improvements and support in this area are highlighted in the report but we need to join up the information we have so that we have a more detailed understanding of the nature of concerns being raised (for example in respect of neglect) and continue to refine processes that help us to understand where there are recurrent concerns and what those concerns are.

Some of the key issues for the Safeguarding Adults Board link to those of the Safeguarding Children Board and to the Safer Croydon Partnership. Relationships with these Boards need to be enhanced. A joint subgroup across children and adult safeguarding is to be established to this end.

The Board has made a very positive start in engaging with the Making Safeguarding Personal (MSP) imperative set out in the Care Act. There is growing evidence that engaging in conversations with people about how we can best support them is crucial if support is to be effective. The emphasis nationally has initially been on developing councils in responding to this. We must now begin to recognise the importance of this across the whole partnership. Personalised practice will be at the heart of the Board's multiagency approach and shared principles in enhancing practice in working with risk in the lives of people who need safeguarding support. Developing practice in the context of the MCA will support personalised approaches.

The Board's 2015/17 strategic plan puts MSP in the broader context of involving the wider community in safeguarding adults. It is important that we take this broader engagement work forward significantly over the next two years in order to support building resilience within communities and including a specific focus on BAME communities.

The realisation of objectives set out in the strategic plan for 2015/17 will require significant contributions from all organisations. The Leadership Executive will need to provide strong leadership in ensuring that subgroups are populated by those who are best placed to further these objectives. Subgroup reports in appendix 1 include a common theme of challenge due to poor attendance.

The detail in individual organisations' annual reports (summarised in the appendix to this report) sets out what is working well and shows practical ways in which organisations have made adults safer. These reports enable Board partners to learn from, encourage and challenge each other. They recognise too the many challenges and reflect a shared desire across partnership organisations to find effective approaches to complex and emerging issues. The Board's strategic plan for 2015/2017 is distilled from shared challenges and concerns both locally and nationally.

This annual report outlines developments which have made a significant difference to people and case studies illustrate this. However Croydon Safeguarding Adults Board is not complacent and remains committed to continuous improvement and learning.

I would like to thank all partner agencies for their support in this work.

Jane Lawson,
Independent Chair, Croydon Safeguarding Adults Board

Executive summary

The Croydon Safeguarding Adults Board report 2014-15 provides an overview of the Board's work and achievements during the last 12 months. The report is set against the backdrop of the Care Act 2014, which was implemented in April 2015 and which raises the prevention and investigation of abuse to adults with care and support needs from guidance to a statutory duty. The safeguarding partnership has been preparing for the inauguration of the Board as a statutory entity from April 2015. This confers new responsibilities on everyone across the partnership including elected Members.

The report reflects the very full Board agenda and the amount of work undertaken to prevent harm to adults, to empower and enhance well-being, to protect when harm does occur and to raise standards in the delivery of care and support.

The report addresses the objectives of the Board's strategic plan, comprises a review of key achievements and challenges, includes summaries of individual partner agency reports and sets out data on safeguarding referrals, presenting some comparisons with other local authorities.

Key areas of development during the year April 2014 - March 2015 have been:

- The ongoing consolidation of a person centred approach under Making Safeguarding Personal
- Responses to specific areas of concern to strengthen the prevention agenda, including:
    - Fire safety prevention
    - Work to reduce the incidence of pressure ulcers
    - Strengthening commissioning and quality assurance activity as a vehicle to improve the standards of care delivered by Providers
- Expanding Deprivation of Liberty Safeguards services in response to a Supreme Court ruling which has significantly changed how we support people who lack capacity to make decisions about their own care.
- Developing awareness of our strengths and weaknesses in the context of the Mental Capacity Act as a foundation for taking action to improve in this area.
- Establishing multiagency working groups to share information about individual incidences of serious harm in order to ensure lessons are learnt and changes made
- Delivering a robust multiagency learning and development programme to up-skill everyone working with adults at risk, including training for Providers of care and support
- Holding a succession of meetings with service users to begin to work out how best to ensure that they have a voice in how safeguarding services are developed

- Reaching out to BAME communities and faith groups to try to break down the barriers that lead to an underreporting of abuse
- Development of the Safeguarding Adults Board in preparation for implementation of the Care Act and the Care and Support Statutory Guidance. This included establishing a Leadership Executive to the Board in March to provide leadership, governance and performance management through statutory partners to the Board.
- Development of a pressure ulcer and safeguarding pathway.

Mental Capacity and Deprivation of Liberty Safeguards:

The Mental Capacity Act and Deprivation of Liberty safeguards are critical pieces of legislation which serve to enhance and protect the lives of people who may lack capacity to make key decisions for themselves. The legislation provides a framework to ensure that if an adult lacks capacity to make certain decisions, then anyone acting on their behalf must act in their best interest and consider their wishes and feelings. The Board has developed awareness of the challenges through a peer challenge. This will form the basis of action over the next two years to improve practice.

The peer review noted the willingness of partners to engage in this challenge.
The following questions from the review indicate areas for action:

- What are the outcomes for individuals and how are these reflected in the work of partners?
- How do you ensure there is high level strategic leadership for MCA and Deprivation of Liberty Safeguards (DoLS) and that this is proactive?
- How do you better communicate the priority of MCA and the difference that it makes with your population, staff, service providers, etc.?

The following are amongst highlighted strengths that need to be built upon and challenges that need to be addressed:
Areas of strength

- The review heard stories about people who were supported to make decisions for themselves and had their wishes taken into account when actions were being planned. There were positive examples of people who, as a result of processes in Croydon, have not been deprived of their liberty or that deprivation has been less than proposed.
- Much has been done to promote the MCA and DoLS and there was a growing awareness amongst staff across the partnership.
- The Team was impressed with the range of training provided by the Council and accessible for the whole partnership.
- The Team heard that partners believed they had good joint working in place and this view was supported by the frontline workers that the Team met.

- Well informed and respected advocacy provision
- Committed leads on the Council and in the Clinical Commissioning Group
- Good leadership at operational level

Key challenges

- More needs to be done to promote how the MCA and the DoLS can be used positively to support people, particularly those in hard to reach communities who may be traditionally mistrustful of authority.
- More needs to be done to promote and raise awareness of MCA/DoLS with practitioners across organisations and with the Public.
- The impact of learning and development needs to be embedded to ensure a consistent approach to advice, the application of thresholds and service provision. Follow up on training is necessary through supervision, team meetings, and appraisals and through Board and subgroups.
- There needs to be more robust recording and measuring of outcomes so that we can understand the impact of practice/interventions and the difference it makes in people's lives.
- There is a need to address under use of advocacy in this context
- Need for strong strategic leadership across organisations at the most senior levels

Much work in this context is already in progress including:
The CCG has appointed a project facilitator and is leading valuable work to develop greater understanding of the MCA/ DoLS and to standardise implementation.

An influential Supreme Court ruling in March 2014 has led to an unprecedented increase in the numbers of people being assessed as deprived of their liberty and there are substantial resource implications. Additional funding for the forthcoming year, 2015/16, has been agreed to resource the DOLS assessment work and the priority is to ensure that additional posts are recruited to undertake the assessments.

More needs to be done to raise awareness of MCA/DOLS issues in the community. Therefore it is planned to create information leaflets and to host an event for the community in the autumn in conjunction with the CCG. NHSE has contributed funds to support this initiative.

Safeguarding adults data

The data reveals that there has been a significant increase in the numbers of safeguarding alerts from 2013/14 and 2014/15. Whilst some of this increase is attributable to better data recording, the safeguarding teams report a trend for higher levels of work and more complex cases.
In 2013/14 there were 844 referrals compared with 1432 referrals for 2014/15. There is a predominance of cases which, after investigation, are not substantiated (775)

with 489 cases either fully or partially substantiated or where it has not been possible to determine whether abuse occurred.

The data shows that there are still a disproportionate number of referrals for the 'white' population compared with rates for the other ethnic groups. Over the last 4 years, the proportion of safeguarding referrals from white backgrounds in Croydon has been higher than those from BAME backgrounds, although in 2013/14 there was an increase in BAME backgrounds to 29.0% which is now the same as the BAME split of Croydon's adult social care service users at 29.5%. This is however lower than the adult BAME population of 43% . This shows that Croydon's adult safeguarding referrals now represent Croydon's adult service user proportions but not the adult population.

The most up to date comparative data available relates to 2013/14 and comparisons are made with London boroughs that have the closest profile to Croydon.

In 2013/14, Croydon has the fifth highest number of referrals out of 16 local authorities when rates per 10,000 of the population are compared. Given the large increase in referrals for 2014/15 this picture may change in the future.

Proportionally on average, across Croydon's comparator group, neglect and physical abuse continue to be the most common types of abuse/risk since 2010/11. Financial abuse however also figures as a significant issue.

There are a number of issues indicated within the data that will require further clarification and / or action. Amongst these the following are indicated:

- Continued focus on supporting BAME communities' awareness of safeguarding issues and available support as well as professional alertness to issues on behalf of these groups. A more detailed breakdown of the data by ethnic group (18 groups) will allow targeting of action on those most under represented.
- Additional analysis of substantiated cases of abuse in respect of people with a learning disability so that we can understand where and by whom this is perpetrated and in which settings
- Working on the links between safeguarding adults and domestic abuse because significant numbers of safeguarding cases equate to domestic abuse of a person in need of safeguarding services.
- Additional analysis of cases of neglect (one of the most prevalent types of abuse)
- Additional understanding of and response to abuse by strangers, particularly financial abuse (including scams).
- Further understanding of patterns of abuse in care homes where care staff are perpetrators.

- Further analysis of those partner agencies are referring concerns for safeguarding support/investigation

The data is one aspect of information available to the Board and needs to be understood alongside other measures such as that which the work/audits of the Care Support Team provides.

The work of the Care Support Team, providing support to providers of health and social care in order to upskill staff and reduce the incidence of harm, continues to bring beneficial impacts. Audits of standards of care and subsequent bespoke training led to improvements in areas such as infection control and clinical practice. In 2012, 12 providers were assessed on audit to be high risk and in 2015 this has reduced to 1 provider.

An evaluation of the key achievements and challenges in 2014/15 is provided in section 9. Priorities for 2015-16 are set out in section 10.

The Annual report of the Safeguarding Adults Board

The Croydon Context

The London Borough of Croydon is a vibrant and diverse community which is on the threshold of a renaissance. New homes are being built, businesses are being established and the city is undergoing a process of regeneration. In the midst of the redevelopment, the needs of the more vulnerable adults amongst the community must remain paramount.

Based on data from the 2011 census, Croydon has the highest population of all London Boroughs at 363,400, with 10% population growth in the borough between 2001 and 2011. There are 44,375 residents in Croydon aged 65+ years making up 12% of the total population. Projections estimate that Croydon's population will increase to 383,152 residents by 2015 and by 2021 the population is estimated at 408,589. The number of adults aged 65 years and over will increase by 12,245 residents.

Croydon has one of the largest BAME populations, making up 44.9% of the total resident population; approximately 163,167 residents. At a local level, Croydon shares characteristics with inner London Boroughs in terms of ethnic diversity.

Ensuring that adults with care and support needs are supported to remain safe is a key priority for the Council and partner agencies. The Safeguarding Adults Board plays an important role in developing and coordinating good practice across the partnership of statutory and voluntary bodies engaged in adult health and social care.

The Croydon Safeguarding Adults Board

The aim of the Croydon Safeguarding Adults Board (CSAB) is to seek assurance of, and support, the effectiveness of individual organisations and of the partnership in enabling adults at risk to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect.

There is an important focus on finding ways to improve the safety and wellbeing of adults who are more susceptible to experiencing abuse and to develop them to become more knowledgeable and more able to protect themselves. In striving to achieve the above stated aim the CSAB operates within the following core principles derived from the DH statement of principles for safeguarding adults, May 2011:

- Empowerment
- Protection
- Partnership
- Prevention

- Proportionality
- Accountability

Enhancing the quality of care and support so as to reduce poor practice which can lead to abuse is a keyobjective.

The Croydon SAB is made up of a wide range of organisations as listed in appendix 4.

The Statutory Context

The year April 2014 to March 2015, has seen much preparation in readiness for Care Act 2014 implementation in April 2015. Until now the work of the SAB and its subgroups has been carried out under the mandatory '*No Secrets'* guidance which was issued in 2000. The Care Act (2014), implemented in April 2015, realises the Government's intention that Adult Safeguarding should be placed on a statutory footing, through legislating for Safeguarding Adults Boards and empowering local authorities to make safeguarding enquiries.

In Croydon we are committed to the early adoption of the requirements of the Care Act and have been preparing the CSAB in advance of the changes and with reference to the emerging legislation and guidance.

Other recent legislation also flags society's refusal to tolerate that an adult who has care and support needs, due for example to disability, older age, frailty and so forth, should become prey to those who seek to bully, to coerce or who fail to provide the support that is needed. Under the Criminal Justice and Courts Act 2015, there is a new crime of ill treatment or neglect by a care worker or professional in a health or social care setting. This follows on from the crime of wilful neglect introduced by the Mental Capacity Act 2005 which makes it a crime to wilfully neglect an adult who lacks capacity to manage their own care and support needs. There is also the added protection of being able to determine that certain criminal acts against people on the basis of their differentness, may be classified as 'hate crime' which is seen as an aggravating factor and can lead to harsher punishments. All the above can lead to custodial sentences.

The Board business plan 2013/2015

The Safeguarding Adult's Board priorities for 2013/15 should be seen in the context of the Croydon safeguarding adults' strategic aims (and the priorities identified within the strategy):

- Prevent abuse or neglect from happening
- Take a robust approach to reported incidents
- Let people make more choices, and take risks which are balanced with support and protection

- Provide protection and support when it is needed

. The business plan for 2013/2015set out eight key objectives. Progress and key achievements on these are set out below. Most of these broad objectives are long term in nature and will continue to be a priority for the Board over the next two years. This is reflected in the strategic plan for 2015/2017, the objectives of which are set out in section 10 of this report.

Achievements and challenges against 2013/15 business plan objectives

Objective 1: Develop an effective CSAB partnership

1.1 This objective included ensuring that the Croydon Safeguarding Adults Board is ready to meet the statutory requirements of the Care Act 2014.

The Safeguarding Adults Board is made up of a large number of professionals from agencies across Croydon whose work impacts on the empowerment and protection of adults with care and support needs. The full list of attendees can be found in the appendix to this report. The Board is chaired by an independent chair.

Since March 2015 leadership is provided by a Leadership Executive to the Board which is chaired by the CSAB independent chair and comprises the three organisations (the Council; the CCG and the Met Police) who will be statutory members of the Board post Care Act implementation and SLaM; CHS and a voluntary sector representative. An early decision of the Executive was the agreement of the funding arrangements for the Board by statutory partners for the year ahead (2015/16), in the light of the Board's new statutory functions under the Care Act.

On 12 June 2014, The Chair of the Board hosted a half day challenge event when partner agencies discussed self-assessments that they had completed to evaluate the robustness of safeguarding arrangements within their organisation using an audit tool provided by NHS England (London). Each organisation outlined the most significant achievements and challenges for their organisation. There was opportunity for constructive mutual challenge. This process of self-audit and challenge will continue as part of the Board's drive for commitment to transparency and candour across the Board and its intention to put in place a robust assurance framework. Common themes from this audit and event have informed the Board's strategic plan for 2015-2017.

The Board has already begun to develop prominent areas of focus in the Care and Support Statutory Guidance (Oct 2014) including:

- Making Safeguarding Personal
- Development of advocacy provision

- The risks to adults from human trafficking and modern slavery; the detection of adults at risk, protection and prevention.
- Tackling domestic abuse and supporting survivors
- Developing guidance for working with people who self-neglect
- The work of the police and trading standards in protecting people from scams and rogue traders and ensuring that people know how best to protect themselves.
- Learning from serious cases and when things go wrong - fostering an open and transparent approach to learning and improving practice across organisations.
- Developing quality assurance in respect of safeguarding adults work across the partnership.
- Working with partner agencies to review the safeguarding adults' business plan and to identify the actions needed to progress this work.

These are areas which the Board must continue to develop.

1.2 The work of the subgroups

The work plans of subgroups support progress on objectives set out in the business plan as well as responding to priorities that emerge on an ongoing basis. Subgroups report to the Board. The subgroups comprise:

- Best practice and procedure – the main purpose is to scrutinise practice issues as requested by the Board and when necessary develop new or revised systems to improve practice. This subgroup is chaired by the safeguarding lead nurse in the Croydon Clinical Commissioning Group.
- Public awareness and information dissemination – with the purpose of planning and implementing how important information and messages about safeguarding adults and prevention of harm can be made available across the Croydon community. This subgroup is chaired by the executive director of MIND in Croydon, one of the partner agencies from the voluntary sector.
- Case review and audit subgroup – which takes specific anonymised cases of adults who have experienced harm and looks in depth at what has occurred and how agencies could work together better to avoid or lessen the risk of similar harm occurring in the future to others. This subgroup is chaired by the Council's case review and audit officer.
- Learning and development subgroup – which plans and implements an active training programme aimed at staff across all partner organisations and providers of adult care. The programme covers such topics as Safeguarding Adults Awareness, Investigating abuse, working within the Mental Capacity Act and Human Trafficking. This subgroup is chaired by the Council's learning and development consultant.

- Mental Capacity Act and Deprivation of Liberty safeguard subgroups – this subgroup is co-chaired by the head of professional standards and MCA/DOLS lead, both employed by the Council and supports the implementation of good practice in this area across the partnership.
- Human trafficking and Modern Slavery subgroup to both the Adults and Children's Boards which is chaired by the executive director of the People Department and coordinates the work of a number of partner agencies.

Summaries of individual reports from each of the subgroups are included later in this document. The subgroups have progressed a demanding agenda over the past year and some of the highlights include:

- Development of a pressure ulcer policy which aims to ensure a more robust approach to managing tissue (skin) viability issues and to distinguish between pressure wounds which may be the result of poor care and those that are the result of a patient's underlying medical condition. Key objectives areo reduce the number of pressure ulcer wounds which are incorrectly referred as a safeguarding concern and to raise standards of clinical care to reduce the incidence of skin breakdown as well as awareness of this issue so as to prevent poor practice which may develop into neglect.

- Sharing across the Croydon partnership information about fire risks in the home and the work of the London Fire Brigade in fire prevention with the aim of enhancing identification of adults at particular risk of home fires so that fire prevention visits can be offered by the London Fire Brigade.

- Updating and revising the Croydon policy and procedure on working with adults who self-neglect. The Board has responded to the latest research and welcomed Professor Michael Preston Shoot to a Board meeting to discuss the research he carried out alongside Professor Suzy Bray and David Orr.

- Developing work to strengthen the involvement of adults with care and support needs and their carers into the work of the Board and subgroups and ensuring that their views and expertise as users of services are heard.

- Reviewing the current provision of advocacy and identifying gaps in service provision. An initial report has led to a wider piece of work being carried out by a project worker employed by the Council. Additional funding has been identified to expand advocacy provision and work is underway to identify providers able to meet the additional demands.

1.3 The Safeguarding Adults' Board new responsibilities from April 2015 to conduct safeguarding adult reviews

In preparation for the implementation of the Care Act in April 2015, the Board has established a Serious Cases Panel which has met on a bi monthly basis. It is comprised of members from adult social care, the CCG, the South London and Maudsley Foundation (mental health) Trust, Croydon Health Services and a representative from the voluntary sector. A Metropolitan Police representative is invited on an 'as needed' basis, should there be any criminal aspects to the cases under discussion. The purpose of this panel is to review all cases of death or serious harm which may, under the Care Act, lead to a Safeguarding Adult Review.

Safeguarding Adult Reviews (SARs) provide in depth multiagency scrutiny of serious incidents in order to learn from them. In future years, in line with the Care Act, any formal safeguarding adult reviews that have been undertaken will be reported in the annual report. A full Safeguarding Adult Review is time and resource intensive. The Care and Support Statutory Guidance advocates a proportionate approach to case review which "weighs up what type of review will promote effective learning and improvement action…" The Serious Cases Panel facilitates this "weighing up" and for this year, the panel has been able to establish sufficient information about cases of concern to be able to review them at a less formal level. The majority of concerns have involved people under mental health services for whom single agency 'structured investigations' (SI) have already been completed. The challenge for the panel has been in obtaining copies of the structured investigations in order to be able to reach a formal conclusion that all avenues of exploration of learning have been pursued. Structured investigations, also known as Serious Incidents (SI), are usually conducted in health organisations and are confidential to the organisation and to the patient and family involved. The statutory guidance supports the Board in obtaining information from all organisations where this is necessary.

The serous cases panel considered the cases of two elderly gentlemen who died in house fires. Both gentlemen lived in the same area of Croydon, both lived alone and both were smokers. One of the men had recently been discharged from hospital with a package of domiciliary support. Both men died from fires caused by cigarettes setting light to fabrics. The panel did some research with the Fire Brigade into these cases and reviewed the package of support that was available to them and whether it had been sufficient. In one case the fire had started and the man died between the intervening hours between two domiciliary care visits. Whilst the panel concluded that no agency was at fault, the reviews nevertheless led to a significant amount of work that has been undertaken subsequently to identify people at increased risk of fire death so that fire prevention awareness visits can be carried out by the London Fire Brigade.

Post April 2015the Serious Cases Panel has identified one case where it is assessed that significant learning could be achieved from a Safeguarding Adult Review. The review is now underway and will be reported on in next year's annual report.

1.4 Ongoing challenges within this objective have been picked up in the 2015/2017 strategic plan. Priorities in developing the effectiveness of the Board are:

- To further develop links with other partnerships including the Safeguarding Children Board and the Health and Wellbeing Board. Plans are underway to develop a joint children and adult subgroup for safeguarding.
- To continue to foster transparency and mutual challenge across the partnership to support a culture of continuous learning and improvement
- To further develop a framework to enhance the Board's ability to give assurance of the effectiveness of adult safeguarding across and within organisations.

Objective 2: Develop the involvement and empowerment of service users and carers in safeguarding adults

2.1 The Board recognises the unique contribution that service users should bring to safeguarding policy and practice and the challenges in ensuring that they are empowered and enabled to contribute.

During the past year the Board has developed understanding of how at policy and practice level there might be more effective engagement with those who are or may be in need of safeguarding support.

We have continued to develop the closer involvement of adults in safeguarding enquiries in line with the national initiative of 'Making Safeguarding Personal' (now enshrined in the Care and Support Statutory Guidance as a core principle in safeguarding adults from abuse). Adults are involved in all discussions right from the start; finding out what they want to achieve, how they want to achieve it and what being safe looks like to them. We involve adults and/or their representative or advocate in all meetings. This may mean taking longer to explain things, spending more time with the adult and making meetings less formal. Sometimes this means meeting at the adult's home and sometimes it means accepting that not all risks can be avoided although most can be reduced. **Case study**

Mr X, a white middle aged man living with multiple sclerosis had been the victim of several burglaries with the burglars entering his property via a pathway at the arrear of his house. The police and housing landlord were involved with social services in carrying out safeguarding enquiries.

The police wanted Mr X to be rehoused to sheltered accommodation for his own safety. They felt that Mr X's disability made him too vulnerable to live

alone. But Mr X did not want this – he wanted to remain in his own home with a more secure backdoor and fence. He turned down the offer of a housing transfer which some professionals felt was unwise but Mr X had capacity to make this decision.

The housing team did not have a duty to make the fence higher and more secure but because of the evidence coming from the safeguarding enquiries and because of Mr X's strongly held views about wanting to remain in his home, they agreed to do this. The case was able to be concluded at that stage as Mr X's outcomes had been achieved.

The social worker reported spending more time at the start working out with Mr X what he hoped to be achieved. Even though Mr X did not attend the strategy meeting, he had been invited and the social worker knew clearly what he wanted and could articulate his views. Mr X was very satisfied with this outcome.

This case reflects the very real dilemmas between professionals wanting to make people safe but also accepting the adult's views of what will make their life more satisfying. The adult's decision of what will enhance his or her sense of wellbeing must remain a primary consideration and sometimes risks cannot be eliminated but may be reduced. Putting into practice the core principles of the Mental Capacity Act (MCA) is central in making safeguarding personal. Enhancing practice in the context of the MCA is a further key objective for the Board (objective 8).

2.2 Survey of adults who had received a safeguarding service

During the past year we have developed a system of inviting adults or their representative to give their views at the conclusion of safeguarding enquiries to find out whether the service has benefitted them. Only a relatively small number of adults have been surveyed so far, from August 2014 to March 2015. Seventeen adults completed the survey which was carried out by an independent surveyor not associated with the safeguarding events.

The results revealed that:

16 out of 17 adults were invited to and attended meetings
14 people felt they had been able to say clearly what they wanted, two people were not sure and one said they did not feel able to.
13 people said they were listened to, 2 felt they were not and two did not know.
15 people said they were able to involve someone to support them, one person said they were not and one person did not respond to this question.

14 people said they believed that the things that mattered to them were taken into account, one disagreed, one was not sure and one did not give a view

The overall level of satisfaction was:

very satisfied – 6 people
satisfied – 5 people
neither satisfied or dissatisfied – 2
dissatisfied 2 people
very dissatisfied – 2 people.

