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CARE SERVICES INFORMATION BRIEFING

Meeting to be held on Thursday 2 October 2014

This item will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

- 1 ANNUAL UPDATE ON THE YOUTH OFFENDING TEAM**
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Members and Co-opted Members have been provided with advanced copies of the briefing via email. The briefing is also available on the Council website at the following link:

<http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

Printed copies of the briefing are available upon request by contacting Graham Walton on 020 8461 7743 or by e-mail at graham.walton@bromley.gov.uk.

Copies of the Part 1 (Public) documents referred to above can be obtained from
www.bromley.gov.uk/meetings

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Portfolio Holder
Thursday 2 October 2014

**ANNUAL UPDATE REPORT ON BROMLEY YOUTH
OFFENDING TEAM PARTNERSHIP**

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1. Summary

- 1.1 This is an annual report to the Care Services Portfolio Holder on (a) the performance of the Bromley Youth Offending Service (YOS) partnership during 2013/14, and (b) on YOS related operational and strategic developments.

2. **THE BRIEFING**

2.1 **Governance**

Youth Offending Services in England and Wales are monitored and supported by the Youth Justice Board (YJB), which is an executive non-developmental public body. YJB Board Members are appointed by the Secretary of State for Justice.

The YJB:

- oversees the youth justice system in England and Wales;
- works to prevent offending and re-offending by children and young people under the age of 18;
- ensures that custody for them is safe, secure, and addresses the causes of their offending behaviour.

In November 2011, Central Government confirmed that that the leadership of youth justice and the specific functions undertaken by the YJB would be retained within the Ministry of Justice (MoJ).

Bromley's YOS is situated in the Education and Care Services Department with direct line management of the YOS Group Manager through the Head of Bromley Youth Support Programme. The YOS's two tier governance arrangements are strategically and operationally managed through an Executive and Operational Board respectively. The Operational Board is chaired by the Assistant Director of Children's Social Care and

Safeguarding ensuring strong strategic links between the two boards. Attendance from the statutory partners and key agencies has been maintained.

2.2 Performance

The YOS produces performance reports for both the Executive (annually) and Operational Management Boards (quarterly), the latter containing a detailed breakdown of offending activity and patterns.

The Youth Justice Board monitors performance and requires quarterly data reports against 3 key performance indicators.

2.2.1 NI 111: First Time Entrants to the Youth Justice System (FTEs)

In 2008/09, there were 315 FTEs, in 2009/10 there were 203 and in 2010/11 there were 138. This downward trend continued in 2011/12 with 90 first time entrants and by the end of 2012/13 the FTE was 77. At the end of 2013/14, there had been a slight increase to 80. The continued development of the Triage system which diverts young people who have not previously offended out of the criminal justice system continues to have a significant impact on the number of first time entrants. Changes to the range and use of out of court disposals, as part of the Legal Aid, Sentencing and Punishment of Offenders Act 2012, has also impacted on this indicator.

2.2.2 NI 19: Rate of Proven Re-offending by Young People who have previously offended

The rate of proven re-offending by young people who have previously offended is arrived at by measuring the actual number of re-offences committed by a cohort of young people during a one year follow-up period following their original conviction in court or pre-court disposal.

Year	Cohort Group	Size of cohort	Number of re-offences within 12 months of original conviction	Frequency per 100
2009/10	Jan - March 2009	150	161	107
2010/11	Jan - March 2010	115	98	85
2011/12	Jan - March 2011	77	138	179
2012/13	Jan - March 2012	74	141	191
2013/14	Jan-March 2013	64	146	228

The rate (expressed as the number of offences per 100 offenders) is highly susceptible to variation between years resulting from a combination of (a) changes in the size of the cohort and (b) the offending behaviour of individuals within the cohort.

Analysis has shown that the increase in the rate between 2012/13 and 2013/14 is attributable to a proportionately higher number of offences being committed by members of a very specific cohort of offenders. Key characteristics of this cohort are variable engagement in Education, Training and Employment; a prevalence of SEN (particularly speech and language difficulties) and an increasing number of young people aged 15 and under. An additional factor contributing to the rise in the rate of reoffending, is the transfer, from time to time, of the responsibility for managing offenders from other Local Authorities to Bromley YOS. These case transfers (of young people with sometimes highly challenging offending behaviour) arise following changes of a young person's care placement or family residence or their return to the community following a period of custody where the return to the original place of residence would not be appropriate.