Analysis of the 'dissatisfied' responses shows that these tend to be weighted towards the survey being completed by a representative who disagreed with the outcome for the adult. This included a relative who did not feel that her views had been adequately considered. One adult said that the agreed plans had not been put into effect; however these plans were still in process of being implemented and were subsequently actioned.

The survey revealed positive comments about feeling safer and the beneficial impact on well-being.

2.3 Exploring opportunities for increased service user and carer involvement at a Board level to influence the direction of safeguarding work in Croydon

The Board identified that whilst service users are now being involved much more fully in safeguarding concerns that affect them directly, there is too little scope for service user involvement in how safeguarding support is shaped across the partnership. We therefore set up a process of consultation with service users and carers on ways to increase their knowledge, understanding and involvement in safeguarding towards increasing their ongoing influence regarding how the safeguarding support could work better for them in Croydon. We are grateful to a retired social work manager, Charles McArdle, who is now actively supporting service users on a volunteer basis. He has collated views and ideas of service users and these are being incorporated into an action plan which will be sustainable over the longer term. The ideas include the importance of investment in developing service users' knowledge, experience and confidence in the context of safeguarding; improving availability of information; a feeling that setting up a specific subgroup or representation on the Board should not be seen as a priority at this stage.

2.4 Promotion and awareness raising:

Safeguarding services have been publicised and promoted directly at all service user meetings and events. For example, The Housing Disability Panel (HDP) invited Kay

Murray, head of professional standards in Adult Social Care, to speak to panel members in more detail about safeguarding services and to answer questions.

Charles McArdle, and members of the BUG (Better Understanding Group) group were invited by the chairs of the Sheltered Housing Panel, the HDP and the Croydon Adult Social Services User Panel (CASSUP) to discuss ideas for representation of the views of service users at the Board. Five members of these panels were recruited to help a focus group develop ideas.

As a result of information about safeguarding services, Sheltered housing panel members are more aware of their vulnerable neighbours and have asked for further information on how to report their concerns to improve safety. Neighbourhood Voice members are more aware of their vulnerable neighbours and can report their concerns through the monthly reporting system.

2.5 Identifying individual needs and referrals

The sheltered housing panel and HDP provide rregular opportunities where residents can raise personal issues with an officer. If the issue is regarding risk to themselves or a person they care for they will be referred to the safeguarding service. A 'talking about adult social care' event takes place twice a year with participation from 80 residents. There are information stands from a variety of service providers and support groups who can publicise and promote safeguarding and refer people if necessary.

Case Study

Mary is a tenant on one of our Council estates. She has been a long term member of several housing service panels and working groups. In recent years her husband developed dementia. Coming to resident involvement meetings became her respite from the strain of caring for her husband at home.

When Mary stopped attending meetings a Resident Involvement (RI) officer became concerned and called Mary. She said her husband had become very aggressive and other family members would not care for him anymore while she left the house. She was very distressed and frightened of her husband. She felt isolated and helpless and was not aware of any support available to her. The RI officer gave her information about the safeguarding team and the carers support centre and some of the things they may be able to help with, and looked up the contact details for her. In a follow up call to Mary, she said she had not acted on this and gave permission for the RI officer to give the carers centre her details for a call. The carers centre called her quickly and

were able to give her the emotional support she needed and access the practical help she and her husband needed to allow them both to remain safely in their home.

2.6 The involvement and empowerment of people who may be in need of safeguarding services is a long term commitment and this has been picked up in the 2015/2017 strategic plan. Over the next two years challenges and priorities include:

- Engaging the whole partnership in making safeguarding personal (at practice level)
- A continued focus on developing advocacy services
- facilitating community and service user involvement to inform both strategic direction and practice
- Production of accessible information to support involvement

Objective 3: Improve commissioning and contracting activity in the context of Safeguarding Adults, ensuring consistency of approach across the partnership

3.1 The Board recognises that the way services are commissioned and monitored directly influences the quality of care and support delivered.

Croydon Council and Croydon CCG have developed an Integrated Commissioning Unit (ICU) which recognises the shared responsibilities for people with both health and social care needs to receive high quality support, whether it is at home through domiciliary care or in a residential or nursing home.

During 2014/15 work was done to review the existing contracts for domiciliary, residential and nursing care. Commissioners worked with members of professional standards and the Clinical Commissioning Group safeguarding lead to develop standards for use by providers and contract compliance officers that include adherence to good safeguarding practice and to the Mental Capacity Act. Contracts are being updated to reflect changing requirements in safeguarding practice, to strengthen Mental Capacity Act adherence and to embed person centred approaches.

Both the Council and CCG aim to work proactively with providers. This includes providing training and support through the Care Support team, and offering a number of provider forums throughout the year to share information and good practice. During the past year there has been a particular focus on ensuring that providers are knowledgeable about the changes with regard to Deprivation of Liberty Safeguards.

The Safeguarding Coordinator, in conjunction with commissioners, also responds to concerns raised by members of the public and partner organisations. Timely visits to the providers ensure matters are addressed urgently . At present Professional

Standards are working with the Safeguarding Data Performance Team as well as colleagues in commissioning in order to understand where the most serious and frequent safeguarding alerts arise and what type of alerts are being reported. By doing so we hope to have a more accurate sense of the safeguarding landscape and this will enable us to accurately respond to need, prevent quality concerns escalating into safeguarding issues, help up skill and train partners and ultimately keep adults who need care and support safer.

Case study

Serious concerns were raised about a residential home that provides accommodation for younger people with mental health needs who require nursing care and therapeutic support. This home catered for up to 20 adults with complex needs including drug and alcohol related issues.

This home had been on the 'concerns radar' for some time and there were serious concerns raised by the police due to the numbers of 999 calls received by them from residents who were threatening to harm themselves. Although the home was described as a therapeutic establishment, mental health specialists were not available out of hours when most of the problems occurred. Following extensive discussion with the home provider by commissioners and the safeguarding coordinator, the manager agreed to discharge two patients who were the focus of the emergency calls and whose needs the home was clearly unable to meet. The home manager also agreed to undertake more thorough assessments of each potential resident before offering a placement. This led to some beds remaining vacant for a time.

The home also needed support to improve its practice regarding caring for people safely and to improve staffing levels. There was insufficient training being offered to staff to manage challenging behaviours and an inadequate management of patients' medicines.

The Care Support Team and specialist nurse for challenging behaviour offered training to staff on these issues. Since then the level of concern from the police about this provider has reduced significantly as have the level of safeguarding alerts. The home no longer causes concern but it continues to be monitored to ensure that the improvement is sustained.

3.2 This area of safeguarding activity presents significant challenges and is followed through in the Board's 2015/2017 strategic plan where the focus is on:

- Enhancing mechanisms and engagement of all partners in sharing and joining up information to enable identification of risk and to influence improvement.
- Evidence of improvements in areas that cause concern/decisive action where necessary.

Objective 4: Continue to focus on quality of care in order to prevent safeguarding issues occurring/ escalating

4.1 The Board recognises that working with providers of health and social care to maintain and improve standards and to avoid incidents of harm is a vital preventative measure that improves the lives of adults.

Ensuring high standards of care is a significant challenge with the high numbers of providers in Croydon. Croydon's care market attracts many people with care and support needs from other Local Authority areas. These residents have a right to expect a satisfactory standard of care and Croydon Council has a lead responsibility if safeguarding concerns arise.

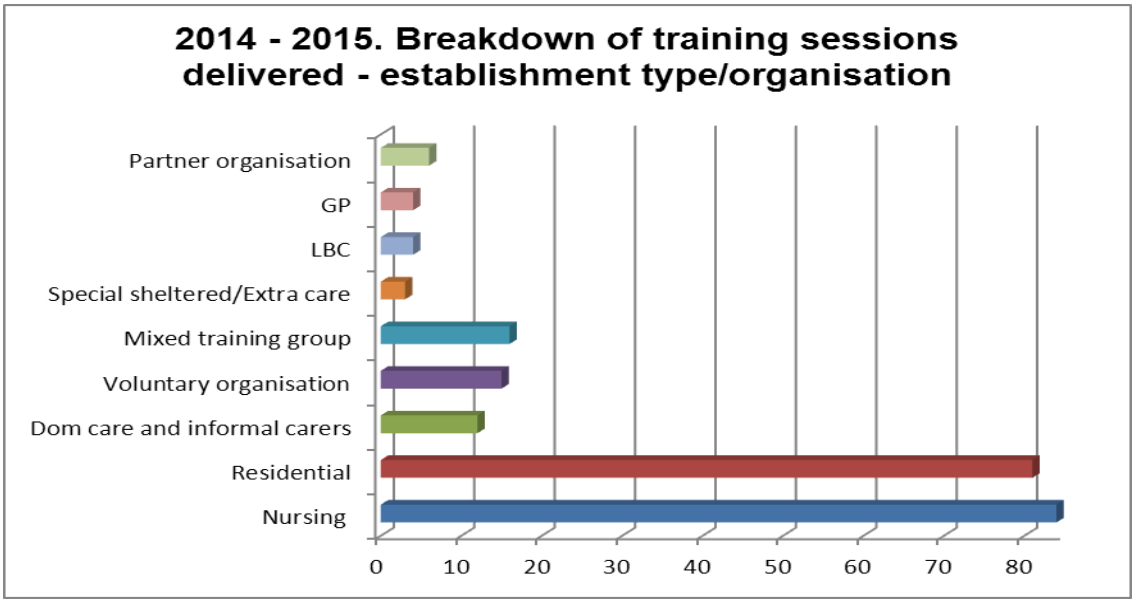
4.2 Care Support Team 2014-2015

The Care Support Team works with providers to improve and maintain standards of care. Itconsists of a social worker employed by Croydon Council and two nurses, seconded by Croydon Health Services and South London and Maudsley NHS Foundation Trust who specialise in various aspects of health and social care, such as the preventative agenda, dementia care and mental health conditions, safeguarding adults, Mental Capacity/Deprivation of Liberty Safeguards.

The aim of the team is to support provider services including residential, nursing home and domiciliary care providers to improve standards so that servicer users receive quality care and incidents of harm are reduced. The request and need for clinical observation followed by hands on intervention has increased. The team is able to offer and meet the request for resident specific guidance and support.

More recently the team has incorporated a re-ablement agenda – this is concerned with helping service users to maintain optimum health and well-being and therefore to avoid unnecessary remedial health care. Of particular importance is the need to avoid people being taken to hospital unnecessarily.

The chart below shows that the majority of the training delivered by the CST is in nursing homes closely followed by residential homes. The core work of the team is always a priority however as commitments permit the team are able to respond to other organisations such as Croydon Health watch, Alzheimer's Society and St Christopher's Hospice.



There has been a steady increase in the total number of people trained. In 2012/13 1940 people were trained by the Care Support Team this increased to 2362 people in 2013/14 with an increase again to 2914 people in 2014/15.

4.3 Re-ablement and avoiding unnecessary and unplanned hospital attendances or admissions

Re-ablement is about keeping people as fit and well as possible and helping people to recover independence after an illness. Since adopting a re-ablement agenda, the Care Support Team offers support and training (including on the issue of falls) to nursing, care homes and community sector organisations, to prevent unnecessary hospital admissions and Emergency Department attendance.

Over the last four years the work of the Care Support Team has led to a significant reduction in the numbers of people presenting at hospital.

4.4 Core work of the CST 2014/15

- Embedding quality improvement initiatives to all provider services offering consultancy training and support.
- Reduction of the number of serious concerns and safeguarding adult concerns raised within LBC
- Guidance, support and training offered to staff around avoidable hospital admissions /A & E attendance
- Monitoring the effectiveness of staff working directly with service users, making timely interventions, modelling best practice to support staff development.
- Challenging organisational norms which impact negatively on residents day to day experiences and quality of life.

- Responding to requests from managers to offer support, guidance, training and information to providers from a wide range of partner organisations which raise concerns about a provider within LBC
- Practical and theoretical intervention to imbed best practice
- Promotion of Dignity in Care and the establishment of Dignity Champions
- Hands on collaborative practical support following team observations
- Identification of areas requiring clinical and non-clinical input to strengthen staff skills.
- Raising awareness to staff of outcomes from current research and best practice e.g. NICE guidelines, DH and Regulatory Frameworks
- Strengthening staff awareness around the changing statutory legislation and case law e.g. Care Act 2014
- Reinforcement of the guidance on Protection of Adults, preventative agenda and safeguarding protection planning
- Raising staff awareness of indicators which result in deterioration in clinical conditions.
- Strengthening staff awareness of associated problems with UTI, Cellulitis, communicable diseases, hypo and hyper glycaemia.
- Person centred care - reinforcing the need to adopt a person centred approach when working with service users.
- Promoting the uptake of carer's assessments with family members and those involved in care in the community.
- Strong reminders of the legal principles underpinning the Mental Capacity Act and the checklist for working in best interest. This includes human rights and the need to consult with residents, keeping them at the centre of care planning.
- Baseline and follow up audits carried out in nursing and residential homes. To improve standards of infection control, tissue viability and other clinical areas as well as reducing hospital admission and A&E attendance. These audits also highlight other areas where standards could be improved and support is required.

4.5 Audit Support

A total of 81 audits/follow up audits/re audits have been conducted in period 2014/15.

Areas that are audited include -

- Infection Control/environment and cleanliness
- Clinical practices – including diabetes management and catheter care/UTI
- Safe use and storage of prescribed medication
- Tissue viability - including inflamed cellulitis and pressure sores
- Equipment and medical devices

All homes where baseline audits have been completed have been colour coded to show the priority of intervention depending on audit, safeguarding and commissioners concerns. The colour coding system is as follows –

Red – High risk homes requiring immediate intervention

Amber – Medium risk homes requiring intervention but less time critical

Green – Low risk homes requiring on-going monitoring

Date	Red	Amber	Green
Oct-12	12	26	6
Mar-13	6	26	18
Mar-14	4	30	35
Mar - 15	1	20	62

October 2012 to March 2015 there has been a movement of care homes now performing in the low risk category (increase from 6 to 62).There has been a significant movement in this reporting period 2014/15 with an increase of 27 homes now in the low risk category.

4.6 Care Support Team Interventions and Outcomes

There have been a total of 1238 interventions within this period which have been carried out across 69 provider service establishments. These interventions include resident specific advice, hands on clinical work, observation/feedback, education/training, and infection control advice and documentation guidance, leading to:

- Improvement of staff skills to avoid safeguarding incidents
- Managers reporting improvements in staff performance.
- Reduction in avoidable A&E attendance
- Broader base of knowledge upon which staff can draw to enhance their practice.
- Audits have highlighted training needs, improvement in equipment and practice, adherence to local and national policies, raised knowledge of regulatory standards as well as environmental improvements.
- As a result of direct observation and intervention there has been an improvement of safety and quality of practice for service users.
- Early identification and intervention in preventing dehydration (UTI), pressure sores, constipation and other health related conditions.

Examples of outcomes

Reducing infections and the need for hospital visits

A baseline audit was carried out in a residential home which at the time was CQC non-compliant and had a significant amount of London Ambulance Service call outs and A&E attendances. A large number of recommendations were given during the audit around the environment and cleanliness, medication, clinical practices and tissue viability and diabetes management. Training and support was given to the home by the Care Support Team including resident specific advice. The home has now implemented all of the recommendations given resulting in raised standards of care, reduced A&E attendance and a fully compliant CQC report

Reducing the incidence of pressure ulcers

It is well documented that pressure ulcers can cause significant harm to residents, may lead to hospital attendances and the majority of these could be prevented through simple measures. As an ongoing objective to make pressure ulcer prevention better in Croydon, the Care Support Team has been empowering residential care homes to identify service users at risk of developing pressure ulcers and to take a more proactive role in the preventative agenda. This is being achieved through the provision of training on pressure ulcer risk assessment (Waterlow score) which is resident specific and making a timely referral to the district nursing service.

Listening to residents and understanding their communication

Clinical observation and practical support was carried out in a care home. Whilst walking around the home and assisting carers it was observed that in the day area one service user was crying out continually. When asked what was wrong with the service user, the carer replied that the service user always cries.

The CST nurse requested that the carer observe what she was about to do. She walked over to the service user and introduced herself and then asked her if she was feeling any pain. The service user replied that she was currently feeling uncomfortable on her right side. The CST nurse found the

qualified nurse and spoke to her about the service user feeling uncomfortable. The nurse checked her medication administration chart and stated that the service user is written up for analgesic to be used whenever necessary (PRN). The service user was given analgesic and became quieter and settled after some time.

The CST nurse informed the carer that it is essential to investigate when a service user cries out or displays changes to their behaviour and not just assume that this is part of their normal behaviour.

By supporting staff to be able to communicate better with residents and, when residents are not able to explain what is wrong, to understand the meaning behind behaviours, the well-being of residents improves and health conditions that could lead to the need for hospital treatment are avoided.

4.7 The challenge is to ensure that where there are recurrent issues across a range of providers learning and development on those issues is embraced by the whole partnership. The adult safeguarding data further on in this report shows a high incidence of neglect in service provision/support. Further analysis of this is required to understand the nature of this and the reasons for it.

Objective 5: Focus on workforce issues and sharing best practice in: recruitment; supervision; whistle blowing; learning and development, towards greater consistency in practice

5.1 The Board has an important role in ensuring that learning is shared across all member agencies to enhance service delivery and the wellbeing and protection of adults with care and support needs. The Board meets this need in a number of ways which include multiagency training programmes and the dissemination of information and best practice. One specific example is the work of the Case Review and Audit subgroup to the Board.

5.2 The Case Review and Audit Group (CRAG)

An outline of this subgroup has been set out above in 1.2.The CRAG meetings focus on cases that can provide learning in how to improve standards of care and support. The learning is then shared across the partnership. The case below is an example of the type of learning and development that is encouraged.

Case study

The case concerned a 54 year old man with a mental health diagnoses who, prior to admission to hospital, lived independently. Following surgery for a spinal problem, he became physically disabled, doubly incontinent and required a wheelchair to mobilise. He was in hospital for 11 months and, following an assessment of his needs, he was discharged with a care package that included two carers visiting him four times per day. As he could not move back to his previous accommodation which was unsuitable for his changed mobility needs, the housing department placed him in the only accommodation available at the time; a sheltered flat in the community.

The flat transpired to be both unsuitable and unsafe, despite being assessed as appropriate by an OT. The flat was not adapted for a wheelchair user, the taps were not reachable from a wheelchair and it was impossible for this tenant to leave the flat unaided due to external doors that were not wheelchair suitable. This led to massive fire risks, which were reduced by fitting a sprinkler system, but also loss of independence and isolation. The tenant was essentially confined to his flat unless aided to go out and his only relative lived a considerable distance from Croydon. Perhaps not surprisingly this environment negatively impacted on his mental health; he became increasingly depressed.

Eventually more appropriate accommodation was identified (a shared supported living placement in an adapted bungalow with 24 hour staff support), but it took 5 months for the service user to move due to protracted funding negotiations between the physical disability and mental health teams. The man's mental health improved following the move but unfortunately his physical health continued to deteriorate and he was eventually diagnosed with Motor Neurone Disease.

During a multi-disciplinary meeting at the hospital, a consultant intended to place a Do Not Attempt Resuscitation Order (DNAR) on the man's file. This was with no discussion with the patient. The social worker advocated that the man had not been consulted and believed that he did have capacity to make this decision for himself. He was eventually consulted and refused to agree to the DNAR order.

Sadly however the man died in hospital two months later from Motor Neurone Disease. This case gave rise to a number of very important learning points which are being disseminated via the CRAG meeting and by lead practitioner forums. The case has also led to changes in practice.

Key learning points

1. **The case highlighted the importance of holistic assessments that take account of all aspects of a person's life. This should also include undertaking re-assessments where there are fluctuating and/or deteriorating needs. In this case the social workers from the physical disability and mental health teams did initially not work sufficiently together and the problems with finding suitable housing were left to the Housing department rather than the social workers thinking how else could this man's need for suitable accommodation be met?**

2. **Protracted funding negotiations can have a negative impact on service users, particularly if they are left at risk or where their independence is being compromised. Since this case, the Care Planning and Complex Case Panel has been set up within the Council to fast track funding decisions for service users with complex and/or changing needs so as to avoid delays in meeting assessed and eligible needs. At a time when all budgets are under pressure, the panel is able to cut through the debates over which budget will fund which service.**

3. **Working with other professionals can be challenging as a result of having different values, priorities and models of working. The need to arrange a hospital discharge for this man appears to have influenced the decision that the flat identified by the housing department would be adequate. As professionals, it is necessary to have the confidence to challenge decisions that are based on resources rather than need. Frontline staff need to challenge the quality of clinical reports where these reports do not give specific, detailed information to help inform assessments and/or decision making.**

4. **This case demonstrated the importance of professionals working in partnership with service users and carers. The case was considerably moved forward by allocation to a new social worker who took a person centred approach. Through knowing their wishes and feelings, the practitioner was better able to advocate for them in this case. This links with the Making Safeguarding Personal agenda.**

5. **It is important that practitioners are provided with regular support and supervision when working with cases of this complexity. They may also benefit from the opportunity to debrief following challenging situations and difficult news, for example, the diagnosis or death of a service user.**

5.3 In this context the following challenges have been identified by the Board over the next two years:

- The Board Learning and Development subgroup strives to respond to areas of risk/need identified by the Board and its subgroups within the learning and development strategy each year. This needs to be sustained. Further work is needed to evidence the level of effectiveness of that learning and the impact on practice.
- The Board intends to develop its focus on staff support and development, producing guidance to support: core standards in safer recruitment and effective staff supervision across the partnership.

Objective 6: Develop a common approach across the CSAB partnership to risk assessment and risk management in Safeguarding Adults.

6.1 During the past year, the Board and subgroups have worked on various aspects of identification, assessment and management of risk and some examples follow. These have been highlighted in section 1.2 of this report (key aspects of the work of subgroups to the Board) and in the section outlining the work of the Care Support Team. Areas of risk that have received specific focus are further outlined briefly below as examples of effective partnership working.

6.2 Pressure ulcer / tissue viability management – the London region and Croydon's response

Development of policy and guidance:

Across London the ineffectiveness of routinely referring pressure ulcers graded 3 or 4 as safeguarding concerns has been recognised. NHS England (London region) established a task and finish group on pressure ulcers, with Croydon represented by the CCG Lead Nurse for Safeguarding Adults. This group recommended use of a decision making tool developed by one of the London boroughs. In order to develop this into a local policy and obtain buy-in by all agencies, a Croydon multiagency task and finish group was set up with representatives from across the health and social care economy. This has led to a local pressure ulcer and safeguarding protocol being developed incorporating the NHSE (London Region) Skin Damage Tool. This work was supported by the Croydon Safeguarding Adults Board.

This work is now nearly completed and a final draft is being shared for consultation. The policy assists professionals to identify whether the skin breakdown is linked to underlying medical conditions or whether it results from poor care. District nurses and tissue viability specialists, not previously involved in the patient's direct care, will play a big part in making these initial assessments. The protocol helps to address the overlap between existing processes, such as serious incident investigations and safeguarding enquires and determining which takes a precedent. This will then determine whether a safeguarding referral is needed.

Care Support Team and CHS working together to improve pressure ulcer prevention

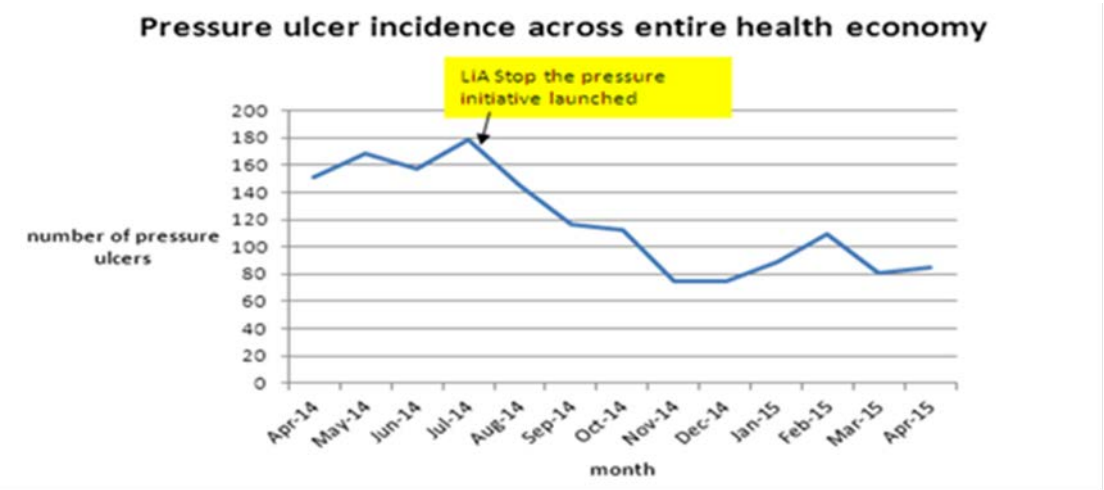
The Care Support Team/Re-ablement Team has a shared objective with Croydon Health Services to improve pressure ulcer prevention. This has been achieved through the delivery of training workshops to any one in any community care setting who has a role to play in the prevention of skin damage. Through partnership working with the Croydon Learning Partnership and the Carers Support Service, the team has successfully delivered a bi-monthly rolling training programme for both formal and informal carers.

In Croydon Health Services an action plan regarding pressure ulcers, which involves an early assessment of patients to identify risk of skin breakdown before it occurs and making sure remedial treatment is in place, has led to a significant reduction in the incidence of pressure ulcers.

A listening in Action (LiA) project was launched by Croydon Health Services in July 2014, leading to considerable success in reducing the incidence of pressure ulcers. This involved bringing together all the stakeholders involved in pressure ulcer management and developing an action plan that incorporates the entire health economy in Croydon.

30 stakeholders have met to agree next steps including a full mapping exercise to identify any remaining gaps in how high risk groups may access healthcare in order to provide additional training in those areas to highlight pressure ulcer prevention.

The reduction in pressure ulcer incidence is plotted on the graph below.



6.3 Risk and Vulnerability Management Panel

It was identified that whilst a process exists already to manage high risk cases that concern domestic abuse (the Multiagency Risk Assessment Conference, known as MARAC) there are other adults at risk for whom no formal forums exist that would allow professionals to share information and gain support in managing risks. Therefore towards the end of 2014 a Risk and Vulnerability Management Panel was set up.

Panel members include representatives, such as from the adults in need and antisocial behaviour services, the police, fire service, health services, mental health services, housing, Age UK and trading standards.

The panel aims to discuss cases and plan a way forward to support adults in need of care and support who present some of the most complex and high risk needs. The primary focus of the panel is to safeguard people, and prevent further risk or victimisation.

Case study:

A case was brought to the RVMP of a tenant who lived alone and who was experiencing upsetting levels of noise from new neighbours who had moved into the block of flats. The tenant had suffered some mental health issues in the past and the noise nuisance was causing her to be distressed and anxious. The matter was investigated and the neighbours were found not to be making a level of noise over and above normal family life but the structure of the flat, in an older built block, provided poor sound proofing. The tenant's mental health made her more susceptible to stress. It did not help that the neighbours took exception to the tenant's complaint which led to a very poor relationship between them and one occasion of verbally abusive behaviour. The situation was seriously affecting the tenant's mental health to the extent that instead of returning home from work, she stayed outdoors all evening, roaming the streets or in the park and putting herself at risk.

The tenant was being supported by the housing tenancy officer and a social worker from the adults in need team. An attempt at mediation with the neighbours was unsuccessful and the main problem was that the tenant could not tolerate the normal family noise from her neighbours.

Following discussion at the RVMP, the agencies concerned agreed a plan of action. The tenant was supported with her emotional distress in the short term by contact with the social worker and knowledge that attempts were being made to help her resolve the situation. The tenant decided that she would like to move from her present flat to alternative accommodation and she was

supported with a managed move to a property outside Croydon. Since moving the tenant has reported that she is much happier and feeling much better.

6.4 Partnership working with the London Fire Brigade to reduce fire risks

There is clear evidence that certain groups of people are at increased risk of dying in a house fire than others. These groups include elderly people with dementia, people with substance misuse problems or mental health problems, with the risks increased substantially if the person is a smoker, lives alone and has mobility problems that prevents them escaping. Two deaths occurred from fires started by cigarettes. As more people with care and support needs choose to live in their own homes, the risk of fire needs to be carefully assessed and preventive measures put in place to reduce risks. The London Fire Brigade do much work on fire prevention and can provide a range of safety provisions. A difficulty can be in identifying those most at risk.

In response to several tragic fires in Croydon, Adult Social Care has worked hand in hand with the London Fire Brigade. This involved multi professional training sessions conducted for Croydon Council social work staff by the London Fire Brigade as well as partner agencies such as Croydon Care Solutions.

Secondly Adult Social Care staff reviewed assessment and review paperwork and included a fire risk assessment tool provided by the London Fire Brigade. Every new client now has fire risk discussed with them before receiving a service. All existing clients will have their packages reviewed within a year and will have the conversation at that time. This includes colleagues in Occupational Therapy who conduct reviews.

London Fire Brigade and Adult Social Care have approached the NHS community colleagues as well as Croydon Housing to see if they will accept this risk assessment tool in their own paper work. This would add a further 200 professionals working with vulnerable adults who will conduct the fire risk assessment within their existing work.

Since hoarding is an issue which exacerbates fires, Adult Social Care and Housing are working towards trying to provide counselling to help people who hoard to reduce their collections and thus lessen the fire risks as well as improve their own quality of life.

6.5 Whilst there has been considerable progress in addressing these specific areas of risk the Board has identified the need for a shared approach and shared principles in working with risk which, if embedded in practice would support and improve practice in *all* situations involving working with risk. The Board intends to put such a framework for practice in place and to underpin this with training. Core principles are those of positive risk taking and person centred assessment and

decision making. The Board intends to draw on the learning from Serious Case Reviews nationally to support this development. Positive elements of practice within the above more specific areas will also inform this general direction and approach.

Objective 7: Promote communication across agencies about concerns and patterns of concerns

7.1 The support of all organisations across the partnership in identifying and supporting the reporting of safeguarding concerns is crucial. It is particularly important in respect of those groups and individuals who may be reluctant to report abuse or for whom it is challenging to do so. The following underline the importance of this communication across agencies in respect of concerns and give some examples of good practice and developments.

7.2 Safeguarding referrals and BAME service users/ communities

Data concerning safeguarding referrals and enquiries tells us that the BAME (Black, Asian and Minority Ethnic) communities are less well represented in safeguarding alerts and therefore may remain at higher risk of harm. Work with minority groups last year pointed to people being more suspicious of statutory agencies and having poor understanding of what is meant by harm and what help is available.

Work continues to reach out to these communities. In the past year, the safeguarding coordinator has carried out several awareness raising sessions at the BME forum with the BAME coordinator. The safeguarding coordinator has also contacted every major religion in Croydon asking for an opportunity to meet.

A recent meeting with the Jagruti women's group attended by 55 women provided interesting insights into why some members of the community may be less able to speak up. An obvious barrier is caused by language. The Jagruti women are Guajarati speakers and Hindu by religion. Amongst the Jagruti women's group there was a majority of women with very poor or non-existent English skills despite some of the women having been domiciled in the UK for a number of years. Through an interpreter the women spoke about how their understanding of abuse differs from the mainstream of UK society. Predominantly they are group of women who have been conditioned to think of hardship and at times abuse as part of their normal life experience and not to question it. Their inability to communicate easily with the world outside their own community perpetuates this cultural perspective.

It is clear that in order to break down barriers women must be afforded the opportunity to attend English language classes. It is unclear whether the men in the community would support this. This raises further issues of not only awareness raising regarding safeguarding concerns but also promoting language classes.

The safeguarding co-ordinator also has meetings planned with members of the Tamil community and it will be interesting to see if similar issues emerge.

The Met Police has a well-established group that supports members of the Lesbian, Gay, Bisexual and transgender group (LGBT) and links are being made by the safeguarding coordinator to establish whether this group is sufficiently informed about safeguarding awareness.

BAME satisfaction survey – safeguarding interventions

The feedback surveys of BAME adults who have been the focus of a safeguarding concern have been considered to see whether there are any marked differences in experience compared with the white group. The numbers are small (5 respondents) and the outcomes are as follows:

2 people were very satisfied.
2people were satisfied
1 person was very dissatisfied.

This whole area of work would benefit from more formal development work with the minority communities by specialist development workers. This issue is being raised with commissioners to see how best to mobilise and support community groups. The aim is to empower communities and train and support trusted members who can help individuals access safeguarding services.

7.3 Financial Abuse – Criminal Activity

Financial abuse continues to be a key form of harm to adults. Financial abuse is also a crime. Some instances involve small amounts of money and some huge. Some incidents are perpetrated within families or people who know each other and some are the result of organised criminals who prey on people at risk. Raising awareness of financial abuse across the partnership and in the community is key.

The Trading Standards report reveals that there were 196 complaints/referrals regarding doorstep crime and scams received in 2013/14. In relation to doorstep crime interventions, £131 6550 was recorded as saved on behalf of clients (in terms of clients being prevented from physically handing over that amount in cash terms.

Case Study

A referral was received by the Adult Social Work and Safeguarding Team from the Police, advising that a 74 year old woman was a victim of financial abuse through courier fraud.

The woman was living in her own home, caring for her disabled husband who is in receipt of a care package from the local community team for Older People.

The individuals who caused harm impersonated the Police (Fraud Squad) to glean information and to ultimately obtain the bank cards from the woman. It was initially a challenge for the woman to accept any intervention from both the Police and Social Services; the impact of the incident affected her mental and physical health, her well-being, confidence and sense of security.

Key learning points for the Safeguarding Adults at Risk process

1. **This case demonstrates that any amount of financial loss – no matter how large or small – is significant to the person affected. Whilst agencies may have different priorities, it is important for all parties to keep the service user at the centre of their focus and to treat their case with due respect and importance.**
2. **Social workers need to be mindful that a service user may have multiple carers and each carer is entitled to a carer's assessment and potentially services in their own right.**
3. **Empowering the service user in developing her protection plan benefitted not only her health and well-being but also that of her husband because her caring role could be sustained. Working in this person-centred way ensures that the service user achieves the outcomes that they want.**
4. **The Community Safety Unit (Safer Neighbourhood Team) provided invaluable advice and support to the service user in terms of helping to give her a sense of justice and restoring her trust in the Police as one of the organisations impersonated by the fraudsters. Action Fraud is a central point of contact for information about fraud and financially motivated internet crime (http://www.actionfraud.police.uk/)**
5. **Trading Standards have information packs about scams and doorstep crimes. Contact Trish Burls (trish.burls@croydon.gov.uk).**

Wider impact of financial abuse

When financial abuse occurs within a family the results can be devastating and the adult at risk will need a lot of support, not just to try to recoup any losses possible but support with the emotional impact of having been robbed and the practical impacts of losing money.

Case Study – presented by Age UK

Mrs J was referred by the Social Services Safeguarding Team.

Mrs J is a Local Authority tenant; who is 80 years old and lives alone.

She is in receipt of State Pension and Pension Savings Credit and also receives Housing Benefit and Council Tax Benefit although there was a shortfall to pay.

Mrs J had been relying on the granddaughter to get weekly shopping and all other essentials, and pay the bills.

When visited Mrs J was overdrawn on the bank account, with rent arrears and council tax arrears, the telephone had been cut off and the life insurance was in arrears.

On checking the bank statement it showed a balance of £16K in August; when we visited Mrs J in December the account was overdrawn by £110.

After chatting with Mrs J we established that the granddaughter had access to the account and visited weekly. The statements showed large withdrawals from ATM's in Croydon which Mrs J would have no access to due to being housebound and totally reliant on the granddaughter accessing the bank account.

Both Social Services' Safeguarding Team and ourselves contacted Lloyds TSB, we made an appointment to visit the Lloyds TSB branch with a signed Form of Authority; the assistant there acted swiftly and removed the granddaughter from Mrs J's account.

Mrs J refused to believe it was the granddaughter, blaming it all on the granddaughter's partner, even though it was the granddaughter who had the PIN.

All relevant parties were contacted including Council Tax, Housing and BT and because we have a good working relationship with Croydon Council, we came to an arrangement to pay off the rent arrears. We contacted BT and after negotiation got the telephone reconnected and set up an arrangement to pay off the arrears.

We completed a benefit check and established that Mrs J was entitled to full Housing Benefit and Council Tax Benefit and we helped with the application

for Attendance Allowance which has been awarded. This has also increased Pension Credit by way of a Severe Disability Premium.

Direct Debits were set up for all essentials including Council Tax Benefit, Rent, BT, Utilities, Life Insurance and Meals on Wheels.

A carer now visits twice daily to assist with personal care and meals and monitor her well-being.

Meals on Wheels are delivered daily which ensures the client gets at least one hot meal a day.

The carer also does a weekly shop for essentials. Mrs J pays the carer by cheque, so that no cash has to change hands and no-one has Mrs J's PIN.

We visit Mrs J on a regular basis; we check all the receipts from the carer against her bank statement to ensure all is in order. The last time we checked her account she had a balance of over £6500.

We will continue to do this as long as we feel Mrs J needs this service.

Unfortunately Mrs J is now isolated from family contact as her granddaughter was the only family member she saw on a regular basis. We believe isolation is a real and present danger.

7.4 Sharing Intelligence Panel (SIP)

During the past year, it was recognised that there would be benefits in formally meeting to share intelligence about potential safeguarding concerns relating to care providers. Croydon has more providers of health and social care, with around 150 residential and nursing homes plus domiciliary care providers, in its area than any other London borough.

In order to formalise the information sharing and improve the exchange of intelligence, formal regular meetings have been set up. These meetings enable information about providers to be shared by a number of professionals, for example gathering information from Continuing Health Care Nurses, learning disability and older people commissioners, Health watch and the CQC in order to gain a clearer temperature check of quality across the Croydon provider market and to make decisions about any actions that need to occur to address specific problem areas. When concerns are noticed robust action/support takes place by meeting with providers and agreeing remedial action. This ensures that any identified concerns

can be looked at in the round and any worrying patterns picked up at an early stage and actions agreed.

The safeguarding Adults Board seeks assurance through the SIP meetings that any concerns can be picked up and dealt with as effectively as possible. Any concerns raised at the SIP meeting will be shared with the individual provider so that the process is transparent. Also areas of particularly good practice are noticed and providers may be asked to share what their good practice with other providers at Care Forums.

One of the providers discussed at the SIP panel is discussed below:

Case study

From a number of sources, concerns arose about a domiciliary care agency serving a number of council areas.
There were a number of complaints that domiciliary workers from the agency were not turning up for planned calls. This agency provides domiciliary care services to nearly a hundred Croydon residents.

The CQC inspection report showed some failures in meeting 4 out of the 5 quality standards. Whilst some clients reported care staff being kind and responsive, the CQC reports referred to a lack of a system to identify people who were most vulnerable such as those with dementia and that the agency did not have appropriate methods to ensure all planned calls were covered. Work schedules showed that there was insufficient time allowed for care workers to travel between people's homes. The CQC report also pointed to poor handling of complaints and lack of effective overall management.

Commissioners considered whether all the clients should be moved to an alternative agency. However there were some clients who were happy with the current service as the failings were not universal. Commissioners linked with neighbouring local authorities who also used this provider. The brokerage manager arranged quality assurance telephone calls and visits on a randomly selected 10% sample of clients. Croydon commissioners agreed a strategic approach with the agency and further meetings are scheduled which may include a stakeholders meeting to help inform further actions. The joint working with neighbouring boroughs helped with addressing issues at a strategic level.

The provider has done a lot of work to improve their service and feeds back on a regular basis to the councils involved. The main concern is to ensure sustainability of service once the service improvement manager is taken out of

the local branch to manage other projects. Commissioners have requested that she maintains weekly presence at the branch for a longer period for re-assurance that the improvements made are imbedded as business as usual and this is being monitored closely with colleagues in other councils.

The Case study highlighted on page 23 reflects the commitment of the Police locally to monitor high levels of calls from particular addresses or establishments that might indicate safeguarding concerns and to refer those concerns to the safeguarding team. This is important learning from high profile serious case reviews nationally such as the Winterbourne View scandal where the Police failed to identify such a pattern or the safeguarding concerns implied by this.

7.5 The above are areas where vigilance and referral of concerns is important and processes through which referrals are being encouraged. This annual report gives, for the first time, a more detailed breakdown of where referrals into safeguarding support originate. The Board must receive further analysis of this information in order to support development where low levels of referrals are evident. The Board will request assurance from all Board members that organisational policies and procedures reflect the guidance set out in the statutory guidance and in the soon to be published Pan London Policy and Procedures regarding referral of safeguarding concerns.

Objective 8: Improving and Monitoring Practice in relation to Mental Capacity Act responsibilities

8.1 House of Lords review of Mental Capacity Act implementation

A House of Lords scrutiny of the implementation of the Mental Capacity Act in 2013 made the following comments:

'*The Mental Capacity Act was a visionary piece of legislation for its time, which marked a turning point in the statutory rights of people who may lack capacity—whether for reasons of learning disability, autism spectrum disorders, senile dementia, brain injury or temporary impairment. The Mental Capacity Act placed the individual at the heart of decision-making. Capacity was to be presumed unless proven otherwise. Decision-making was to be supported to enable the individual as far as possible to take their own decisions. Unwise decisions were not to be used as indicators of a lack of capacity—like others, those with impairments were entitled to take risks and to make poor decisions. When a person was found to lack capacity for a specific decision, the 'best interests' process ensured that their wishes and feelings were central to the decision being made and, importantly, provided protection from harm to vulnerable adults. The Act signified a step change in the legal rights afforded to those who may lack capacity, with the potential to transform the lives of many. That was the aspiration, and we endorse it.'*

However The Select Committee concluded that (nationally): *"prevailing cultures of paternalism (in health) and risk-aversion (in social care) have prevented the Act from*

becoming widely known or embedded. The empowering ethos has not been delivered".

8.2 Mental Capacity Act and Deprivation of Liberty Peer review

It is estimated that approximately 80% of residents in care homes may lack capacity to make key decisions for themselves as well as many people who are supported in their own homes. The Mental Capacity Act (MCA) is there to ensure that their needs, wishes and feelings are placed at the heart of any decision making and this includes with regard to any safeguarding concerns.

During 2014 Croydon Council and Croydon CCG made a decision in the light of the learning set out in the House of Lords scrutiny committee report to take up an offer made by the Local Government Association, supported by the Department of Health, of a peer review of MCA/DOLS practice. The review process involved the collation of a self-assessment of practice in this area across the partnership and then for 3 days a team of 6 reviewers came to Croydon to see files, talk to staff and to measure the impact that the MCA was having on practice.

The review led to a report which identified strengths and areas for improvement including:

Areas of strength

- The review heard stories about people who were supported to make decisions for themselves and had their wishes taken into account when actions were being planned. There were positive examples of people who, as a result of processes in Croydon, have not been deprived of their liberty or that deprivation has been less than proposed.
- Much has been done to promote the MCA and DoLS and there was a growing awareness amongst staff across the partnership.
- The Team was impressed with the range of training provided by the Council and accessible for the whole partnership.
- The Team heard that partners believed they had good joint working in place and this view was supported by the frontline workers that the Team met.
- Well informed and respected advocacy provision
- Committed leads on the Council and in the Clinical Commissioning Group
- Good leadership at operational level

Key challenges

- More needs to be done to promote how the MCA and the DoLS can be used positively to support people, particularly those in hard to reach communities who may be traditionally mistrustful of authority.
- More needs to be done to promote and raise awareness of MCA/DoLS with practitioners across organisations and with the Public.

- The impact of learning and development needs to be embedded to ensure a consistent approach to advice, the application of thresholds and service provision. Follow up on training is necessary through supervision, team meetings, and appraisals and through Board and subgroups.
- There needs to be more robust recording and measuring of outcomes so that we can understand the impact of practice/interventions and the difference it makes in people's lives.
- There is a need to address under use of advocacy in this context
- Need for strong strategic leadership across organisations at the most senior levels

An action plan based on these findings is being developed and will be the subject of a work plan for the two years ahead. Work is already underway. Plans are in progress to develop information leaflets for the community and to hold an awareness raising conference with funding from NHSE provided to support this.

8.3 Deprivation of Liberty Safeguards under the MCA 2005

During the past year the Board and the MCA subgroup has been exercised by a ruling made in March 2014 by the Supreme Court. This ruling has had an immense impact on the numbers of people deemed to be deprived of their liberty and therefore requiring a detailed assessment of their circumstances in order to ensure that any restrictions on their freedoms are done proportionately and in their best interest.

Deprivation of liberty safeguards is the system put in place under the Mental Capacity Act to ensure that people who lack capacity to consent to their care arrangements are afforded proper scrutiny of these arrangements if the level of care amounts to them being deprived of their liberty.

8.4 Deprivation of Liberty Safeguards framework

For any person who may be deprived of their liberty, the MCA - DOLS framework allows for the deprivation to be authorised and made lawful via a process of careful and very specific assessment. This determines if the deprivation is in their best interests.

For someone who lacks capacity to maintain their own safety, providing 24/7 care and supervision and not allowing them to leave can be a necessary arrangement to keep the person safe. What the Deprivation of Liberty Safeguards assessment process does is to ensure that the arrangement is necessary, proportionate to their needs and that it is the least restrictive way of supporting the person.

8.5 Supreme Court ruling

In March 2014 the Supreme Court overturned the accepted definition of the meaning of what it is to be deprived of one's liberty, by broadening the scope to include many more people. The judgement widened the definition of when a person who lacks capacity to agree to the arrangements for their care and support and who is receiving care support funded by a statutory body, is deemed to be deprived of their liberty. The new ruling says that anyone lacking capacity to agree to being in a care home, nursing home or hospital, or anyone living in a tenancy or the family home and who is subject to 24 hour supervision and control and who would be prevented from leaving if they tried, is deemed to be deprived of their liberty. This is said to be the new 'acid test'. This is regardless of whether they and other key people such as relatives are happy with the arrangements.

The new ruling makes clear that even people supported to lead full and active lives are to be considered to be deprived of their liberty if they are supervised 24/7 and would not be free to leave if they tried. In order to make this deprivation lawful, the local authority as the supervisory body for this process has to arrange for an assessment, as described above, within a strict timescale. This 6 part assessment needs to be carried out jointly by a doctor and a Best Interest Assessor. Both will have received specialist training to be qualified to do this work.

Providers have consequently made increasing numbers of applications for DOLS assessments which have led to demands exceeding capacity. ADASS (Association of Directors of Adult Social Services) provided guidance on prioritising cases. It must be noted that this issue has affected all Local Authorities as supervisory bodies for DOLS and across the country there has been a 10 – 12 fold increase in numbers of people subject to DOLS. This has also meant that it has not been possible in all cases to meet statutory timescales for assessments.

8.6 Croydon's responses to the Supreme Court ruling

The huge increase in referrals during 2014/15 meant that arrangements for carrying out assessments were no longer sufficient. The service therefore commissioned Bournemouth University to deliver a Best Interest Assessor course for social workers employed in Adult Social Services, with 23 staff undertaking the training in January and March 2015. These social workers will become licensed and able to join the rota.

During 2014/15 there was no additional funding to cover this increase in work as the ruling was unexpected and budgets had already been set. It has been accepted that without a formal budget but with a statutory responsibility to comply with this ruling, budgets would overspend. A business case has been made however for additional

funding for 2015/16 which has been accepted and will enable a team of BIA's to be set up to meet the new demands.

The number of DOLS applications carried out in 2013/14 was 47. At the end of April 2015 the volume of DOLS assessments during 2014/15 was as follows:

Total Number of DoLs by Quarter for 2014/15
Quarter 1 – 58
Quarter 2 – 105
Quarter 3 – 170
Quarter 4 – 236

A business case has been made and accepted by Council's Cabinet which has resulted in £558k being put into the budget for 2015/16 in order to meet the demands for DOLS assessments.
Plans to manage the current situation over the forthcoming year include:

- Recruitment to another BIA locum post as an interim measure.
- A recruitment campaign across adult social care which will include 3 posts for full time BIA assessors.
- Complete training programme for 23 Croydon staff to become licensed as BIAs and to commence work on the rota.
- Implementation of revised DH forms for DOLS assessments aimed at streamlining the process.
- More focus to be given to people living in their own homes by social workers / care managers and applications to the Court of Protection being made as appropriate. The staff on the BIA rota will be well placed to undertake this work.

It is expected that these measures will enable timely processing of applications and avoid unlawful deprivations.

8.7 Independent Mental Capacity Advocate (IMCA) activity

A person, who lacks capacity to make decisions about his/her support needs and who does not have a representative such as a family member, is entitled to an Independent Mental Capacity Advocate. This applies to people subject to safeguarding enquiries, who are moving accommodation and who are being assessed under deprivation of liberty safeguards. Given the increasing numbers of people being assessed under DOLS, there has been a rise in the need for IMCA support.

2014-15 – new referrals

Quarter one	Quarter two	Quarter three	Quarter four
31	37	42	38

9 Evaluation of achievements and challenges 2014/2015

A great deal of activity has progressed by all partner agencies and subgroups of the Board leading to:

I. Preparation for the implementation of the Care Act 2014. The Board has reviewed its membership and subgroup structure and set in place a new Leadership Executive Group to make decision and to agree safeguarding cases which should progress to a Safeguarding Adult Review (SAR) .The first SAR has been identified for 2015-16 and is in progress at the time of writing. The Board has in place revised Terms of Reference and strategic aims in line with Care Act expectations.