2.2.3 NI 43: Young People Receiving a Conviction in Court who are Sentenced to Custody

Year	Total Disposals	Sentenced to Custody	Custody as % of Total Disposals
2009/2010	347	22	6
2010/2011	263	15	6
2011/2012	224	15	7
2012/2013	247	9	4
2013/14	197	23	11

Custodial sentences decreased significantly over the period 2009/10 - 2012/13. Some of the reduction had been due to the robust and intensive community penalty proposals presented in Court and the mandatory attendance of YOT caseworkers at court in cases where there is a risk of custody. This gives the Court confidence that the YOS is fully supportive of the proposal and that caseworkers are able to answer any queries the Court has in relation to managing the risk and protection of the public where a community sentence is sought. Equally, if a young person has been on bail support packages or Bail Intensive Support and Supervision then Bromley YOS ensures that compliance reports are sent to Court outlining their progress. This aids the Court when considering and possibly imposing a community penalty, based on an appreciation of past compliance. Bromley YOS is committed to ensuring that proposals are realistic and aim to reduce the risk of re-offending. However, after a long period during which the number of custodial sentences has decreased, the trend is reversing. Analysis of court outcomes has shown that this is linked, in large part, to the increased reoffending rate noted above.

In addition to the 3 YJB performance indicators a priority for Bromley YOS is participation in Education, Training and Employment which is key to sustaining diversion away from offending behaviour.

2.2.4 NI 45: Engagement by Young People who Offend in Suitable Education, Training and Employment

In 2010/11, 73% of the young people known to the YOS were in education, training or employment at the end of their order. In 2011/12, the proportion in EET had increased to 76% and this level of performance has been maintained in 2012/13. While performance is strong for young people below school Year 12, a higher proportion of the young people who are Not in Education, Employment or Training (NEET) are in the 16+ cohort. The service continues to work with internal and external education and training providers to address this. The establishment of a Not in EET Multiagency Panel continues to prove effective, as does the Mentoring Scheme which provides 1-1 support to young offenders particularly those whose offending behaviour is a barrier to their participation in EET. The Mentoring Scheme receives funding from the Public Protection and Safety Portfolio and from the Mayor's Office for Police and Crime and is delivered by the Bromley Education Business Partnership.

2.3 Her Majesty's Inspectorate of Probation Inspection Programme

HMIP's inspection of youth offending work consists of three elements. A full Joint Inspection programme undertaken at short notice, led by HMI Probation, will include contributions from partner inspectorates covering health, children's social care, education and training, and Police. These inspections are targeted at a small number of YOTs each year where performance has given rise to concern, together with some YOTs where published performance is strong and worthy of sharing. A thematic programme undertakes a focused inspection of specific aspects of work across a range of YOTs. Finally, there is also a short screening programme targeted at about 20% of YOTs each year, focussed on the start of sentences.

2.3.1 Thematic Inspection of Safeguarding Practice

At the start of November 2014, the Bromley YOT, Probation Trust, Bromley Children's Social Care (CSC) and the Police Service were subject to a 3 day thematic inspection of safeguarding practice across these agencies. Bromley was 1 of 5 YOTs inspected. The inspectors were looking at the quality and timeliness of assessments and referrals, the action taking to safeguard individual children and young people who are known to these services and the strength of systems for sharing case information. The feedback to organisations was detailed case by case and identified areas for improvement as well as strengths. The final report did not identify or judge individual authorities in relation to themes or recommended areas for improvement but did identify individual authorities as examples of best practice.

Through a previous report (DCYP12032) members have been advised that HMIP's 2011 inspection of the YOT's casework had noted a considerable improvement since previous inspections. Inspectors had found aspects of the work on safeguarding and reoffending to be notable when compared to other YOTs. The informal feedback given at the end of the Thematic inspection described Bromley YOS as a safe, well managed service a finding that indicates that the service has maintained performance standards observed in the 2011 Inspection. Overall the Thematic Inspection identified some very positive practice despite the cases being inspected being described as very difficult and complex young people. Communication between Children's Social Care and the YOS was observed to be generally effective.

Inspectors specifically observed that:

- initial assessments by YOT caseworkers were sometimes found to be focused on the pre-sentence report and could benefit from incorporating other information such as the Children Social Care (CSC) background which could provide helpful context to inform sentencing outcome
- the process for return referral forms back from CSC to YOS required review to ensure a greater clarity over how CSC will respond, how joint work will be organised and how cases will be reviewed
- caseworkers could benefit from a wider understanding of what other agencies do and how they might facilitate their case
- caseworkers could consider using local Police intelligence to facilitate cases and, in general could apply a more investigative approach to case management

Following this feedback from HMIP, officers from YOT and Social Care implemented a cross service improvement plan to address the Inspection Team's observations.

HMIP published the final report on the Inspection in August 2014 which is available at the HMIP website at <http://www.justiceinspectrates.gov.uk/hmiprobation/inspections/4003/>

In the report, Bromley YOS practice was identified for positive mention in respect to the quality of safeguarding assessments and for the use of police intelligence to direct case management by YOS and Care Service staff.

Bromley have also contributed to a Thematic Inspection on resettlement of young offenders following custody. The inspection took place in July 2014 and involved a single case from Bromley. No feedback was provided by the Inspectors.

2.4 Legal Aid, Sentencing and Punishment of Offenders Act LASPOA 2012

The Legal Aid, Sentencing and Punishment of Offenders Act (LASPOA) was introduced in November 2012 with full implementation from April 2013. The Act has reformed the justice system and the administration of legal aid and has created a new youth remand and sentencing structure that allows courts a greater flexibility when deciding on appropriate disposals for young people.

The Act introduced some important changes in respect to young people:

2.4.1 Remands

- A more flexible and simplified process is to be introduced for remanding young people into Youth Detention Accommodation (YDA) and Local Authority Accommodation, under 18 years of age, this to include a tariff to restrict the use of remand to offences above a specific gravity.
- The Act requires that any child remanded to YDA is to be treated as 'Looked After' by the designated local authority

2.4.2 Youth sentences

- Increased discretion on sentencing, which will enable courts to conditionally discharge a young person pleading guilty to their first offence instead of giving a referral order.
- Removal of current restrictions on repeated use of referral orders following a guilty plea.
- Variation to detention and training order recall conditions.

2.4.3 Out of Court Disposals (OCD)

- Reprimands and final warnings have been replaced by youth cautions and youth conditional cautions.

2.3 Officers have conducted a comparative analysis of the full year effect of the impact of the LASPOA 2012 on the number and type of young people who are being remanded to custody. The implications of this are the subject of a separate report to members which is to be presented to the meeting of the Care Services Policy Development and Scrutiny Committee at their meeting of October 2014. The analysis shows that the number of individual young people remanded has increased between the 2 years. A key factor contributing to the increase in the number of remands is the re-offending of 14-15 year olds referred to above. In a previous report (CS13030) Members were advised of changes to the youth remand framework that had been introduced through the Legal Aid,

Sentencing and Punishment of Offenders Act 2012 which came into force from 1st December 2012. The report advised that the introduction of these reforms have been accompanied by a transfer of financial responsibility for secure remands from the Youth Justice Board and Ministry of Justice to Local Authorities. Final actual expenditure on secure remands for the financial year 2013/14 was £269,041. The projected expenditure for the current financial year, based on the remands made by the end of August 2014, is £242,693.

2.5 Addressing Reoffending – YOS Service Priority 2014/15

Reoffending amongst a specific cohort (young people aged 15 and under) is now a headline concern for Bromley YOS. It has given rise to a negative trend in the YOS' reoffending and custody performance indicators and is also having an impact on the level of secure remands. With support from the Youth Justice Board, as part of a national pilot to address persistent offending, Bromley YOS are working with partners to develop a multi-agency approach to reoffending.

A priority of this approach will be to work with the Bromley Children in Care Virtual School Service to ensure that all young people known to the YOS and who are Looked After by the Local Authority have in place robust Personal Education Plans together with the support necessary to help them to remain within school or alternative provision during the school day. As poor speech and language skills are strongly associated with poor attendance and behaviour at school and Health have now commissioned a pilot speech and language therapy programme to address this in Bromley's young offenders and particularly our prolific reoffending cohort. Parental involvement is also key to diverting children and young people from offending and supporting their participation in education and the families of offenders falling into the reoffending cohort will now be identified for specific assistance from the Bromley Children Project Tackling Troubled Families Programme and Bromley Targeted Youth Support Programme.

CS14079

Part 1 – PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 2nd October 2014

BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2013/14

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1. SUMMARY

1.1 This report provides Members with an overview of the main issues raised from the Bromley Safeguarding Adults Board Annual Report (**Appendix 1**), which outlines the Boards work in delivering its strategic plan.

2. BRIEFING

2.1 The Bromley Safeguarding Adults Board (BSAB) since 2008 has been responsible for the co-ordination and development of work to safeguard adults at risk from abuse and neglect in accordance with the Government guidance, No Secrets (Department of Health 2000). Last year the provisions of the draft Care and Support Bill set out the Government's plans for new legislation, the Act received Royal Assent on 14th May 2014 and comes into force in April 2015.

2.2 The new legislation provides clarity about the role and responsibility of public services to collaborate and work together to safeguard vulnerable adults. The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carer's in control of their care and support. Crucially, the Act delivers key elements of the Government's response to the Francis Inquiry into the awful events at Mid Staffordshire hospital, increasing transparency and openness and helping drive up the quality of care across the system.