II. Commenced project work to develop the involvement of service users in the work of the safeguarding Board. The work has helped to understand better the challenges in involving servicer users and empowering them to have sufficient understanding and confidence to engage meaningfully, leading to revised plans to progress this in the year ahead. **This work will continue as a priority during 2015/16.**

III. Developed practice in line with Making Safeguarding Personal and in line with this developed a system to monitor the levels of satisfaction experienced by adults who are the subject of safeguarding referrals. This has led to increased understanding of the outcomes adults want and what works best in helping them to achieve these outcomes. Tjis work has highlighted the challenges in meeting an adult's needs, especially when they lack capacity to make decisions independently, when relatives may have different perspectives to the adult as to what is in their best interest. **During 2015/16 we shall continue to build into all safeguarding enquiries the routine collection of data regarding service user desired outcomes to ensure we remain personalised in our approach.**

IV. Strengthened commissioning links to ensure that safeguarding and mental capacity act principles are firmly embedded into contracts agreed with providers of health and social care, in order to measured quality against these standards. This work was joint between the Local Authority and Clinical Commissioning Group. **During 2015/16 there will be a continued focus on quality of care provision with new posts established to monitor services.**

V. The newly established Sharing Intelligence Panel will work on improving the data recording system so that if there are repeated safeguarding concerns or quality issues these can be identified quickly and actions taken.

VI. The Care Support Team (outlined in detail in section 4), comprised of nursing and social work professionals, continues to support providers to improve standards of care through bespoke training, support and audits.

VII. Work has been ongoing to reach out to BAME groups. The cultural differences in perceptions of what abuse is and trust in others to assist can be significant, including concerns that intervention may bring unwanted social or family repercussions. Female Genital Mutilation is an extreme example of how cultures may hold very different views with regard to abusive practice. **Work will continue in 2015/16 to make these links as safeguarding data reveals that the numbers of safeguarding referrals for BAME groups remains disproportionately low.**

VIII. Close work between the London Fire Brigade and Adult Social Care has been underway in response to the incidence of fire deaths for adults with care and support needs. This has led to training sessions for staff in both health and social care roles about how to identify high risk individuals so that they can be referred for a fire safety visit by the LFB and some fire safety devices can be out in place, including mobile sprinklers.

IX. Work has been underway to share information about the recognition of skin breakdown and measures to reduce this. Significant progress has been made by Croydon Health Services in this area. In addition a protocol is being developed to identify when a pressure ulcer has resulted from poor care and merits investigation by a safeguarding enquiry to ensure action and learning. **The protocol will be fully implemented during 2015/16.**

X. Mental Capacity Act practice and compliance has been reviewed and an action plan is in development to progress areas for improvement. A Supreme Court ruling in March 2014 has led to a tenfold increase in the numbers of DOLS applications nationally. Budgets have been adjusted to provide some additional funding for this area of work and more staff are being trained as BIA's. **During 2015/16 the additional staff will enable a timely and robust response to DOLS applications. Attention will be given to adults, living under restrictive levels of care, in supported accommodation and other community settings.**

10 Priorities for the year ahead are set out in the Board's Strategic Plan for 2015/2017. Progress on these objectives will be reported in the 2015/20216 Annual Report. These priorities reflect the challenges identified above; the learning locally and nationally from review and audit and the expectations set out in Care and Support statutory guidance for safeguarding boards. They include:

Objective 1: Further strengthen the partnership's effectiveness, holding partners to account/to gain assurance about the effectiveness of arrangements. This to include embedding a quality assurance framework and making effective links with other partnerships

Objective 2: Further strengthen Making Safeguarding Personal: the way in which people experience safeguarding support is personal and supports them in achieving the outcomes they want. People who may be in need of safeguarding support influence the development of safeguarding adults in Croydon

Objective 3: Information: ensure production of accessible information for staff, people who use safeguarding support, carers and the public. Raising awareness to enhance referrals from members of the public, for example, those from ethnic minority backgrounds.

Objective 4: MCA and DoLS: ensure that people who may lack capacity are kept safe. By developing knowledge and practice in respect of the MCA/DoLS across the partnership people are better protected

Objective 5: Improve the way in which services are commissioned and contracts are monitored to reduce risk of abuse/neglect. A consistent partnership approach supports early identification of causes for concern

Objective 6 : Improve risk management: embedding and developing the established partnership approach to working with risk in the lives of individuals so that risk is effectively identified, assessed and managed

Objective 7: Strengthen workforce capacity through safer recruitment and a focus on staff support and development.

Appendix 1

Subgroup reports

Produced in this section are extracts from subgroup reports which focus on challenges, achievements and plans. The full reports have been reported to the Board.

Name of Organisation : **Safeguarding Learning and Development Sub Group**

What have been the main challenges/ difficulties over the past year and areas for improvement?

The main challenge over the past year has been poor attendance at the learning and development sub group. There is a core group of regular attendees and some valuable discussions are held, however provider organisations have not been represented recently.

The other challenge has been funding. All multi-agency courses have been funded by the Local Authority and due to mid-year budget cuts, the provision of programmes was re-prioritised. Croydon Health Services also provided training for their own staff. We are therefore seeking funding from the board for 2015/16 to focus primarily on the provision of courses which will benefit the whole partnership, especially those that target and are chiefly attended by the voluntary sector and independent sector. (At the time of publishing some partnership funding has now been agreed).

What have been your key achievements over the past year?

For 2014/15:

- **Safeguarding Adults at Risk (SAR) Awareness**
- **Safeguarding E-learning**
- **Domestic Violence Awareness**
- **Safeguarding Issues for children in context of working primarily with adults**
- **Advanced Safeguarding for Provider Managers**
- **Safeguarding Adults from financial and material abuse**
- **Adult Safeguarding Serious Case Reviews: Messages for Current Practice**
- **Role of the Safeguarding Adult Manager**
- **Role of the Care Co-ordinator**
- **Human Trafficking Introduction**

What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead?

The Learning and Development sub group will support the achievement of the objectives in the CSAB strategic plan as follows:

- Will address the L&D (Learning and Development) implications of safeguarding risks and issues as and when raised by at the board meetings to ensure that staff skills and capability are developed.
- The sub group meeting will continue to have a standard agenda item to consider the L&D implications from the reports presented to the CSAB.
- There is an annual multi-agency safeguarding learning and development plan identifying a range of development opportunities and events. Fliers are produced for each event and distributed to the appropriate staff target groups.
- The L&D plan will be regularly reviewed and updated in line with emerging legislation and guidance as well as in response to local issues.
- The training provided will be monitored and evaluated and a summary of attendance will be presented to the CSAB on a six monthly basis.
- Through the CSA board and L&D group, encourage partner agencies working with adults in Croydon to engage in learning and development opportunities. Line managers to discuss safeguarding learning and development needs with staff in supervision and team meetings; help staff develop their safeguarding competence through learning and development events, e-learning, care forums and discussions; and encourage staff to record their learning and development needs and their actual learning on Personal Development Plans
- A more comprehensive approach to evaluation will be adopted to evidence the effectiveness of training, including:
  - Summary of event evaluation forms
  - Summary of trainer evaluation reports
  - Supervision
  - Case work and manager's feedback
  - Audits
  - Completion of post evaluation surveys which will be e-mailed to delegates and their line managers for a sample of safeguarding courses
- There is a multi-agency MCA learning and development plan which will also be monitored and reviewed through the L&D sub group and summary of attendance at training events will be presented to the CSAB on a six monthly basis.

Following an evaluation of the 2014/15 programme, the Safeguarding Adults at Risk Learning and Development Plan 2015/16 makes provision for the following events:

- **Safeguarding Adults at Risk Awareness**
- **Service User Development (framework for participation and engagement)**
- **Domestic Violence Awareness**
- **Safeguarding Issues for Children**
- **Safeguarding Adults at Risk Advanced Awareness for Provider Managers**

- **Safeguarding Adults – Recording Skills**
- **Safeguarding Adults – Enquiry Skills**
- **Achieving Best Evidence (ABE)**
- **Attachment based approaches in working with adults with care and support needs and with regards to safeguarding events**
- **Building Resilience and Independence using Motivational Interviewing**
- **Legal Literacy for Safeguarding**
- **Lone Worker Risk Assessment / Personal Safety**
- **Child Abuse linked to a belief in Witchcraft and Juju**
- **Doorstep Crime**
- **Working with cases of domestic violence in adults with care and support needs**
- **Multi-agency events on Safeguarding Adults Reviews: messages for current practice**
- **Role of the SAM**
- **Role of the Care Co-ordinator**
- **Care Forums**
- **Self-Neglect and Hoarding**
- **Safeguarding Adults at Risk from Financial and Material Abuse**
- **Human Trafficking and Modern Slavery awareness**

Name of CSAB Subgroup : Best Practice and Procedures

Chair of Subgroup : Rachel Blaney – Lead Nurse for Safeguarding Adults - Croydon Clinical Commissioning Group

What have been the main challenges/ difficulties over the past year and areas for improvement?

The subgroup has met on a quarterly basis throughout the year with a consistent group of members of the subgroup attending meetings, though as with other subgroups of the CSAB, a high percentage non attendance of members .This has affected the subgroups ability to meet the subgroups objectives and work to meet the CSAB Business Plan.

What have been your key achievements over the past year? Please include:

The subgroup has linked to work of the other subgroups regards the growing safeguarding adult agenda such as areas below:

- Safer Recruitment
- Risk Framework
- Pressure Ulcer Pathway
- Fire Risk
- Prevent – Counter terrorism
- Female Genital Mutilation

- MCA/DoLS
- Case Reflection Model in General Practice

What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead?

The Best Practice and Procedures will cease as a subgroup during 2015 – 2016 with the restructuring of the CSAB and aligned subgroups in response to the Care Act 2014. Specific work will be carried out by task and finish groups.

Name of Subgroup: Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)

What have been the main challenges/ difficulties over the past year and areas for improvement?

The most significant challenge over the past year has been dealing with the impact of the Supreme Court ruling that was made in March 2014 in respect of Deprivation of Liberty Safeguards the nature and extent of which are set out in detail in section 8 of this annual report. This has led to a twelve fold increase in the numbers of DOLS applications with no identified additional resources to undertake this work. It has taken time to source the numbers of extra s12 registered doctors and best interest assessors needed to carry out this work. As a consequence the statutory timescales to complete the assessments have in many instances not been met.

The large increase in volume of work also threatens to impact on the availability of an adequate number of IMCA's to provide advocacy.

Another challenge has been in maintaining member participation in the MCA/DOLS subgroup meetings. These have been often poorly or spasmodically attended although there has been some welcome attendances by the Met Police, the London Fire Brigade and the CCG. This is an important area of work and the low attendance numbers reflects that the importance of MCA/DOLS to day to day work with people in the community is often not clearly understood.

Also of note, lack of consistency over business support to this subgroup and the need to divert more resources to managing the DOLS increase has led to meetings being arranged with less than optimal notice and planning.

What have been your key achievements over the past year?

Despite the difficulties encountered over the past year, there has been much progress made with regard to MCA/DOLS work, particularly regards the Deprivation of Liberty aspects.

The MCA/DOLS manager has led a number of well attended and very successful care forums which have been targeted at the provider market as these organisations are 'managing authorities' with respect to DOLS and need to understand and comply with the new ruling. The MCA/DOLS manager has

also spent time with providers on an individual basis to support their understanding of the changes. The MCA/DOLS manager has also delivered training to Croydon Health Services staff.

As a result the number of DOLs applications has increased on a quarterly basis as follows:

Total Number of DoLs applications by Quarter for 2014/15
Quarter 1 – 58
Quarter 2 – 105
Quarter 3 – 170
Quarter 4 – 236
This included 72 referrals of people in hospital as follows:
Croydon University Hospital – 35
South London and Maudsley Trust - 18
Ceased due to patient being discharged – 19

In October 2014 the Council in conjunction with the CCG participated in a peer challenge of its MCA/DOLS work. The purpose was to work with experts from other Local Authorities and the Local Government Association to review our current MCA/DOLS practice. This has led to recommendations to help further develop services.

The MCA/DOLS manager also carried out a complete refresh of the MCA/DOLS policy and procedures.

Successful funding bids were made to NHS England (London region) by the Clinical Commissioning Group and the Council on behalf of the Safeguarding Adults Board, which will enable work to be taken forward during 2015/16 to enhance understanding of the Mental Capacity Act within the healthcare sector and to improve information and advice across the community.

What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead?

The subgroup will consider its aims and objectives in the light of the new Safeguarding Adults board strategic plan.

Additional funding for 2015/16 has been agreed to resource the DOLS assessment work and the priority is to ensure that additional posts are recruited to undertake the assessments.

The subgroup has also identified that more needs to be done to raise awareness of MCA/DOLS issues in the community. Therefore it is planned to create information leaflets and to host an event for the community in the autumn in conjunction with the CCG. NHSE has contributed funds to support this initiative.

During the year ahead we shall focus on implementing the recommendations of the MCA peer challenge.

More still needs to be done to ensure that adults living at home and who are in receipt of a support package, are reviewed to consider whether their support arrangements might also deem that they are being deprived of their liberty. If this is the case then an application to the Court of Protection must be made for their circumstances to be considered. There is becoming apparent that not all social workers or case managers who arrange people's support packages necessarily understand the full implications of the new ruling and so more needs to be done to ensure their understanding.

The subgroup needs to ensure that the revised policy and procedure for MCA/DOLS developed by the MCA/DOLS manager is widely understood and followed. On a practical level this means ensuring that whenever there is doubt about an adult's capacity, this must be carefully assessed and, if the person lacks capacity to make decisions, the principle of best interest decision making must apply.

Public awareness & Information Dissemination sub group (PAID)

The PAID group is chaired by the Chief Executive of Mind in Croydon and its objective is: "To raise public awareness and understanding of Safeguarding Adults issues in Croydon so that abuse is prevented and reported wherever possible". In the light of the SAB Business Plan, the group has increased its tasks thus:

To oversee the production and dissemination of public information and awareness activities about safeguarding adults in Croydon, including help available to support and empower people.

To create links with agencies who are providing public information to ensure consistency.

To monitor in an appropriate manner that information is accessible and that information is being provided to all sections of the community

To create links and work in partnership with agencies.

To develop a strategy and set out / resource a measurable action plan so that service user experience and knowledge is both developed and informs practice, processes and quality assurance approaches. Facilitate representation of service user views at the Croydon Safeguarding Adults Board.

The sub-group enjoys good representation from a range of agencies, including local third sector organisations, colleagues from NHS Croydon, the council and the local police service.

This year the group continued its focus on making sure that Croydon's Safeguarding literature was clear and accessible to the public and in particular to some groups considered "hard to reach", those with learning difficulties, sensory impairments and older people from Croydon's BAME communities.

A number of other issues were considered, including the below.

Challenges and achievements :

Feedback to Referrers

A range of professionals raised the issue of getting feedback from the Safeguarding team about the outcome of the report after they had made referrals. It was agreed that there was a gap with getting managers to feedback to professionals re referrals. Some specific cases were highlighted and the Safeguarding co-ordinator took up this issue and raised it within teams. The situation has improved, and this issue will be kept under review.

Problems with I.T. systems within the NHS in Croydon

Representatives from CHS shared concerns about problems with making referrals, as the Croydon University Hospital's (CUH) computer system was not compatible with Croydon Council's due to a recent upgrade. This matter was taken to the full SAB and a solution was found.

Service User Input

The group led a review on this area. Existing service user groups were consulted and work is in hand to work with these groups and others to move this area forward in the coming year. A representative from CASSUP has been invited to PAID.

The Care Act and Safeguarding Issues

The PAID group asked for assurances from the Council that services that were to appear on Care Place (the on-line directory that the Council has commissioned) were safe.

Safeguarding is working on two areas.

1. To be able to rate a service (covering legal obligations)

2. With a possibility of introducing a star system.

It will be able to inform where there are embargos or suspensions (this will not be available to the public but will possibly be available to self-funders).

Safeguarding and Advocacy

The sub-group contributed, once again to the review of advocacy in the Borough, in particular they required assurance that processes were in place to ensure that adequate advocacy had been commissioned for those using the Safeguarding system

In the coming year, the group would continue its work with the Hate Crime lead from the Council and will focus on the Council's new obligations under the Care Act. In particular, asking for information about the provision of advocacy in Safeguarding

and seeking assurances that Safeguarding had been included in the thinking around Care Place.

The Case Review and Audit Sub Group (CRAG), Croydon Council

What have been the main challenges/ difficulties over the past year and areas for improvement?

- Membership attendance: An average of 11 people attend out of a membership of 30. Of the 12 external agencies currently invited to attend, an average of 5 attend each meeting.
  It is usually the same people who attend each meeting and there are some members who have not attended at all within the last year.
  I have written to team managers within Safeguarding & Social Work and Assessment & Case Management to request their attendance and/or representation, and to request their help in identifying cases. Unfortunately the Safeguarding Team has their team meetings on a Wednesday morning.
- Identifying cases for presentation in a timely manner: where Safeguarding enquiries do not conclude in a timely manner (perhaps due to Police investigation time), this can limit the choice of cases for presentation. Additionally, it is important to select cases where there is learning for multiple agencies, not just Social Services.
- Members provide robust challenge within the meetings about their experiences with some of the agencies/organisations (for example, Social Services, CHS).

What have been your key achievements over the past year

It is equally important to share good practice as well as where practice can be improved. The CRAG provides an invaluable space for reflection.

- The learning outcomes have, in most cases, led to changes in practice (for example the introduction of the Care Planning and Complex Case Panel) and/or have generated further enquiries into concerns raised (for example, addressing concerns about professional practice of individuals and the quality of care provided by agencies), which will hopefully safeguard service users and their carers in the future.
- The learning points are now shared directly with all Team Manager's within Adult Care Services in order for frontline staff to learn from good practice and from the lessons where things did not go so well.
- Members of the CRAG have found it useful to have guest speakers (for example, Trading Standards) so that we can learn about their roles and the work they do, including projects and resources that can be accessed.
- The Police, for example, keep a record of each case presentation's learning points on their shared drive so that Officers within the CID can access the information including toolkits and agencies for advice.

What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead?

Continue to work on membership attendance

Appendix 2

Partner Agency Reports

Name of Organisation : **Croydon Clinical Commissioning Group(CCCG)**
What have been the main challenges/ difficulties over the past year and areas for improvement? With the growing safeguarding agenda Croydon CCG recognised the demands upon the CCG safeguarding team staff capacity in 2014 with the agreement for funding for two further substantive post of a Band 7 safeguarding adults practitioner nurse and admin staff post. The quality monitoring and assurance processes continue to be embedded within current and new commissioned services with monitoring tools specific for safeguarding adults, MCA /DoLS and Prevent compliance. With the introduction of statutory legislation there is a need to raise awareness within the CCG at all levels of commissioning regarding the statutory requirements under the Care Act .This will be aided by representation by the CCG at all levels of the CSAB and support in the implementation of the CSAB Strategy and Business Plan 2015 - 2018
What have been your key achievements over the past year? Please include: **Successful application for MCA/DOLs post** As a result of the Supreme Court Decision (2014) regarding the Mental Capacity Act, in particular Deprivation of Liberty Safeguards (DoLS), NHSE (London) made funds available for local areas. The lead nurse for safeguarding adults at risk made two successful bids, amounting to £75,000, which has been utilised to fund a project facilitator to lead on undertaking a gap analysis in relation to MCA and DoLS. The aim of the project has been to design quality interventions that will best support the health economy in developing a greater understanding and standardising the implementation of the Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) in particular, across Croydon. The first phase of the project completed in April 2015 with excellent evaluation with the second phase to be implemented from September 2015 until the end of the year. An interim project facilitator with extensive knowledge and experience was appointed in November 2014 with the initial focus of the project to undertake a scoping exercise across the health economy in partnership with the Local Authority. At this point in time the project has provided a gap analysis of current awareness and processes. The project has provided awareness sessions for GP practices, dentists and Croydon health services (CHS). Patient record audits have been conducted with CHS and a report of findings submitted to them for consideration. Toolkits and supportive resources have been developed to support general practice with a self-assessment tool to be adopted across the health economy in Croydon **Croydon Mental Capacity Act Peer Review** Croydon CCG actively engaged in the decision to undertake peer review in October 2014. Croydon being the first borough to undertake a review across both the health and social care economy. The final report from this review demonstrated areas for development across the borough for social care providers, local authority, health providers, and the CCG. With support of the MCA/DoLS Project the CCG have raised awareness of the need to ensure compliance via commissioning and contract monitoring

Case Reflection Model

Case reflection is an evidence-based model which was successfully piloted by the NHS South West London Croydon Borough Team Safeguarding Advisor in Croydon in 2012. The initial focus of the model was children, but the value of including adult safeguarding has been recognised and implemented since May 2014

Research identified that there was a dearth of information on the supervision of GPs in relation to child and adult protection and limited discussion on safeguarding concerns with GPs generally. Equally, there was virtually no information on safeguarding / case reflections delivered by nurses for GPs.

The purpose of this model is to provide staff with protected time to reflect on and critically analyse their safeguarding practice with an emphasis on the 'think family' agenda, which has broadened with the safeguarding adult input to 'think family across the generations'. The interaction between the CCG safeguarding team and the practices also provides an opportunity to assess safeguarding arrangements and promote best practice. While the safeguarding team are involved in the development of the model, the intention is for each practice to embed it within their own arrangements with the GP Safeguarding Lead being the key professional.

Clear benefits gained from participating in case reflections include enhanced patient safety, reduction in medical errors, benefits of shared learning across health professionals, and increased confidence in participating in safeguarding processes

The safeguarding case reflection model in general practice has been recognised by NHSE and uploaded on NHSE pin board. The pin board is a searchable library of case studies from commissioners. The pin board present case studies which highlights good practice, where CCG's can share and learn from each other's experiences.

As a direct result of case reflection there are now 58 practices fully engaged with the model.

In the last six months, activity has included:-

- 21 introductory visits to GP practices since October 2014
- One introductory visit to a walk-in centre
- 6 Safeguarding leads now facilitating their own sessions.

It would appear from the GP safeguarding case reflection audit (April 2015) that the majority of GPs and their practice staff value case reflection discussions. A significant proportion of the GPs who responded to the audit have reported that they have gained an improved insight into the extreme importance of their role in safeguarding children and adults at risk. A follow up audit (September 2015) will seek to gain qualitative feedback from GPs to help identify how the service/process is working, as well as areas for quality improvement.

Plans going forward include:-

- On-going audit to evidence effectiveness
- Further roll out of case reflection across Croydon in order to ensure that all practices have the opportunity to participate. (Planned for 2014/15).
- Further development of the GP safeguarding lead role in delivering the case reflection model considering both safeguarding children and adults at risk

GP Safeguarding Leads Workshops

In order to continually enhance practice and the quality of safeguarding, workshops are held by the CCG safeguarding team throughout the year. Safeguarding professionals from practices are invited to attend. The agenda includes safeguarding updates and information-sharing on local and national issues. There is further discussion on the development of case reflection and the opportunity to consider practice challenges and successes.

The sixth workshop is scheduled to take place on the 25th June 2015

The agenda for this workshop includes:-

- Mental Capacity Act/Deprivation of Liberties Safeguards
- Update on case reflection
- SG Children GP toolkit
- Self-assessment
- Case scenario
- Family Nurse Partnership
- Dementia

There will be a further workshop in November 2015 which will address emerging areas for discussion from national and local agendas.

Female genital mutilation (FGM) Project

The FGM agenda has been the focus of extensive discussion and media activity over the last year. It is recognised that the prevalence of this practice in Croydon is unknown. There have been numerous work streams across the health economy historically and it is now recognised that these need to be co-ordinated and developed in order to ensure that a whole systems approach to the needs of the victims of FGM and their families and communities is used.

In recognition of the impact of FGM on women, girls and communities, Croydon CCG has identified funding through the quality premium to take forward a project across Croydon which will ultimately aim to improve the health and wellbeing of women and girls affected by FGM. The project will focus on gaining more detailed understanding of its impact on emotional, physical and social health, cultural issues and barriers to accessing health care. The project will also seek to gain an understanding of professional's knowledge, responses and service provision and devise appropriate programmes to raise awareness and enhance skills. Collaborative working with partners and stakeholders is essential to the success of the project. This will need to include the development of care pathways and an overarching strategy which will assist in achieving the projects aim.

Prevent

CONTEST is the U.K.'s counterterrorism strategy that aims to reduce the risk we face from international terrorism so that people can go about their lives freely and with confidence. **PREVENT** is part of the Government counter-terrorism strategy which focuses on stopping people becoming terrorists or supporting violent extremism. Health has been identified as a key strategic partner in supporting this strategy and compliance with the Strategy is part of the NHS Standard Contract

Healthcare professionals may meet and treat people who are vulnerable to radicalisation. People with mental health issues or learning disabilities may

become more easily drawn into terrorism. We also know that people connected to the healthcare sector have taken part in terrorist acts. The key challenge for the healthcare sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, healthcare workers can interpret those signs correctly, are aware of the support which is available and are confident in referring the person for further support. Preventing someone from becoming a terrorist or from supporting terrorism is no different from safeguarding adults at risk from other forms of exploitation.

The lead nurse for safeguarding adults at risk is the nominated Prevent lead for the CCG with both the lead and safeguarding adults nurse practitioner Prevent trainers. The CCG has continued to develop working relationships with local multi agency partnerships working on the Prevent agenda and monitor providers compliance with the agenda via quality assurance processes. The Lead Nurse for Safeguarding Adults at Risk is a member of the Channel Panel and Decision Making Board within Croydon, which discusses concerns relating to individuals, communities, Pan London, national and international issues.

Prevent compliance and assurance is gained via the Safeguarding Adults Board Audit Tool and the CCG Safeguarding Adult Quality Monitoring Template and NHSE London Monitoring Report to meet statutory requirements under Counter-terrorism and Security Act(2015)

In providing the case reflection to GP Practices it has become apparent there is a lack of awareness of the prevent strategy and the channel process to identify possible individuals at the pre-criminalisation stage of terrorism. Further work is at the initial stages for envisaged lunchtime awareness sessions to be provided to GP Safeguarding to highlight in particular the issues regarding Syria ,which affect both children and adults

Risk and Vulnerability Management Panel (RVMP)

The CCG lead nurse for safeguarding adults at risk is a member of the RVMP with organisations working in Croydon to work together to take appropriate account of all forms of vulnerability identified in victims, witnesses, perpetrators or any person that of staff come into contact with, as follows:

- The Risk and Vulnerability Management Panel (RVMP) is a meeting where information is shared on complex/high risk cases between various stakeholders.
- All relevant information is shared about vulnerable cases; the representatives then discuss options for increasing the safety of the victims and / or witnesses and addressing the perpetrators' behaviour, turning these into a co-ordinated action plan.
- The primary focus of the panel is to safeguard people, and prevent further risk or victimisation. Therefore it is critical that the Core group is established as a way of ensuring that multi agency communication and exchange of information takes place regularly.

What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead?

- Further roll out of the case reflection model to ensure that every GP practice has been contacted and offered a visit by the safeguarding team to introduce the model and embed in practice.
- Run further safeguarding general practice leads workshops in order to support safeguarding children and adult practice across GP services to support think family agenda across the generations
- Recruitment of the FGM project consultant and the development of this work stream.
- Further development and awareness raising aided by funding from NHSE London via project facilitator for MCA/DoLS across health economy
- Further review of safeguarding assurance, compliance and monitoring in new and current health commissioned services
- Support implementation of a single assessment and pathways across Croydon regarding pressure ulcers and safeguarding by health and social care commissioned providers.
- Raise awareness of the PREVENT Strategy and Channel Process across ICS in partnership with Metropolitan Police Counter Terrorism team
- Further development of collaborative working between the CCCG safeguarding team and the ICU in order to ensure that safeguarding is appropriately considered and reflected in all work completed by the adult and children's ICU.
- To support at executive, CSAB and subgroup level the development of the CSAB to meet statutory requirements under the Care Act 2014 and the Making Safeguarding Personal agenda
- Continue to engage in multiagency forum/agendas i.e. DASV,RVMP, MARAC

Croydon Health Services

Quality and Clinical Governance Committee

Challenges/ achievements and plans

ACTIVITY DURING THE REPORTING PERIOD RISK REGISTER

New Local Policies, Procedures and Guidance

The Mental Capacity Act (MCA) Policy was reviewed and ratified by the Risk Management and Policy Committee on 21st Nov 2014. Due to the Care Act and changes to the Deprivation of Liberty Safeguards (DOLs) forms, the Safeguarding Adult at Risk Policy and DOLS Policy will need to be reviewed and ratified by July 2015

In response to the findings of the audit, a robust action plan will be created by June 2015, to include the following actions:

- MCA and DOLS prompts are now in place on CRS Millennium
- 'Let's Do It' Listening into Action initiative, will increase the awareness of MCA & DOLS prompts by creating and disseminating posters. This is collaborative working between the Children's Safeguarding Team, the Named Midwife and Safeguarding Adult teams.
- Further training on MCA and DOLS, Training in these areas of competency has commenced.
- The Safeguarding Adult Structure is under review with a business case to follow and for approval June 2015. It is likely the business case will also include a recommendation to address both the MCA and DOLS leadership roles

Safeguarding Adult Training

At the start of the year the total safeguarding compliance was 84% (April 2014) and by the end of the year it increased to 87% (March 2015). See Chart 1.

E-Learning

The bespoke E-Learning package for clinicians at level 2 has been delayed due the Care Act (2014) changes necessary for the package. This course will be launched in May 2015 and should be completed by the end of June 2015. For doctors and medical students an ELearning package created via Premier IT will be reviewed by the Named Nurse and launched by September 2015. There is also a stand-alone Mental Capacity Act and Deprivation of Liberty Safeguarding E-Learning packages available.

Deprivation of Liberty Safeguards (DOLs)

Throughout the year, there have been 30 DOLS urgent authorisations and referrals made to Croydon Council DOLS team (see Table Two).

It has been difficult to obtain prompt feedback from the DOLS team as to the outcome of the cases referred. A review into the DOLS process is required by August 2015, to ensure feedback from Social Services is obtained in order for CQC notification to be completed promptly. To improve the data that is collected and correlated by the Trust, DOLs signatories are required to check and sign off all DOLS Urgent Authorisations created for in-patients. The benefits of having DOLS signatories would improve the monitoring of the forms of restraints used and improve the maintenance of the DOLS database. The Site Practitioners and the Matrons are most appropriate staff to fulfil the role of the signatories. Training is required for the signatories before they can undertake the role and both teams will require access to the DOLs database; which will be arranged via IT by September 2015.

ADULTS SUBJECT TO ABUSE

Patient Allocation

There were 179 patients referred to the Named Nurse during April 2014 and March 2015, to provide advice and support within the safeguarding investigation process.

Each patient referred to the Named Nurse requires advice, fact finding and allocation to the appropriate staff member (Health Representative). The Health Representative is responsible for liaising closely with the care manager investigating the safeguarding concern, collating the evidence, writing the appropriate health report, attending the strategy and case conference and finally disseminating the lessons learnt.

Due to the complexities of the health representative's role there are delays in the process, which increases the involvement of the named nurse to chase evidence and prompt actions via several emails and telephone calls. Table Three below shows the type of alleged abuse suffered by the patients referred to the Named Nurse and the Independent Domestic Violence Advocate (IDVA). There were more females referred (60%), and the most common alleged abuse was neglect (39%) and 23% of cases were for domestic violence.

Number of allegations against CHS and the outcomes

Throughout the year, there were 36 accusations of abuse against CHS; of these cases 15 were for tissue viability neglect and 21 for other issues*. The Named Nurse continues to work with Heads of Patient Safety and the Tissue Viability (TV) Team, and the Safeguarding Training to prevent abuse by tissue viability neglect, targeting wards and community nurses. The Named Nurse also attends the weekly Pressure Ulcer meeting when possible. There has been a decline in the use of the skin damage tool, but the number of TV cases raised as a safeguarding has decreased also. A New Skin Damage tool has been created in collaboration with the Named Nurse, Croydon CCG and Local Authority. The new tool should be launched by August 2015.

To date, five cases of abuse have been substantiated against CHS and seven have been unsubstantiated this year.

Independent Domestic Violence Advocate (IDVA)

On 15th December an IDVA was appointed, funded by Croydon Council for 18 months and managed by the Lead in the Family Justice Service; to work within the Emergency Department and to receive referrals from Maternity, if victims of DV are identified. The IDVA has been in post now for 4 months out of the 18 month secondment.

Deprivation of Liberty Safeguards (DOLS) New Forms

Due to the Government Commissioned Review of the DOLS paper work, the DH has issued new DOLS forms in conjunction with ADASS (Association of Directors of Adult Social). The DOLS forms have been reduced from 33 to 13. The new forms are to be used from 1 April 2015. CHS has invited Croydon Council's DOLS Manager to facilitate a number of in-house to launch the new documents. The documents are accessible on the intranet under safeguarding button.

1. CASE REVIEWS

At the start of the year there were three SCR and one DHR for CHS safeguarding adults**.**

Serious Case Reviews (SCR)

All actions for the adult SCRs have been completed.

Domestic Homicide Reviews (DHR)

JD-B Domestic Homicide Review (DHR): A 25 year old woman with two children under the age of seven was murdered by her ex-partner. The CHS IMR was completed 24 June 2013. The final report by the DHR author was completed in 2014. A joint action plan with Child Protection is in place. Work to be undertaken with CUH emergency department (ED) to embed ED prompts, and with the Family Justice Centre has put in place an Independent Domestic Violence Advocate (IDVA) to support staff in ED for 18 months and a Domestic Violence Policy to be completed by May 2015.

Serious Incidents (SI): In Quarter 4, there were two serious incidents involving adults at risk. The first SI was an allegation of poor discharge. The SI investigation was completed and the outcome was unsubstantiated. The second SI was a never event allegation of incorrect surgical procedure, leading to a Serious Incident investigation in conjunction with safeguarding.

New PREVENT Training

The PREVENT facilitator for the Trust is CHS security manager, who has now received the updated WRAP3 training material from NHS England. PREVENT training is now mandatory and the training figures are required by NHS England. A training planning meeting agreed that PREVENT will be rolled out by May 2015 as a part of the safeguarding adult training at all levels and at induction within the Conflict Resolution training, which is facilitated by the security manager.

On Line Referral Issues

In April 2014, Croydon Local Authority upgraded their IT systems creating the 'My Account Services' on their website, which caused access problems to CHS staff. When accessing the Safeguarding Adult online form an error message presented.

A missing root certificate was installed and access to the site is possible now using Chrome and access to the e-form is possible using IE7 if entered directly via https://my.croydon.gov.uk/Services/AdultCareInitialReferral/ which bypasses Croydon Council Homepage.

2. NEXT STEPS

Action	Timescale	Lead
Quarterly reports to CHS Board	Quarterly	Named Nurse
To complete and ratify the Domestic Violence Policy	June 2015	Named Nurses for adults and children, and Named Midwife
PREVENT Training to be rolled out within the Trust as a statutory requirement and attendance data sent to NHS England	May 2015	Named Nurse
Review of the Safeguarding Adult Team, to consider the MCA & DOLS leadership requirements and a Business case to be completed.	June 2015	Associate Director & Named Nurse
To enabling training compliance, larger venues will be booked for the Level 1, 2 and 3 update training sessions for May to July 2015 to	May to July 2015	Named Nurse

increase capacity for the sessions; especially for those requiring level 3.		
Extra MCA & DOLs training scheduled for 2015, to be tailored for each service to ensure: 1. Staff are aware of the new DOLs forms and how to complete them 2. Staff understand how to implement the CRS Millennium prompts for MCA & DOLs 3. To improve capacity assessment practice and Best Interest decision making recording 4. Staff understand about restrictions and restraint,	Ongoing throughout 2015	Named Nurse CCG Lead Local Authority DOLs Manager Designated doctors
'Let's Do It' as a part of the Safeguarding LIA initiative, will increase the awareness of CRS Millennium MCA & DOLS prompts by creating and disseminating posters	June 2015	Named Nurses for adults and children, and Named Midwife
To create and seek ratification of the External MCA & DOLs Audit Action Plan	June 2015	Named Nurse
Additional Domestic Violence Training to be rolled out	June 2015	IDVA
To complete the final changes to bespoke Level 2 ELearning package with Shirley House training department. Then pilot and launch the package	June 2015 Sept 2015	Named Nurse Training Advisor
The doctors and medical students' ELearning package at Level 2, created via Premier IT will be reviewed and launched	June 2015 Sept 2015.	Named Nurse PGMC Lead
Administrator recruitment to be completed	June 2015	Named Nurse
DOLs and Safeguarding adults at risk Policies to be reviewed, to include the changes in accordance with Care Act (2015) and the new DOLS forms	July 2015	Named Nurse
Domestic Homicide Review Joint Action Plan is being implemented with Named Nurses for Children.	July 2015	Named Nurse
A review of the DOLs processes to ensure feedback is obtained promptly from Local Authority	August 2015	Named Nurse
Skin Damage tool has been created in collaboration with the Named Nurse, Croydon	August 2015	Named Nurse

CCG and Local Authority. The new tool to be launched.		
DOLs signatories to be informed of their new role. Training and access to the DOLs database to be provided	September 2015	Named Nurse Matrons and Site Practitioners
Further training in MCA and DOLS is required for practice educators, matrons and senior doctors to enable them to embed and check competence of the MCA and DOLS in practice, especially in terms of MCA assessment and Best Interest recording.	September 2015	Named Nurse & CCG Lead
Supervision Strategy to be created.	September 2015	Named Nurse
Multi-agency discussion about the implementation of the DASM role within Croydon and the impact for CHS	October 2015	Executive Lead, Associate Director & Designated doctors

Name of Organisation : **South London & Maudsley NHS Foundation Trust**
What have been the main challenges/ difficulties over the past year and areas for improvement? Trust staff using external agencies paperwork/processes when making safeguarding referrals to Local Authorities. SLAM provides a range of services in 8 different boroughs. There are often significant differences across Local Authorities in how they respond to/act on safeguarding referrals. This can cause confusion/frustration for Trust staff. Quality Assurance and data collection – current infrastructure and IT/electronic reporting and recording systems do not allow for adequate or accurate collection of safeguarding data within the organisation – particularly at a borough specific level. Savile Report – large piece of work completed by Interim Trust Safeguarding Adults Lead throughout 2014 – this priority impacted on internal work to address quality assurance issues. Areas for improvement: New Trust Safeguarding Adults Lead – substantive postholder started in role April 2015 – will begin to drive work needed to improve internal reporting/recording and so enable better data collection on safeguarding activity within the Trust. Development of pan-SLAM safeguarding adults' process paperwork, from referral to review& closure of an enquiry. The aim of this is to have standardised reporting and documentation of the safeguarding process across and within all SLAM services irrespective of borough or base. It is planned that this standardised documentation will eventually be embedded into the Trusts electronic record system. Croydon have created a Safeguarding Senior Practitioner post and 2 supporting

safeguarding SW posts for Croydon SLAM services. This has really improved safeguarding activity within Croydon SLAM services, providing Local Authority SAM oversight to enquiries and improving data capture. There is close liaison with the Trust Safeguarding Adults Lead.

What have been your key achievements over the past year?

- Improved engagement with Croydon SAB. A designated Service Director now attends the local SAB.
- Appointment of a Trust Director of Social Care – improved liaison and joint working with Croydon.
- Preparation for implementation of the Care Act – internal working group.
- Involvement with local Listening Into Action/Healthwatch
- Engagement with local advocacy groups
- Improvements secured in terms of both practice and outcomes. Please comment on the trend terms of outcomes, compared to the previous year.
- The appointment of Patricia Clarke as a Safeguarding Adults Senior Practitioner, along with 2 Social Worker posts to better enable Croydon to oversee safeguarding adults' enquiries is beginning to improve safeguarding practice and outcomes within Croydon SLAM services.
- However data is not yet available to the Trust to comment accurately on trends in terms of outcomes.
- Specific safeguarding adults training (role of Safeguarding Adults Manager and role of Care Coordinator as enquiry officer) was provided to Croydon SLAM staff via the Local Authority. This was positively received and is beginning to improve staff awareness of safeguarding adults' issues and practice.

What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead?

- Implementation of the Care Act 2014 – Trust Care Act implementation group lead by the Trust Director of Social Care. Ensure policies and procedures are compliant.
- Ensure senior representation at each of our local SAB. Senior Director now identified for each borough.
- Quality assurance and data collection – Safeguarding Adults quality dashboard devised. To be used to develop and improve existing Trust systems to enable necessary data recording and capture.
- Devise standardised Trustwide reporting system and documentation for the Safeguarding Enquiry process. It will be necessary for partners from across the 4 core boroughs to support this work within SLAM.
- Prevent agenda and required training.

Agency report to the Croydon Safeguarding Adults Board Annual Report

Name of Organisation:

Adult Safeguarding Team (Croydon Adult Integrated Mental Health Service)

What have been the main challenges/ difficulties over the past year and areas for improvement?

Culture – the removal of safeguarding responsibilities from the Service has resulted in loss of "corporate memory" which has an impact on the knowledge/skills of staff in terms of identifying abuse, working collaboratively with service users and risk management.

Staffing –The team is a small one and the demands in terms of consulting with colleagues, undertaking enquiries and working with care co-ordinators with full caseloads is a challenge.

Interface with organisations – the arrival of the Trust wide SLAM Safeguarding Lead may assist with improving communication with SLAM. However, an improvement in obtaining key information e.g. from SUI reports to enable the timely response to enquiries is required to strengthen the safeguarding process.

What have been your key achievements over the past year? Please include:

The development of the safeguarding tracker –which was developed in partnership with local authority IT, the administrative manager and I to ensure that ownership and accountability in terms of referrals is possible, is a key achievement. All work which is identified as safeguarding within this service is contained on there, and provides an opportunity to assist with capacity, identify risk and document closely work which is underway. Despite being a new service, the team is in a position to identify psychological and emotional abuse as the most significant form of abuse within this client group.

Prior to the introduction of this team- it was difficult to obtain reliable quantitative and qualitative data related to safeguarding. Given the legislative changes, the tracker continues to evolve and also the team administrator submits this to LBC to ensure that the performance remains satisfactory. Requests for information from this tracker have also been received from SLAM, to assist with service development.

The introduction of the tracker enables a base-line to be developed which we can identify key themes in which to consider too.

By February 2015, core team members (team managers and care co-ordinators) had attended the bespoke SAMS and care co-ordinators training which took place at Heathfield. The training needs analysis is ongoing, and I worked with the trainer given the needs of staff, once the return to the Service of safeguarding took place.

Capacity – notwithstanding delays for information from partners for various reasons- the team is able to respond to plans to manage risk via safeguarding and document plans at least weekly- this overview assists with service development.

What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead?

Please include your priorities for the coming year

Work closer with teams to ensure that they are fully aware of the safeguarding enquiries that they will be responsible for

- ☐ **Work closer with teams to ensure that they are fully aware of the safeguarding enquiries that they will be responsible for**
- ☐ **Work to develop clearer referral pathways/contribute towards the develop of local policy to support staff and ultimately service users**
- ☐ **Anticipate stability within the staff team**

Name of Organisation :

Role of organisation: **London Ambulance Service**

What have been the main challenges/ difficulties over the past year and areas for improvement?

Faxed referrals:

Staff make referrals via our central department called the Emergency Bed Service (EBS). These are currently made by phone between 0800-2000 non-conveyed adults. For conveyed adults and outside of these times staff complete a paper referral form called and LA280 and fax them through to EBS.

EBS currently fax all referrals to social services departments.

We are waiting to move to a more secure email and database in order to make the transition to emailing referrals. Our staff do not have access to provide online reporting, due to their nature of being out on an ambulance so all the referrals have to be collated and distributed to relevant authorities via our central EBS department.

Increase in workload- Year on year the number of safeguarding referrals is growing.

After a number of years of sustained growth in the number of safeguarding and welfare referrals, 2014/15 has seen the volumes stabilize, with some early indications that they may be beginning to drop. Referrals have averaged 2,350 per month, or 2.8% of all incidents attended. This is against an average 2,700 per month for 2013/14, around 3% of incidents.

In Croydon this year we made:

- 342 Adult safeguarding referrals
- 1,444 Adult welfare referrals

Training database – We do not currently have the ability to identify who still needs training. We rely on staff reporting to us when they have completed training.

Safeguarding supervision- Currently only group supervision provided.

What have been your key achievements over the past year? Please include:

Partnership working- local and Pan London.

In particular in Croydon the LAS representatives engaged with the local Safeguarding Board. In 2014/15 attended four safeguarding adult boards. Our safeguarding leads attended 17 other safeguarding adult meetings in conjunction with Croydon Council directly linked to safeguarding adults, including safeguarding case conferences, strategy meetings and care forums.

We also attend the Care Home Support team meetings twice a year to provide updates, and attend care home forums.

We also provide information to MARAC and attend the meetings when we are required.

Working in partnership with the Care Home Support Team, we highlighted a number of homes that required training in the area of improving patient handover.

During 2014/15 Vicki Hirst and Jo Millard trained a total of 175 care home staff

They conducted a total of 16 two-hour sessions which covered:

- When to recognise a resident is ill
- Which health service options are available
- Calling 999 and the prioritisation system
- What to prepare for ambulance arrival
- Conducting a good patient handover
- DNAR
- How to recognise a stroke and a heart attack

This was finished off with a 45 minute CPR session.

All attendees were given a learning pack with copies of the slides, a certificate and an ambulance checklist.

Referrals- We make a good ratio to incidents attended and we receive few complaints. (see referrals data below)

Training- We provide regular and varied content throughout the organisation to staff. A number of staff have attended the safeguarding training provided by the Safeguarding Children and Adults Board, including Human Trafficking Awareness, Pressure Ulcers and Sexual exploitation.

In March 2015 we invited the International Organisation of Migration to Croydon Ambulance station to run two, three hour sessions on an introduction to human trafficking. 26 staff frontline ambulance staff attended in their own time.

Name of Organisation : **Mind in Croydon**

What have been the main challenges/ difficulties over the past year and areas for improvement?

An issue for our clients is not being believed when they raise concerns. There is a tendency for people to say that they do not make reliable witnesses or that they have imagined what

happened to them.
What have been your key achievements over the past year? We have worked successfully with a number of clients to support them to challenge and overcome abusive behaviour that they have previously tolerated.
What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead? We intend to focus on the issue of self-neglect and in some specific cases working with people who are hoarding.

Name of Organisation : **Metropolitan Police Service**
What have been the main challenges/ difficulties over the past year and areas for improvement? Information sharing between the MPS, Adult Services and Mental Health Services has been difficult. The lack of secure email addresses of employees in partner agencies has proved problematic for our PPD and the BMHLO to share information quickly and effectively.
What have been your key achievements over the past year? In the last year (April 2014 to April 2015) Croydon police officers have identified 2700 vulnerable adults from across the Borough and have made detailed reports for referral to Adult Services about those individuals. We do not have the data of exactly how many were referred to Adult Services or the results of these. This is a significant increase on the previous year and this is replicated across all the London Boroughs. The implementation of a Risk And Vulnerability Management Panel in partnership with the Local Authority and other agencies. Close work with management of Palmer House and MH care homes to reduce call volume to emergency services and raising concerns about the placement of individuals to support their particular needs. Good working relationship with Adult safeguarding lead for the Local Authority (Sean Olivier) and the safeguarding lead for SLAM (Patricia Clarke). The effective implementation of the mental health street triage service in Croydon Borough which has resulted in less use of Section 136 of the Mental Health Act and more support for operational police officers when dealing with vulnerable adults.
What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead? We will continue to develop clears lines of communication and agreed working strategies with partner agencies.

Name of Organisation : **Age UK Croydon**
What have been your key achievements over the past year? During the year, we have reviewed our Safeguarding Adults at Risk training and implemented a rolling programme of refresher training for all staff and volunteers. Safeguarding Adults at Risk is an item on all team meetings, as well as staff and volunteer supervision sessions. We have worked closely with the Safeguarding Adults at Risk team and Trading Standards to publicise scams and rogue traders to other organisations to prevent more instances of older people being targeted. We have continued to receive referrals from the Safeguarding Adults at Risk team of clients who have been abused and/or are at risk of being abused and our staff have worked with the team and clients to put systems in place to prevent this. Staff are asked to attend best interest and strategy meetings to support clients and assist in implementing preventative systems to enable clients to remain independent and reduce the risk of abuse/further abuse. Age UK Croydon have ensured that Safeguarding Adults at Risk training is available to our Advice Services Croydon partners and other voluntary sector groups as well as ensuring that the Social Work Student placements that we have, undertake the core training and other training as available. Where possible they also attend Safeguarding strategy/best interest meetings and workshops to improve their understanding of the roles and responsibilities that professionals have when working with clients who have been abused as well as the practicalities of supporting clients.
What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead? • To ensure that as an organisation, we are fully aware of and ready for the new Care Act • To understand how it will impact on service provision across the borough and on our existing services • To continue to provide and deliver services and activities that reflect the needs of the population of Croydon • To ensure that staff and volunteers receive the training required to provide safe, quality services.

Name of Organisation : **Croydon Mencap**
Key achievements and challenges We are an organisation that both provides advice and information to carers but also works directly with service users. As such we have an important role in both ensuring that the service we provide is of a good quality, is safe and empowering for service users and we are also often in a position of trust when people may disclose abuse to us and so we need to know how to respond and to work collaboratively with the adult at risk and with social

services and other agencies.

We ensure that all staff are DBS checked with Mencap National and references taken up. Staff receive regular supervision and support by their line managers who in turn report to me as Chief Executive Officer and I report to the Board.

Safeguarding in on the agenda of all board meetings.

We have internal policies and procedures to ensure that staff are up to date and aware of safeguarding and how to report it. All staff will sign to say they have read and understood policies relating to their 'duty of care', risk assessing and appropriate support of Service Users as well as safeguarding as part of their overall induction.

We make it clear to staff, Service Users and their families and carers that if we have any concerns we will refer the matter on. This has sometimes been difficult as it may be a parent or family member but we explain that we are 'duty bound' to do this and overall we have managed to work through such situations. We promote dignity within the environments in which we support Service Users and get their feedback whenever we can. Also, as we are a voluntary sector organisation we can sometimes be a 'listening ear' and Services Users are often willing to share their feelings with us which can be a route for them to disclose.

We provide advice, support, information and activities to adults and children with learning disabilities, their families and carers.

We run a day opportunity service for adults with a learning disability at Leslie Park We currently support up to 19 people each day, attending between one and five days per week.

Leslie Park provides a number of different activities to suit individual needs. We are able to access activities locally by using our mini-bus or public transport.

We visit places of interest that are suggested by our members and attend joint activities and community days with Sutton Mencap. We have formed lasting friendships along the way.

We also focus on everyday living skills such as travel training, numeracy and literacy where a need is identified. For example, we ran a dental hygiene programme, and have also worked in partnership with the Metropolitan Police in designing a Personal Safety programme looking at issues of travel and "stranger danger".

Running a Monday Club

This popular social club, with around 120 members, for adults of all ages with a learning disability, providing leisure activities such as snooker, darts, tabletop activities, music and special events such as discos and barn dances.

Name of Organisation **: Croydon BME Forum**

What have been the main challenges/ difficulties over the past year and areas for improvement?

From April 2014 - April 2015 we facilitated eight Safeguarding Adults Level 1 training

sessions.

Course Aim: To raise awareness of the safeguarding issues involved in work with adults in need who could be at risk of from abuse. The course explores the signs and symptoms of abuse that staff need to be aware of and to examine guidelines for reporting concerns.

It has been difficult to carry out a qualitative assessment of the impact of this training as all of the attendees tend to move from one care job to another.

Following the Dementia and Diverse Communities event in November 2014 we have undertaken work to deliver safeguarding talks directly to community based BAME groups. The aim of this will be for individuals to be better informed and more aware of safeguarding on an individual basis. Taking the talks to the BAME public will give them the opportunity to ask questions from their own perspectives, usually as carers of elderly or disabled individuals. It will also allow for the talks to be translated by the co-ordinators of the groups. Participants will also have the opportunity to ask confidential questions on a one-to-one basis.

Name of Organisation : **Trading Standards**

What have been the main challenges/ difficulties over the past year and areas for improvement?

Trading standards have a statutory duty to enforce certain pieces of legislation in relation to consumer protection law. The team have identified priorities in enforcing and promoting compliance with the law, main one of which is the protection of the vulnerable.

Internal policy has been developed to refer any victim of crime deemed vulnerable by investigating officer to adults to adults at risk referral team within twelve hours of them coming to notice. Further partner signposting occurs throughout course of investigation as necessary.

Safeguarding of adults ensures that they are ‘target hardened’ in terms of future doorstep crime/scams occurrence, protected from re targeting by same organised criminal groups and ‘on system’ in that relevant authorities are aware.

Main challenges have included further reduction in resources for team leading to lack of capability in terms of instant response to crime call outs, lack of reported crimes and intelligence relating to latest incidents.

Areas for improvement have included broader awareness raising, targeted engagement, increased partnership working and wider reporting.

What have been your key achievements over the past year?

Key achievements have included

- Increased number of partner and client awareness sessions held, training sessions to professionals increased, funding secured for two day safety session for adults at risk from doorstep crime.
- First London borough to bring a criminal behaviour order against a convicted rogue trader

- 3 successful prosecutions of rogue traders
- Enhanced links with community groups including Croydon Visual, Croydon Hearing and Croydon Disability Forum
- Enhanced relationship with financial institutions
- Undertaking to offer training for each adult social work team on issues surrounding doorstep crime and scams
- Improvements have included established route for referrals confirmed.
- Visits to all identified scam victims named in 'suckers list' seized by police

All trading standards staff trained and competent on conducting ABE interviewing of vulnerable and intimidated victims.

What are your key plans to overcome challenges and/or develop services with regards to adults with care and support needs for the year ahead?

- Protection of the vulnerable remains our highest priority. With particular regard to doorstep crime and scams, more business partners will be identified and used as 'community hubs' for promotion of prevention material and information access. We will renew links with pharmacies, GPs and medical practitioners and forge links with Alzheimers Society and both professional and non-professional carers.

Name of Organisation : **Care Quality Commission**

What have been your key achievements over the past year? Please include:

As a regulator the main responsibility of the Care Quality Commission (CQC) is to ensure that all health and adult social care providers have clear and robust systems in place to keep people who use their services safe and employ staff that are suitably skilled and supported.

The role and overarching objective of the CQC in safeguarding is to protect peoples' health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect.

As a regulator we are keen to work with local safeguarding teams and to establish effective working relationships and we see this as part of our function. These relationships help keep people safe.

We commit to CQC representation at a SAB meeting at least once per year in each local authority area. Local agreements should be in place to ensure local CQC Inspection Managers receive minutes from SAB meetings.

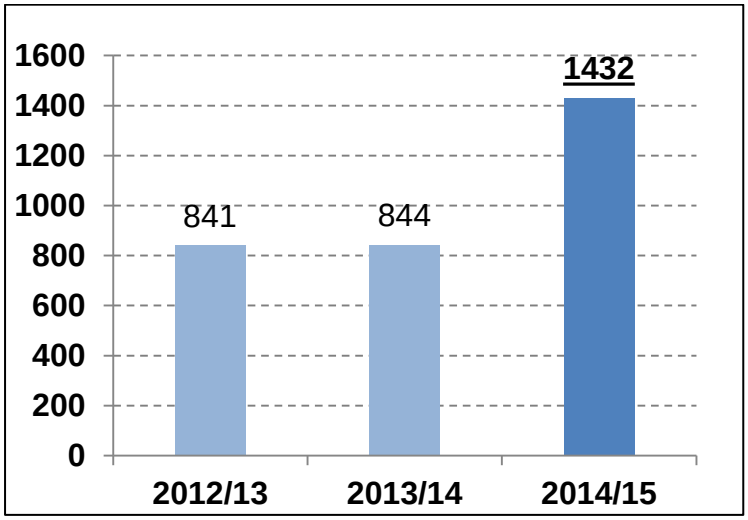
As a partner, as opposed to a member of the SAB, and a national regulator, the focus of our local inspection teams is on inspecting regulated services against our five key questions of safe, effective, caring, responsive and well–led. In doing this we work in partnership with local authorities and local CCGs to highlight areas of concern within regulated services. We will take regulatory action as appropriate.
We have implemented a specialist approach to the inspection of health and social care services informed by intelligent monitoring. This informs when and how we inspect health and social care services and with the use of real time data results in appropriate and timely action to safeguarding concerns.

Appendix 3

Safeguarding Data

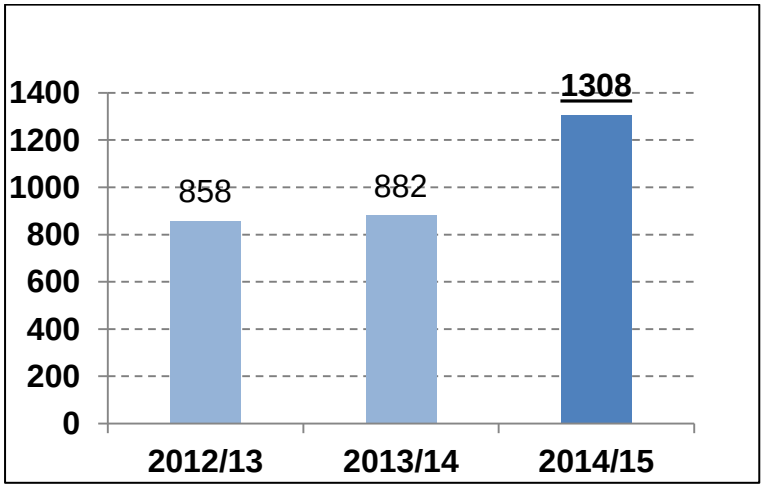
11.1 Data is collected on all safeguarding enquiries undertaken. National returns are made so that comparisons between different Local Authorities can be made.

Number of referrals in respect to individuals at risk received during the reporting period.



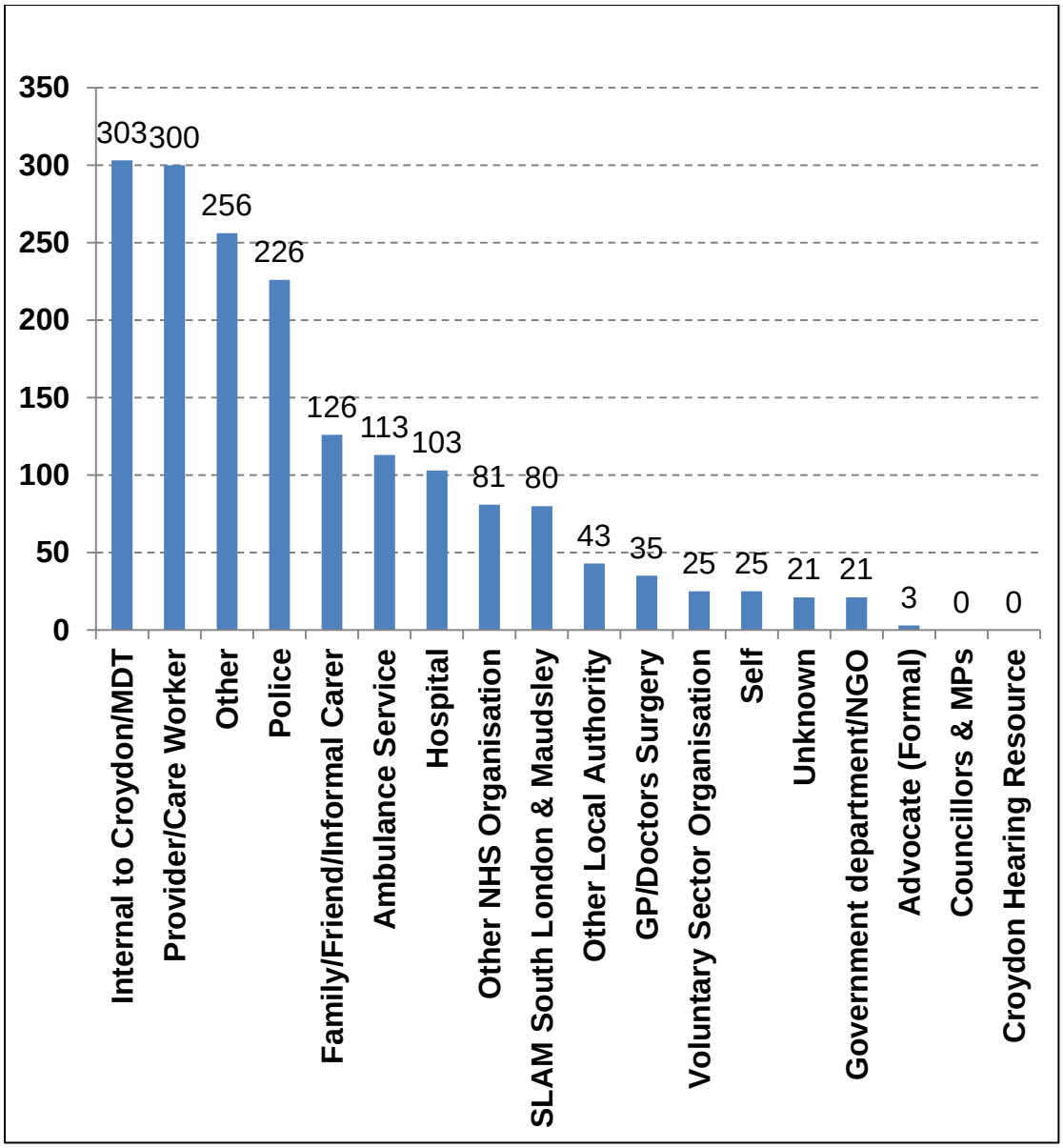
The number of referrals received during 2014/15 reporting period (1 April 2014 to 31 March 2015) shows a significant increase in comparison with previous years. This increase in-part represents improved data collection processes implemented by the Council during 2014/15 to ensure all data categories could be accurately collected and reported with the annual statutory return SAR (Safeguarding Adults Return).

11.2 Number of <u>completed</u> referrals in respect to individuals at risk received during the reporting period.



In-line with the increased number of referrals being reported during 2014/15 reporting period (1 April 2014 to 31 March 2015), the number of '***completed***' referrals also reflects the significant increase in individuals at risk in comparison with previous years. This increase in-part represents improved data collection processes implemented by the Council during 2014/15 to ensure all data categories could be accurately collected and reported with the annual statutory return SAR (Safeguarding Adults Return).

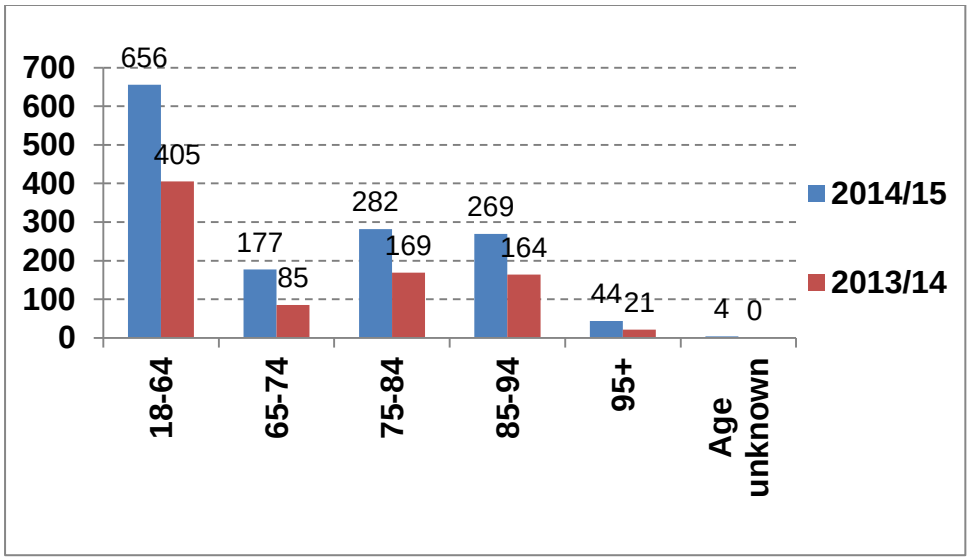
11.3 Source of referral of cases received during the reporting period 2014/15 (1 April 2014 to 31 March 2015)



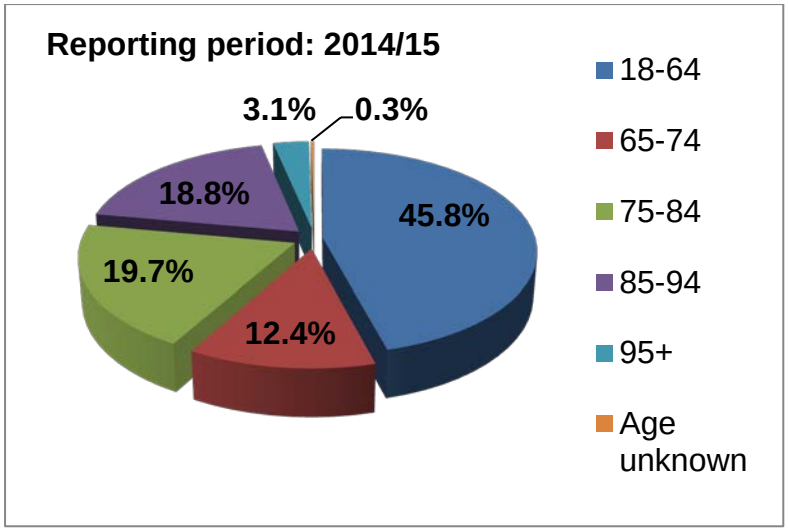
The source of referral tells us important information about who is recognising and reporting abuse. From the data we can see that 25 adults referred themselves as experiencing abuse with 126 incidents referred by family, friends and informal carers. However we know that more work is needed on capturing meaningfully the source of referrals. For example, referrals made by the London Fire Brigade are currently

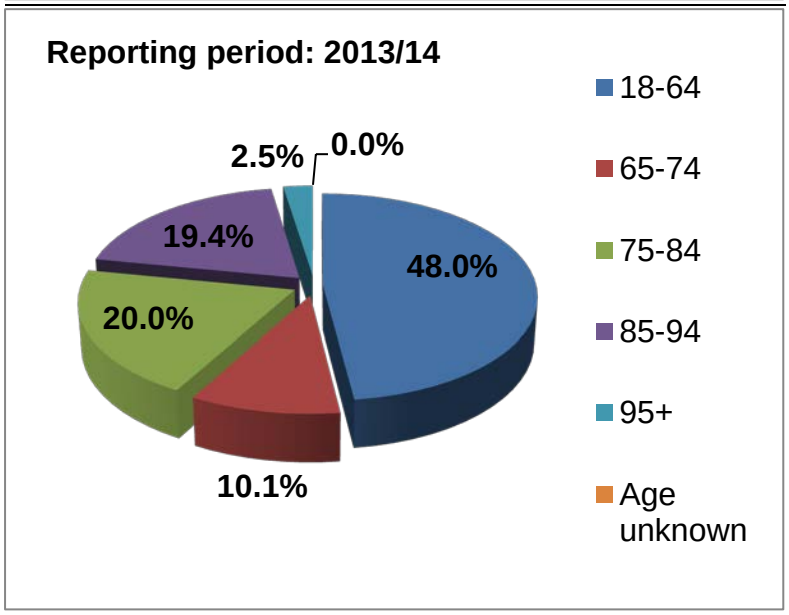
captured under ‘other’ so the actual number from the LFB is not known, even though the LFB is an important partner in identifying abuse. With regard to the fact that the highest single group of referrals has been made ‘internally to Croydon’, this will currently include referrals made by social workers to whom abuse has been reported by others, such as the service user, their family, an advocate or other professional. Hence we have identified that the ‘internal to Croydon’ group needs to be broken down more fully next year.

11.4 Age of individuals in respect to safeguarding referrals received during the reporting periods 2013/14 and 2014/15 (1 April to 31 March)

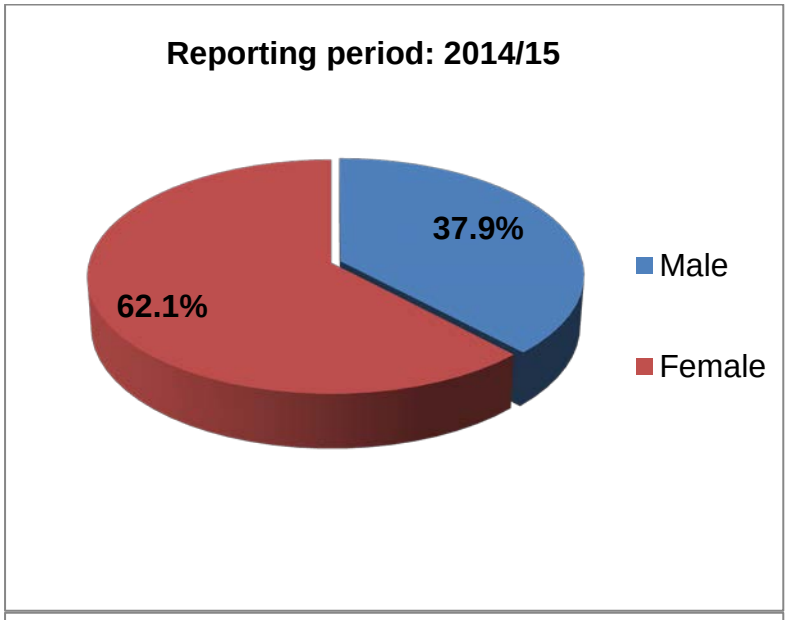


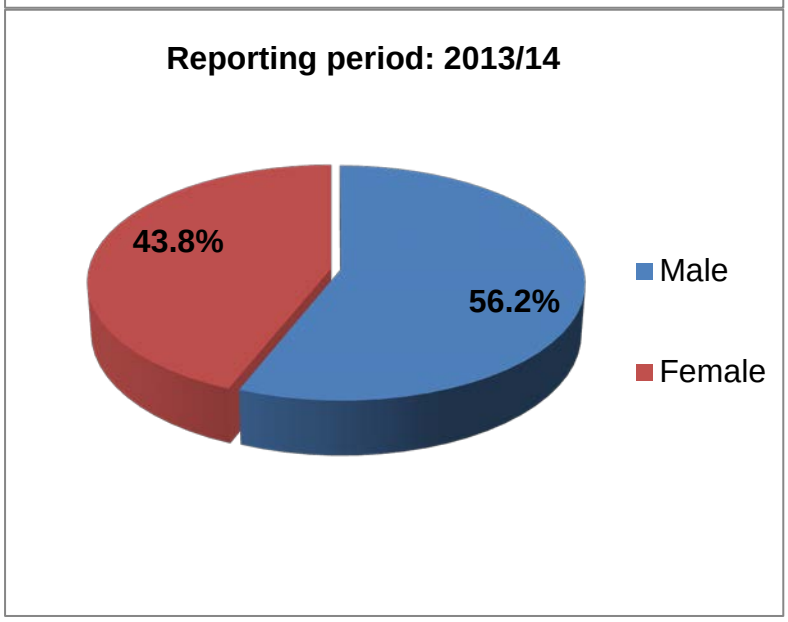
The highest number of referrals received by age group is for the 18-64 age banding where 656 referrals were received during reporting period 2014/15. Whilst there has been an annual increase in the number of referrals received for this age banding, that is in part due to the overall increase in the total number of referrals received. Proportionately, during 2014/15: 45.8% of the referrals received were attributed to the age banding 18-64 compared to 48% during 2013/14 reporting. There was an annual increase of 2.3% for the age banding 65-74.


Reporting period: 2014/15
3.1%
0.3%
18.8%
45.8%
19.7%
12.4%
18-64
65-74
75-84
85-94
95+
Age unknown


Reporting period: 2013/14
2.5%
0.0%
19.4%
48.0%
20.0%
10.1%
18-64
65-74
75-84
85-94
95+
Age unknown

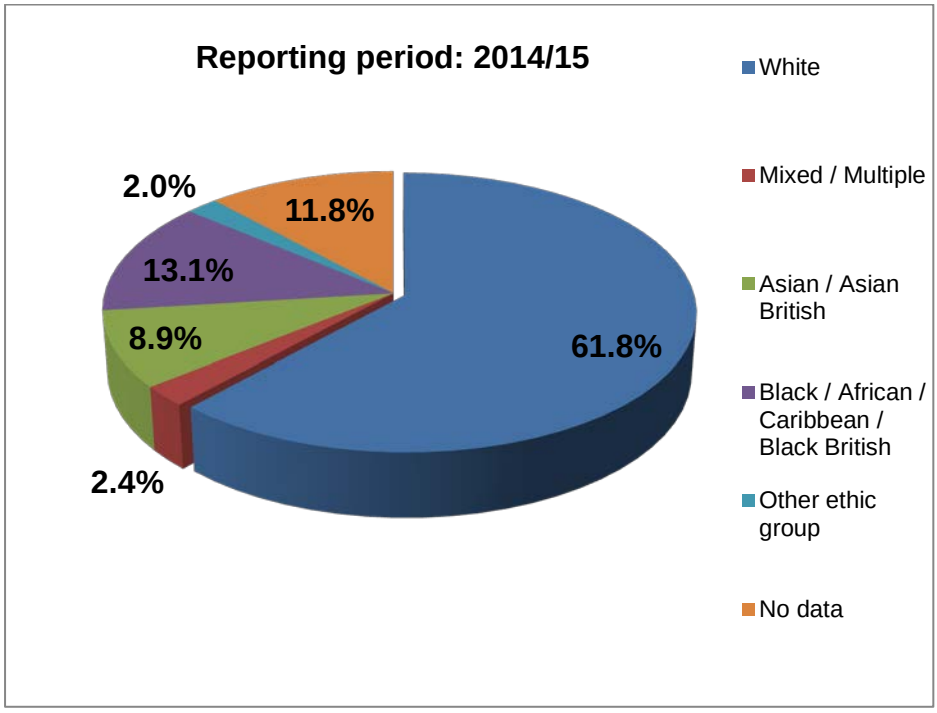
11.5 Gender of individuals in respect to safeguarding referrals received during the reporting periods 2013/14 and 2014/15 (1 April to 31 March)



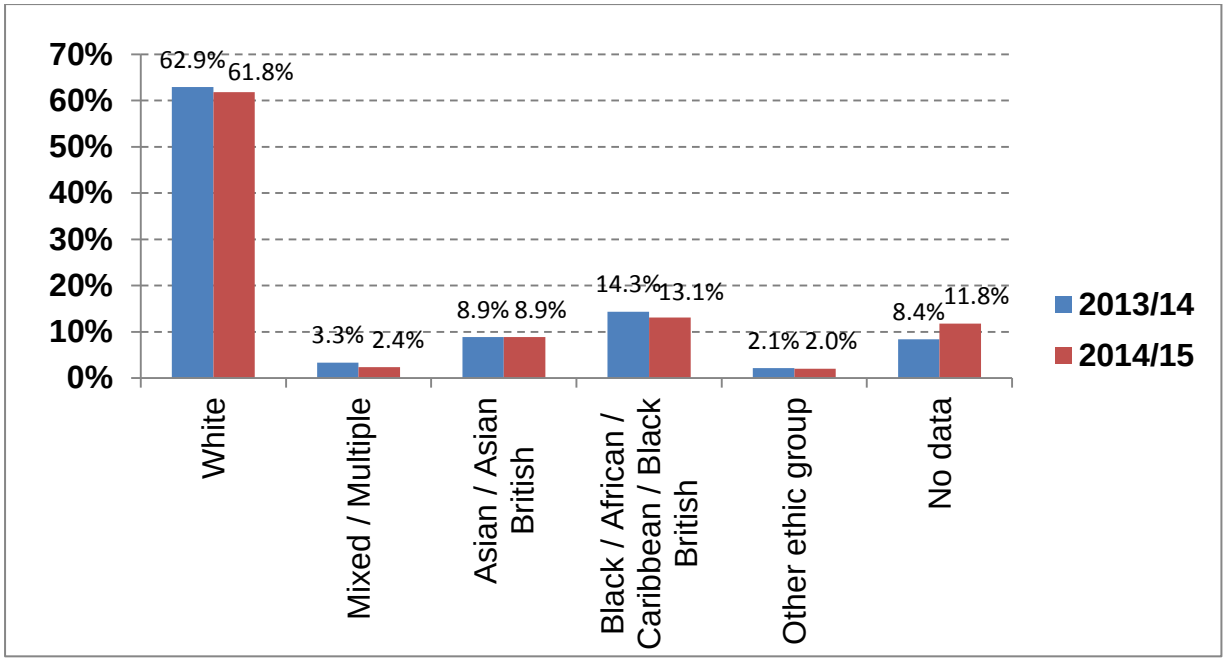


During 2014/15 reporting period, the highest number of referrals received were in relation to female adults at risk (889 individuals) compared to 543 male individuals. This represents a gender shift in comparison with the previous year where male individuals showed the highest proportion of referrals being received (2013/14: male referrals received: 474 / female referrals received: 370).

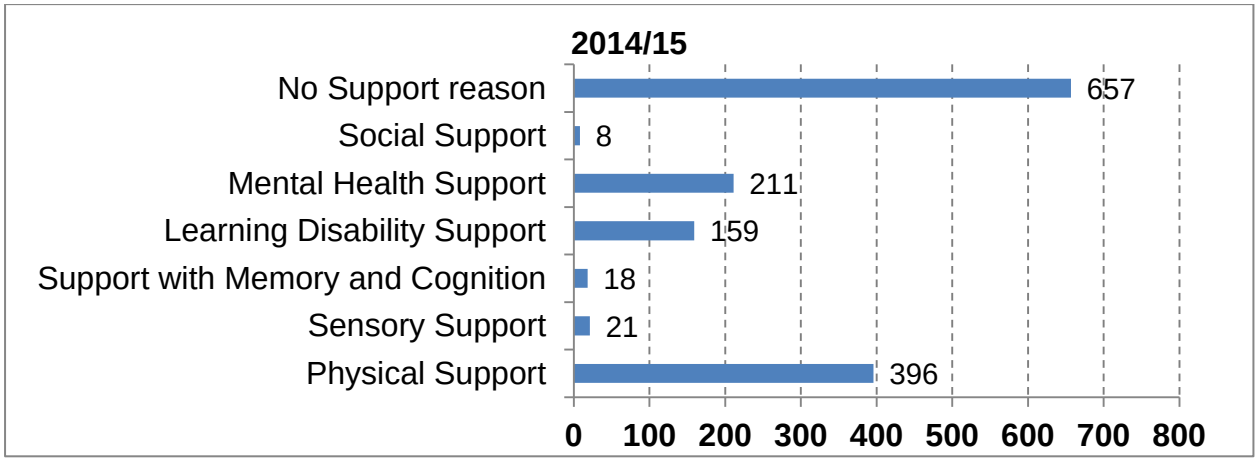
11.6 Ethnicity of individuals in respect to safeguarding referrals received during the reporting periods 2013/14 and 2014/15 (1 April to 31 March)



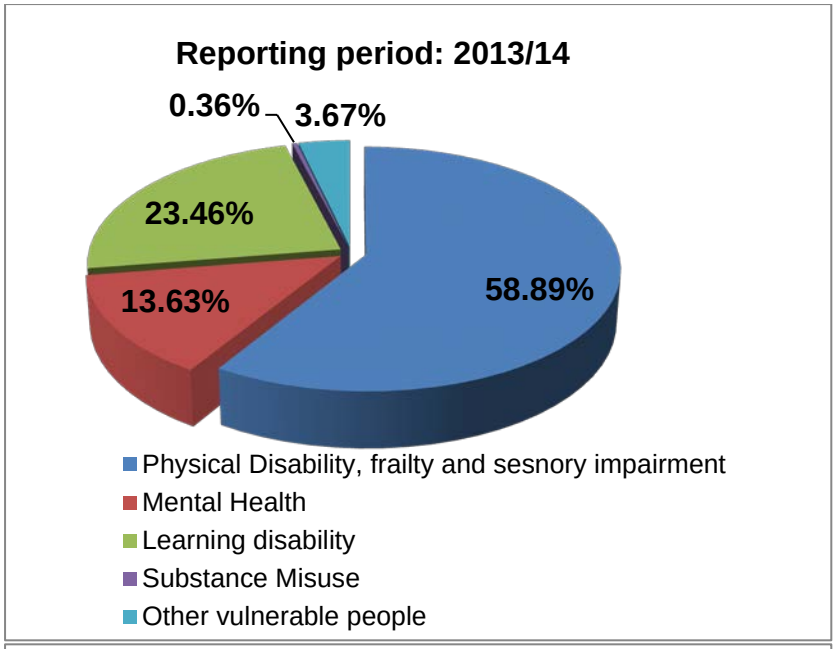
The highest number of referrals received by ethnicity of adults at risk remains 'White' covering 61.8% (885 referrals), followed by the ethnicity group; Black / African / Caribbean / Black British where 13.1% (188 referrals) were received during 2014/15 reporting periods. This ethnicity data remains in-line compared to the previous year 2013/14 reporting period in terms of ethnicity percentages (as shown in the graph below).

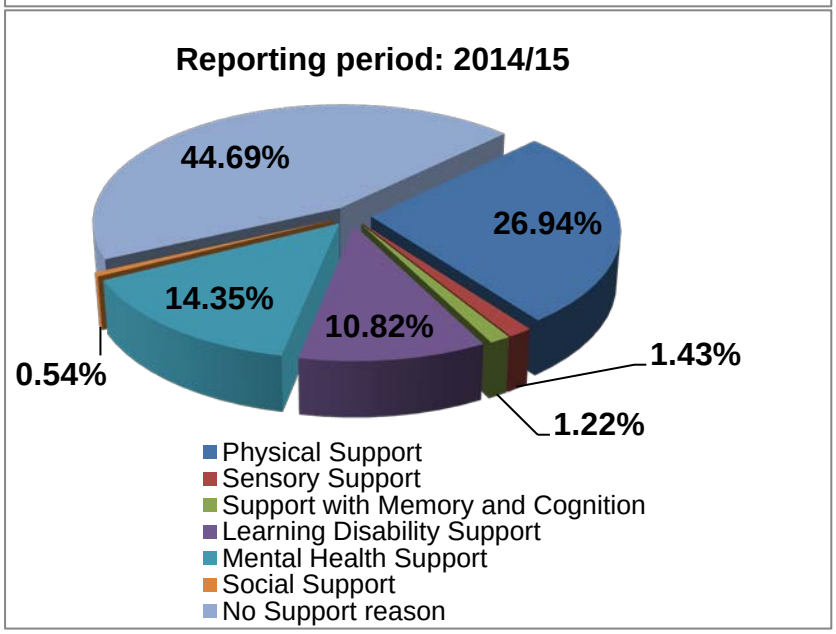


11.7 Primary Support Reason (PSRs)of individuals in respect to safeguarding referrals received during the reporting periods 2013/14 and 2014/15 (1 April to 31 March)

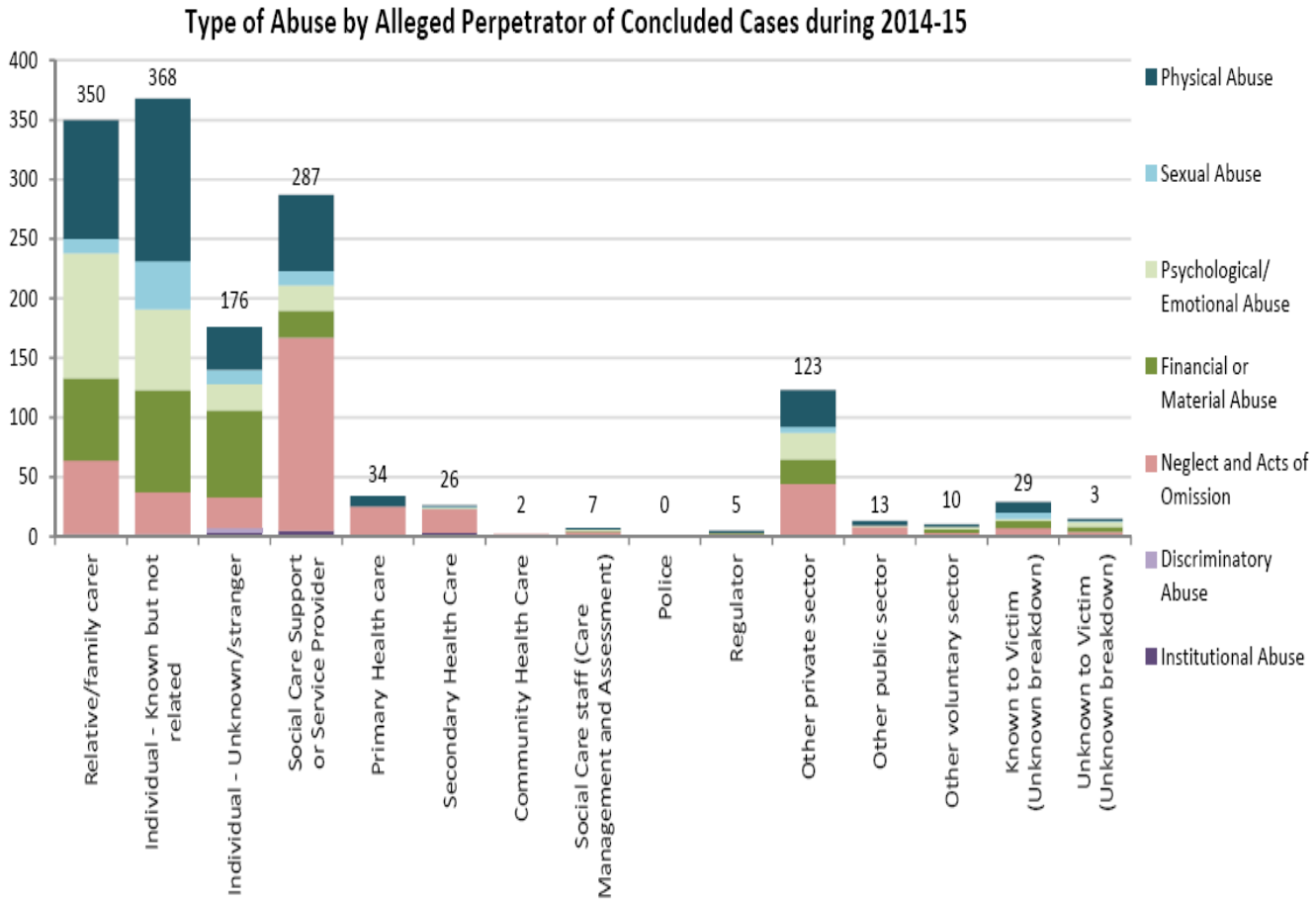


45% of clients referred during 2014/15 reporting period have been categorised under the banding 'No support reason', these individuals were not in receipt of services at the time of their referral. The second highest group relates to 'Physical Support' (27% of referrals during this period).


Reporting period: 2013/14
0.36%
3.67%
23.46%
13.63%
58.89%
Physical Disability, frailty and sesnory impairment
Mental Health
Learning disability
Substance Misuse
Other vulnerable people


Reporting period: 2014/15
44.69%
26.94%
14.35%
10.82%
0.54%
1.43%
1.22%
Physical Support
Sensory Support
Support with Memory and Cognition
Learning Disability Support
Mental Health Support
Social Support
No Support reason

Type of Abuse of Concluded Cases during 2014-15

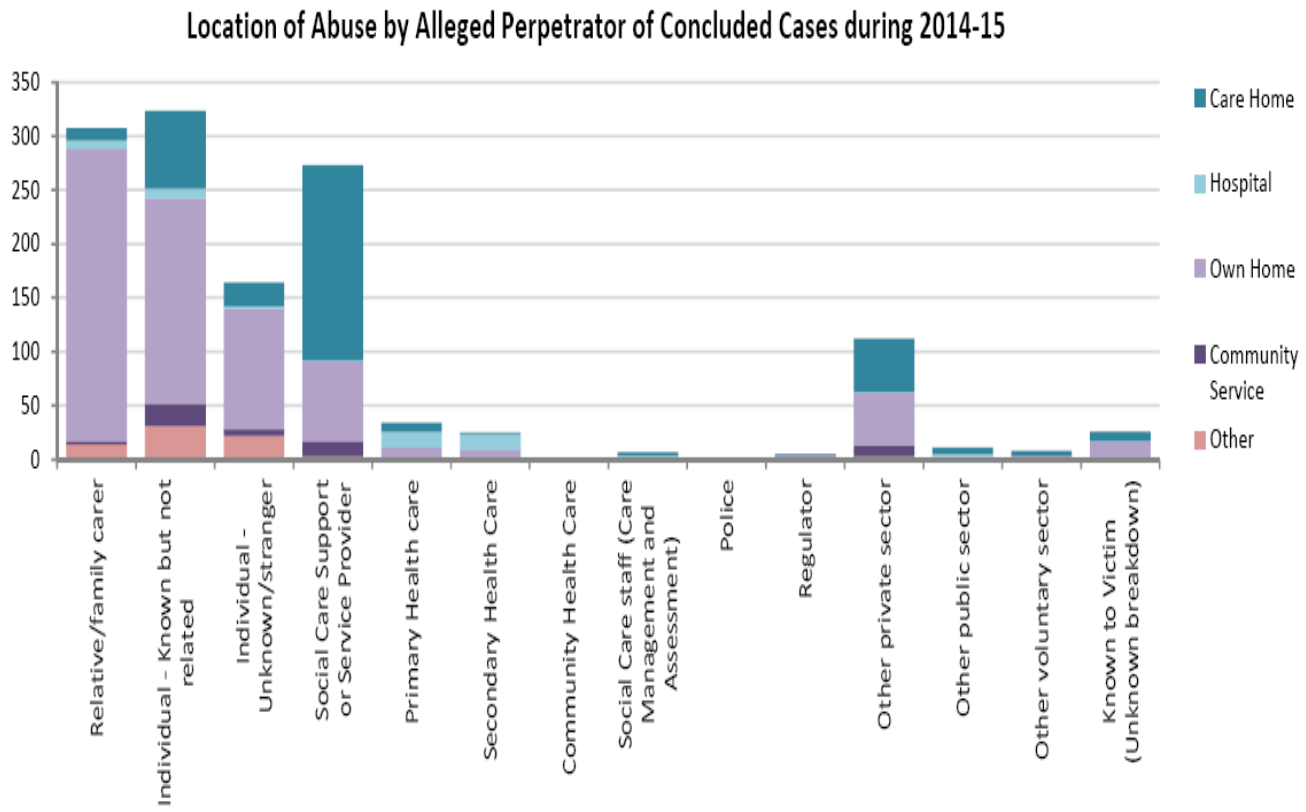


NB: Multiples allowed in Type of Abuse

The most prevalent type of abuse in concluded cases during 2014-15 was "Neglect and Acts of Omission" (402 cases) and "Physical Abuse" (398 cases).

The alleged perpetrator of "Individual - Known but not related" was the most dominant in the 2014-15 concluded cases (368), closely followed by "Relative/family carer" (350) and "Social Care Support or Service Provider" (287). The prominent abuse types by Relatives/family carers were "Psychological / Emotional Abuse" (105) and "Physical Abuse" (100). The largest cross tabulated group in the above graph is "Social Care Support or Service Provider" with the abuse type of "Neglect and Acts of Omission" (162 cases). Followed by "Individual - Known but not related" with the abuse type of "Physical Abuse" (137 cases).

Location of Abuse of Concluded Cases during 2014-15

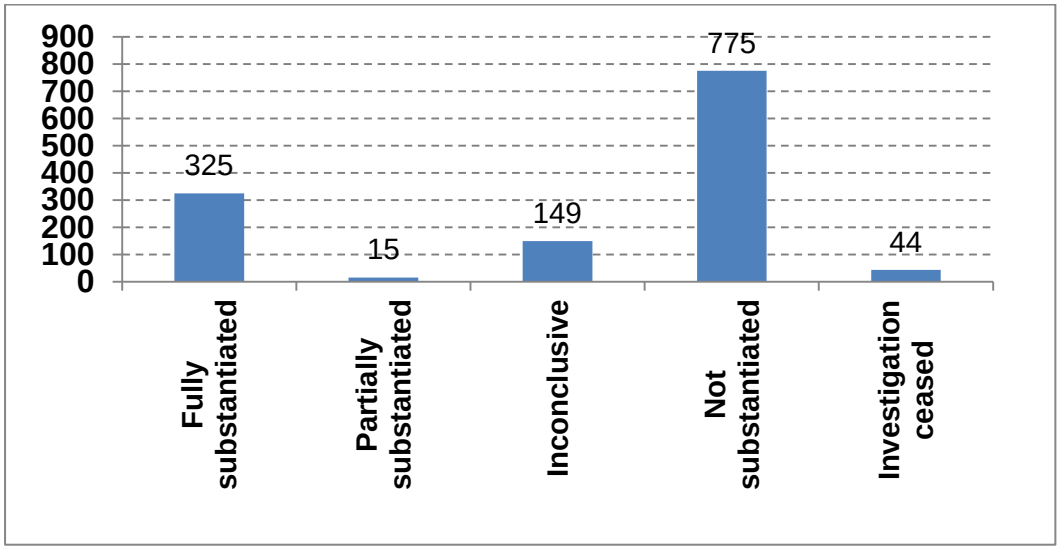


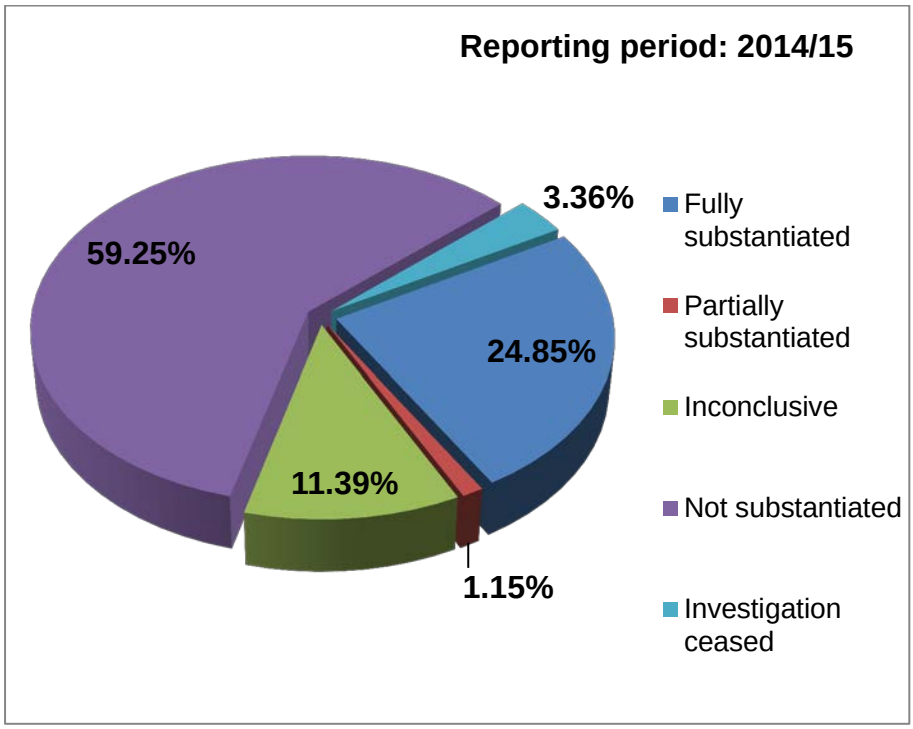
Over half of the concluded cases occurred in the client's "Own Home" (744 cases, 57%). Followed by "Care Home" as the location of abuse with 369 cases (28%).

More than three quarters of safeguarding cases that happened in the clients own home had a non-professional as the alleged abuser (36% were a relative/family carer, 26% were an individual known but not related and 15% were an individual who was unknown/stranger).

Approximately half of cases which occurred in a Care Home, had the Service Provider as the alleged abuser.

Outcome of concluded referrals received during the reporting period 2014/15 (1 April 2014 to 31 March 2015)





During 2014/15 reporting period, 775 (59.2%) of concluded referrals were not substantiated, of these cases a high proportion would be in relation to referrals with the outcome 'No further action under safeguarding', the second highest category was in relation to cases with the outcome by fully substantiated equating to 325 (24.8%).

Appendix 4

<u>Comparative Safeguarding Data with other Local Authorities in London</u>

12.1 Data referred to here is based on published data sources which include: National Adult Social Care Intelligence Service (NASCIS) for SAR & AVA referrals; CIPFA for comparator group; Office for National Statistics (ONS) for population estimates

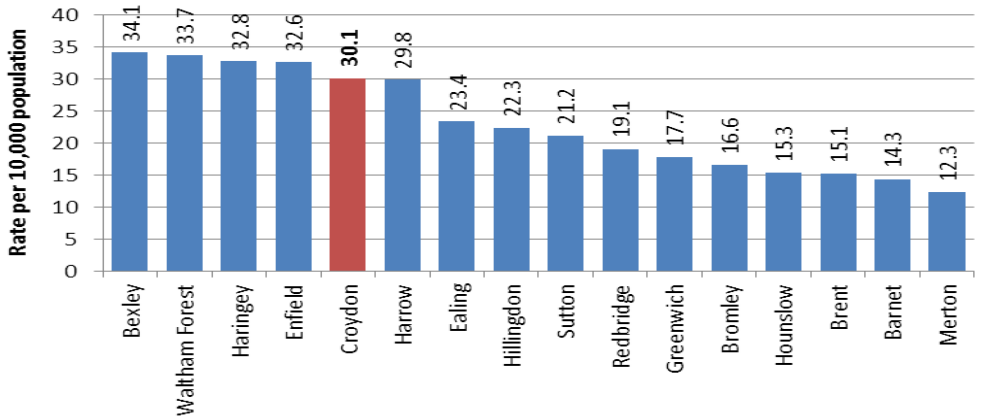
The comparative data analysis covers the periods 2010/11to 2013/14. 2013/14 is the most up to date published data available and looks at the numbers of people aged 18 years and over who have had an adult safeguarding referral (available by age group, gender, ethnic origin and client group individually), and where the referral was concluded by the type of abuse or risk, source of the abuse or risk, the location of the abuse or risk, the conclusion status and outcome, and whether individuals were assessed as lacking the capacity to make informed choices and decisions about their safety (unfortunately concluded referrals information is not available by age group, gender, ethnic origin and client group).

All rates are calculated per 10,000 of the local authorities population aged 18 years and over.

There are some data comparison issues with Croydon's information for 2013/14 with the move from the Abuse of Vulnerable Adults data set to the new requirements for the Safeguarding Adults Return which are not exactly the same.

Croydon has consistently received a high number of adult safeguarding referrals (1,000 in 2010/11, 735 in 2011/12, 875 in 2012/13 and 845 in 2013/14) compared to other local authorities within their comparator group. When looking at rates per 10,000 of the population Croydon falls to 5th highest with a rate of 30.1 in 2013/14 (3rd highest in 2012/13 with 32.5, 4th highest in 2011/12 with 26.8 and 2nd highest in 2010/11 with 37.8).

Rate of adult safeguarding referrals for 2013/14, by local authorities in Croydon's comparator group



Rate of adult safeguarding referrals for 2010/11 to 2013/14, by local authorities in Croydon's comparator group

	2013/14	2012/13	2011/12	2010/11
Barnet	14.3	15.1	16.5	16.0
Bexley	34.1	39.2	31.2	20.2
Brent	15.1	13.0	14.3	19.4
Bromley	16.6	9.2	15.2	20.5
Croydon	30.1	31.5	26.8	37.8
Ealing	23.4	23.2	22.5	19.8
Enfield	32.6	34.6	19.2	20.0
Greenwich	17.7	17.5	21.7	34.1
Haringey	32.8	25.9	23.8	55.1
Harrow	29.8	25.1	19.3	10.6
Hillingdon	22.3	25.5	22.4	19.5
Hounslow	15.3	16.5	20.6	17.5
Merton	12.3	19.6	17.3	13.3
Redbridge	19.1	25.9	18.5	14.4
Sutton	21.2	17.7	42.5	29.9
Waltham Forest	33.7	29.8	28.2	25.0

Across the 16 local authorities there has been an overall rate increase of 1.1 between 2012/13 and 2013/14 however half of the 16 local authorities are showing a decrease. The largest decrease is in Merton with a rate decrease of -7.3. The remaining 8 local authorities had an increase, with Bromley having the largest at 7.4. In comparison Croydon had a decrease of -1.4

12.2 Age profile of referrals

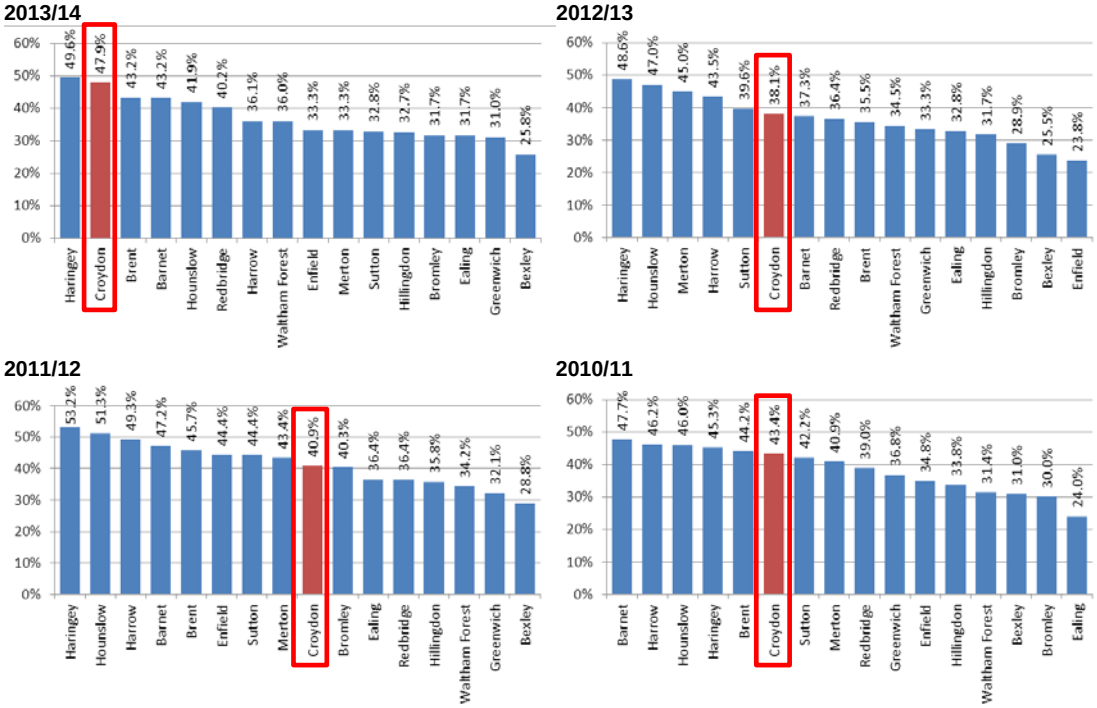
Older people have the majority of safeguarding referrals in Croydon compared to younger adults (52% vs 48%) and this is also the case across the comparator group, although higher (average 63% OP vs 37%YA).

During 2013/14, 52.1% of Croydon's safeguarding referrals were for older adults aged 65 years and over compared to 47.9% for younger adults aged 18 to 64 years. Between 2010/11 and 2013/14 referrals for older adults have had a higher proportion than younger adults, although younger adults have seen an increase in the last year (2012/13 to 2013/14).

In 2013/14 Haringey had the highest proportion of referrals for those aged 18 to 64 years with 49.6%, compared to Croydon with 47.9% (2nd highest), and Bexley with the lowest at 25.8%.

Haringey has had the highest proportion for those 18 to 64 years over the last 3 years (2011/12 to 2013/14) whereas Croydon's proportions fell from 43.4% in 2010/11 to 38.1% in 2012/13 and then increased to 47.9 in 2013/14

Percentage of referrals for those aged 18 to 64 years, 2010/11 to 2013/14, by local authorities in Croydon's comparator group



12.3 Ethnic profile of referrals

There is a smaller proportion of adult safeguarding referrals for BAME residents compared to the Croydon BAME population (29% of referrals verses 45% of the 18yrs+ population).

During 2013/14, 29.0% of Croydon's adult safeguarding referrals were from BAME backgrounds and 29.5% of clients receiving a social care service were from BAME backgrounds, compared to the BAME population (aged18yrs and over) in Croydon of 43.0%.

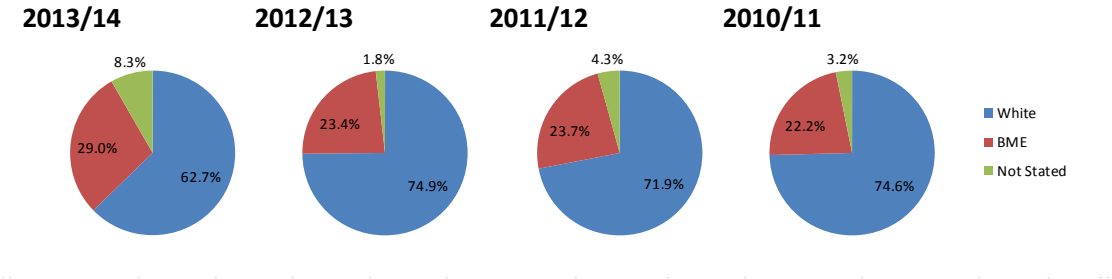
62.7% of safeguarding referrals were from white backgrounds compared to 57.0% of the white population in Croydon. 8.3% of safeguarding referrals had not stated as the ethnicity.

Brent had the highest percentage (43.8% in 2013/14) of adult safeguarding referrals from BAME backgrounds and they also have the highest BAME population in London of 61.8%, and they have had the highest percentage of safeguarding referrals from BAME backgrounds every year since 2010/11(44.2%).

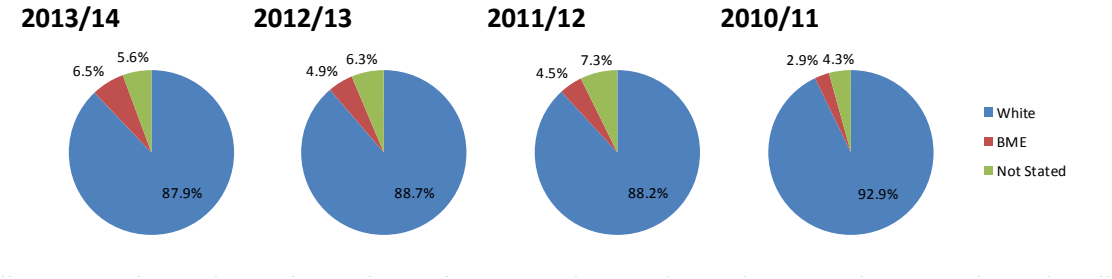
The highest percentage of referrals from white backgrounds in 2013/14 was Bexley with 87.9% compared to having a white population of 82.7%, they also have had the highest percentage from white backgrounds every year since 2010/11 (92.9%)

Ethnic breakdown of adult safeguarding referrals for Croydon, Bexley and Brent, 2010/11 to 2013/14

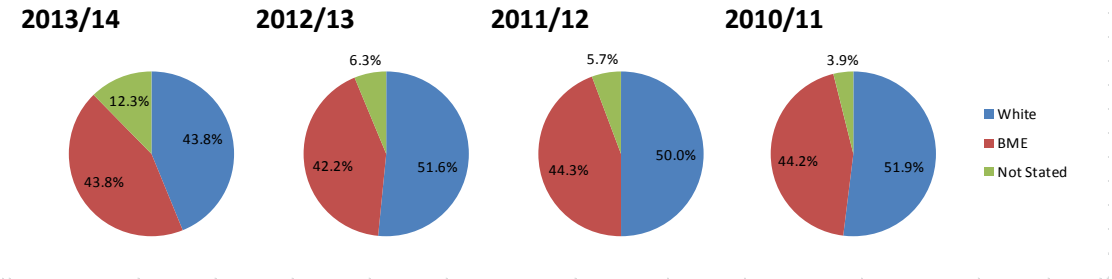
Croydon



Bexley



Brent



The table below shows that Redbridge has the greatest difference between its population and safeguarding referrals although the referrals are similar to their service users. Haringey's referrals are similar to their population but slightly less than its service users. In Comparison Croydon is in the middle with a larger population proportion compared to referrals but the referrals are the same proportion as its services users. Therefore Croydon should be aiming for better representation of their BAME resident adult population for both adult social care service users and adult safeguarding referrals.

Black minority backgrounds

	BME				
	2013 Population	2013/14 Service User	2013/14 Safeguarding Referrals	SAR diff to Pop	SAR diff to Serv User
Barnet	34.9%	24.4%	19.0%	-15.9%	-5.5%
Bexley	17.3%	8.9%	6.5%	-10.8%	-2.5%
Brent	61.8%	49.6%	43.8%	-18.0%	-5.8%
Bromley	14.5%	7.9%	9.9%	-4.6%	2.0%
Croydon	43.0%	29.5%	29.0%	-14.0%	-0.5%
Ealing	48.7%	45.1%	32.0%	-16.7%	-13.1%
Enfield	37.4%	24.1%	20.4%	-17.0%	-3.7%
Greenwich	35.5%	22.2%	8.5%	-27.1%	-13.8%
Haringey	36.1%	41.0%	37.6%	1.5%	-3.4%
Harrow	56.8%	45.4%	29.2%	-27.7%	-16.2%
Hillingdon	38.9%	20.5%	23.2%	-15.6%	2.7%
Hounslow	47.4%	28.0%	21.9%	-25.6%	-6.1%
Merton	33.4%	24.4%	26.3%	-7.1%	1.9%
Redbridge	55.9%	28.6%	28.0%	-27.8%	-0.5%
Sutton	20.5%	9.4%	9.4%	-11.1%	0.0%
Waltham Forest	44.6%	37.0%	28.9%	-15.7%	-8.1%

12.4 Learning disability

Hounslow has had the highest percentage of learning disability safeguarding referrals over the last three years with 27.0% in 2013/14, 30.8% in 2012/13 and 32.1% in 2011/12. In comparison Croydon has been second highest in 2013/14 with 23.8% (also second highest number of learning disabled clients receiving social care services with 1,070 in 2013/14 within the comparator group), fourth highest in 2012/13 with 20.6%, in the middle of the table in 2011/12 with 20.4%, and fifth highest in 2010/11 with 21.4%. Whereas Haringey had the lowest percentage in 2013/14, Enfield had the lowest in 2012/13 with 7.9%, Greenwich had the lowest in 2011/12 with 11.9%, and Hillingdon had the lowest in 2010/11 with 10.1%

Percentage of learning disabled safeguarding referrals, 2010/11 to 2013/14, by local authorities in Croydon's comparator groups

	2013/14	2012/13	2011/12	2010/11
Barnet	21.5%	14.3%	30.7%	28.6%
Bexley	17.2%	14.0%	20.7%	22.5%
Brent	22.2%	23.0%	14.5%	16.9%
Bromley	12.3%	14.0%	19.4%	21.2%
Croydon	23.8%	20.6%	20.4%	21.4%
Ealing	12.2%	15.4%	16.1%	12.2%
Enfield	16.0%	7.9%	24.7%	17.0%
Greenwich	13.7%	11.8%	11.9%	12.0%
Haringey	12.1%	17.3%	17.2%	13.2%
Harrow	14.9%	17.6%	22.9%	23.1%
Hillingdon	15.0%	10.4%	16.1%	10.1%
Hounslow	27.0%	30.8%	32.1%	19.0%
Merton	18.4%	20.0%	15.1%	15.9%
Redbridge	20.7%	17.0%	18.2%	21.7%
Sutton	20.3%	26.4%	24.8%	16.7%
Waltham Forest	16.2%	16.7%	23.2%	15.1%

Source: National Adult Social Care Intelligence Service (NASCIS) for SAR & AVA referrals; CIPFA for comparator group

12.5 Mental health

Merton had the highest percentage of mental health safeguarding referrals in 2013/14 with 34.2% and in 2011/12 with 39.6%. In 2012/13 Waltham Forest had the highest percentage with 31.7% and Enfield had the highest in 2010/11 with 39.8%. In comparison Croydon had the third lowest in 2013/14 with 13.7%, the lowest in 2012/13 with 7.9%, the second lowest in 2011/12 with 16.1% and in 2010/11 with 11.2%. Whereas Greenwich had the lowest percentage in 2013/14 with 9.6% and in 2011/12 with 14.3%, and Bromley had the lowest in 2010/11 with 10.1%

Percentage of mental health safeguarding referrals, 2010/11 to 2013/14, by local authorities in Croydon's comparator groups

	2013/14	2012/13	2011/12	2010/11
Barnet	21.5%	23.8%	21.6%	19.0%
Bexley	13.9%	13.3%	17.1%	14.1%
Brent	23.6%	8.2%	17.4%	15.6%
Bromley	22.2%	20.9%	17.9%	10.1%
Croydon	13.7%	7.9%	16.1%	11.2%
Ealing	29.3%	27.6%	30.5%	16.3%
Enfield	24.4%	28.0%	29.2%	39.8%
Greenwich	9.6%	10.3%	14.3%	16.2%
Haringey	27.4%	27.9%	26.9%	21.1%
Harrow	12.4%	16.5%	20.0%	17.9%
Hillingdon	23.0%	21.7%	18.3%	19.0%
Hounslow	15.9%	20.0%	25.9%	28.6%
Merton	34.2%	30.0%	39.6%	34.1%
Redbridge	28.0%	29.5%	23.4%	23.3%
Sutton	21.9%	18.9%	17.6%	22.6%
Waltham Forest	30.9%	31.7%	17.0%	19.8%

Source: National Adult Social Care Intelligence Service (NASCIS) for SAR & AVA referrals; CIPFA for comparator group

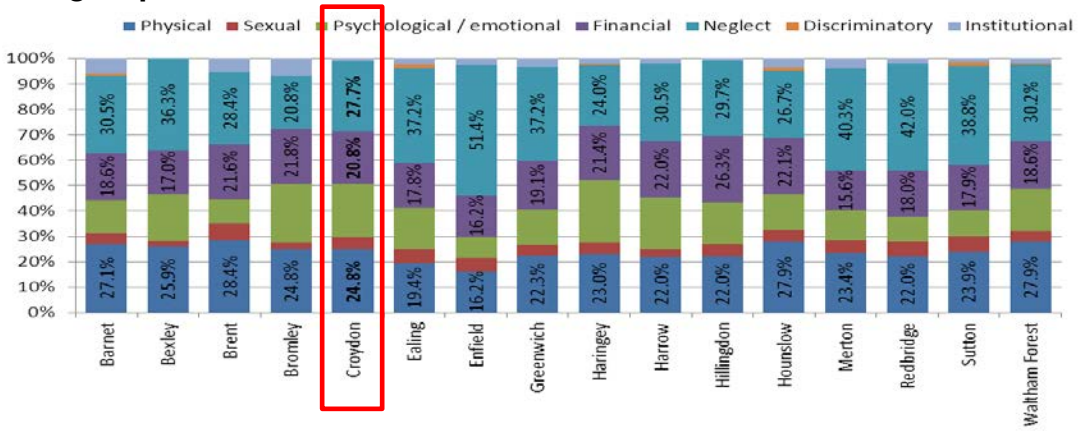
12.6 Types of abuse/risk

On average, across Croydon's comparator group, neglect and physical abuse continue to be the most common types of abuse since 2010/11. This is the same in Croydon.

In Croydon during 2013/14, the type of abuse/risk with the highest number of concluded referrals is neglect with 280 (9.8% increase on 2012/13), followed by physical abuse with 250 (10.7% decrease on 2012/13), Psychological/emotional and financial abuse both with 210 (13.5% increase for psychological/emotional & 12.5% decrease for financial abuse on 2012/13), sexual abuse with 50 (no movement), institutional with 10 (75% decrease) and discriminatory with 0 (200% decrease).

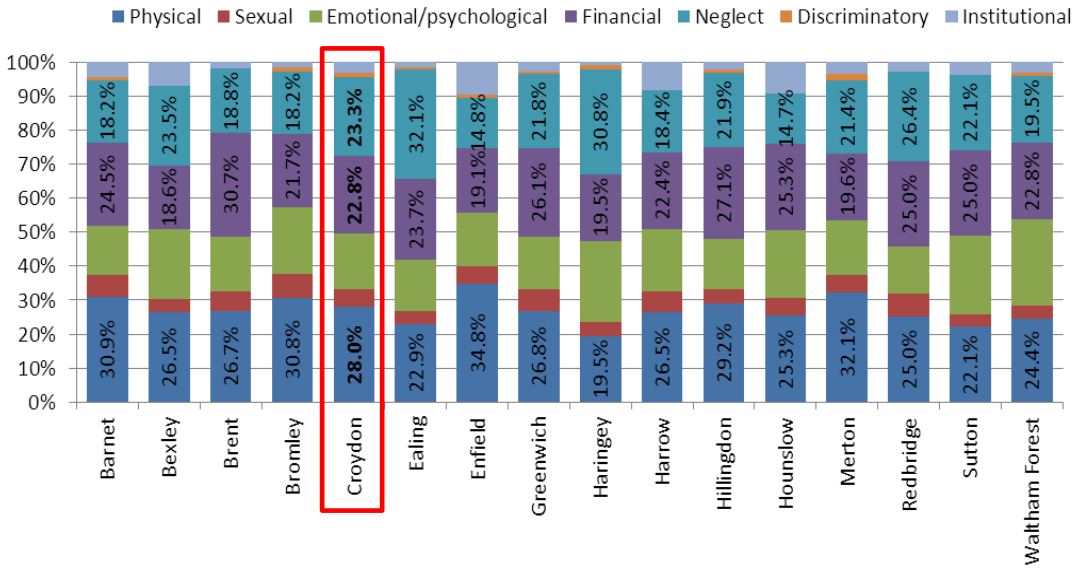
Proportionally on average, across Croydon's comparator group, neglect and physical abuse continue to be the most common types of abuse/risk since 2010/11

12.7 Abuse profile, 2013/14, by local authorities in Croydon's comparator group



Source: National Adult Social Care Intelligence Service (NASCIS) for SAR referrals; CIPFA for comparator group

Abuse profile, 2010/11, by local authorities in Croydon's comparator group



Source: National Adult Social Care Intelligence Service (NASCIS) for AVA referrals; CIPFA for comparator group

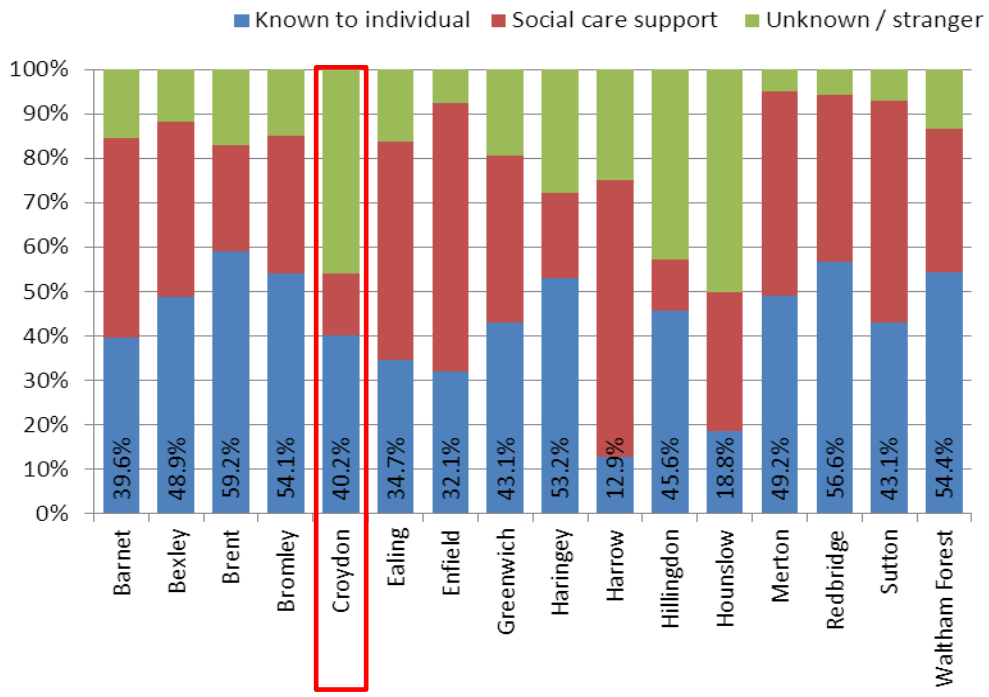
12.8 Gender

Croydon has an elevated proportion of males with safeguarding referrals (56%) compared to males receiving social care services (42%) and the male population aged 18 years and over (48%). There are only three other local authorities in the comparator group with an elevated proportion of males with safeguarding referrals (Hillingdon, Sutton and Brent).

12.9 Source of abuse/risk

In Croydon during 2013/14 the source of abuse/risk with the highest proportion is that of unknown /stranger with 45.8% of all concluded referrals, followed by known to individual with 40.2%, and social care support or service paid, contracted or commissioned with 14.0%
With the move from the AVA return to the SAR return this has caused some issues with information in AIS related to social care support. This has caused over reporting in both 'known to the individual' and 'unknown / stranger' in 2013/14. This has improved for 2014/15

Source of abuse/risk, 2013/14, by local authorities in Croydon's comparator group



Source: National Adult Social Care Intelligence Service (NASCIS) for SAR referrals; CIPFA for comparator group

On average, across Croydon's comparator group, the source of the abuse/risk with the highest proportion are those that are known to the individual, although social care support is close behind with a difference of 7.3%.

The highest rate in Croydon in 2013/14 is that of unknown / stranger with a rate of 16.2 which is the highest rate in the comparator group compared to the lowest of 0.6 in Enfield.
Croydon's rate for social care support during 2013/14 was 4.8 (joint with Enfield as 5th lowest rate) compared to the highest of 24.0 in Harrow and the lowest of 2.7 in Hillingdon

The rate for 'known to the individual' in Croydon was 14.9 (4th highest rate) compared to the highest of 26.2 in Haringey and the lowest of 2.3 in Enfield

12.9 Case conclusion status

In Croydon during 2013/14 the case conclusion status with the biggest proportion was that of not substantiated at 40.9% (4th highest) compared to Bexley with the highest proportion of 51.4% and Greenwich with the lowest at 18.1%

Overall in Croydon not substantiated has been the biggest proportion of the case conclusion statuses for the last 3 years (2011/12 to 2013/14) whereas in 2010/11 inconclusive had the biggest proportion. When looking at the average rates across the comparator group the case conclusion status proportions are the same as in Croydon year on year.

Case conclusion status breakdown during 2013/14, by local authorities in Croydon's comparator group

2013/14	Fully - Substantiated	Partly - Substantiated	Inconclusive	Not substantiated	Investigation ceased at individual's request
Barnet	33.7%	14.1%	15.2%	29.3%	7.6%
Bexley	19.3%	6.4%	15.6%	51.4%	7.3%
Brent	34.2%	2.7%	24.7%	38.4%	0.0%
Bromley	32.3%	9.7%	19.4%	29.0%	9.7%
Croydon	35.8%	2.3%	17.0%	40.9%	4.0%
Ealing	28.9%	5.2%	27.8%	34.0%	4.1%
Enfield	38.2%	10.9%	23.6%	27.3%	0.0%
Greenwich	38.9%	22.2%	19.4%	18.1%	1.4%
Haringey	16.4%	7.1%	37.1%	35.7%	3.6%
Harrow	19.6%	11.6%	22.3%	37.5%	8.9%
Hillingdon	32.4%	9.5%	22.9%	32.4%	2.9%
Hounslow	40.9%	6.1%	28.8%	24.2%	0.0%
Merton	22.0%	16.9%	18.6%	42.4%	0.0%
Redbridge	26.4%	9.4%	17.0%	41.5%	5.7%
Sutton	40.0%	11.7%	15.0%	30.0%	3.3%
Waltham Forest	35.7%	8.5%	20.2%	35.7%	0.0%

Source: National Adult Social Care Intelligence Service (NASCIS) for SAR referrals

Appendix 5

Croydon Safeguarding Adults Board Membership

Age UK – Croydon

Cabinet Member – People and Communities

Care Provider Representatives

Care Quality Commission

Croydon BME Forum

Croydon Clinical Commissioning Group

Croydon Council's People Department - Adult Services Division

Croydon Council's People Department - Children Family and Learners Division

Croydon Health Services

Croydon Health Watch

Croydon Human Trafficking Group representative

Croydon Imagine – Mental Health

Croydon Neighbourhood Care Association

Croydon Voluntary Action

Development and Environment – Crime and Anti-social behaviour

Early Intervention and Support Services

Executive Director of Adult Social Services, Health and Housing

Family Justice Centre – Domestic Violence

Home Office – UK Visas and Immigration

London Ambulance Service

London Fire Brigade

Mencap

Metropolitan Police Croydon

MIND in Croydon

NHS England (London Region)

Croydon Planning and Environment

South London and Maudsley NHS Trust

Trading Standards