2.3 Leadership is important factor to the success of the Board, and the multi-agency partnership appointed Helen Davies as its independent chair in November 2013, who also chairs the Bromley Safeguarding Children Board.

2.4 Two serious case reviews were undertaken in 2013/14. The first involved a nursing home, which led to an in-depth review commissioned by the Board and facilitated by Lynne Phair, an independent consultant. Participants,

including family members, had the opportunity to reflect on the investigation findings and 17 learning outcomes were identified. The Board will monitor in the coming year learning from this review which has been shared in 8 workshops delivered to health and social care practitioners by the LBB Safeguarding Adult Manager.

- 2.5 A number of projects were delivered In line with the new provisions of the Act, 'Making Safeguarding Personal', a national initiative led by the Local Government Association (LGA). The aim was to enable individuals to be safeguarded by supporting them in making choices and having control over how they choose to live their own lives. Practices have been revised as a result.
- 2.6 The Board receives regular reports to satisfy itself that the issues highlighted in national inquiries have been addressed locally. The recommendations following the Winterbourne View and the Francis Inquiries have far-reaching implications for safe care, safe recruitment and cultural change; Oxleas NHS Foundation Trust introduced a nursing strategy implemented in June 2013, Oxleas introduced a pledge which was publicised to patients: Bromley Healthcare has strengthened nursing and quality, with its BHC code of conduct. Kings College Hospital NHS Foundation Trust introduced new measures for safe staffing levels to manage the patient workload and recruitment of staff with appropriate values. A new inspection framework will be launched by CQC in October 2014 which rates the quality of services. The Clinical Commissioning Group (CCG) took the lead in developing a comprehensive borough wide action plan.
- 2.7 In 2013-14 516 staff across the multi-agency partnership received classroom-based adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards training. Health Care Investigation Skills training was held to improve the quality of health investigations by provider managers. The successful e-learning programme continues with over 600 modules completed.
- 2.8 409 safeguarding investigations took place in 2013-14: abuse is most likely to occur in a person's home, committed by a family carer which may be attributed to carer stress or lack of knowledge in providing good care. A quarter of all investigations occur in either residential or nursing homes.
- 2.9 Carers' Bromley deliver a range of services to maintain carers' vital role and are designed to help alleviate stress thereby reducing risks. Advocacy is important to enable carers' voices to be heard and a free helpline is available for emotional support. Training to professionals is offered to help them understand the dynamics to maintain carers' resilience in their role.
- 2.10 In November 2013, LBB held a 'Building Better Support for Carers Conference'. Safeguarding professionals and Healthwatch facilitated a workshop on 'intentional and unintentional harm'. The theme was explored

with the 37 carers raising awareness about types of abuse and the process of investigations.

- 2.11 London Fire Brigade completed over 2,290 Home Fire Safety Visits for vulnerable householders and met with housing providers to explore ways of driving down fires in sheltered housing.

3. SUPPORTING DOCUMENTS

- 3.1 **Appendix 1** Bromley Safeguarding Adults Board (BSAB) Annual Report 2013/14.

- 3.2 Supporting Documents listed below can be downloaded from the Bromley Council adult safeguarding web page:

www.bromley.gov.uk/bsab

BSAB Prevention Strategy 2011-2014

http://www.bromley.gov.uk/downloads/file/367/prevention_strategy_2011_-_2014

Protecting Adults at Risk: London multi-agency procedures 2011

http://www.bromley.gov.uk/downloads/file/1015/scie_report_39_london_multi-agency_policy_and_procedures_to_safeguard_adults_from_abuse

Guide to scrutiny of adult safeguarding for councillors

http://www.bromley.gov.uk/downloads/file/1376/adult_safeguarding_scrutiny_guide

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Bromley
Safeguarding Adults
Annual Report
2013/14

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Bromley Safeguarding Adults Annual Report 2013/14

Foreword by the Chair

I would like to start by thanking Nada Lemic for her commitment as the outgoing Chair. Her leadership of the strong multi-agency partnerships has united them to prevent abuse of vulnerable adults in Bromley. As the first Independent Chair, I recognise the high quality work undertaken by the partners who make up the Board and I intend to build on this good work. My role is to provide healthy challenge and communicate effectively with our community, which is just as important as holding partner agencies to account.

The Board has made great strides in delivering its Safeguarding Adults at Risk Strategic Plan and it has been reassuring that there has been significant progress against our objectives:

- *prevention through empowerment*
- *improving standards of practice*
- *commissioning high quality services*
- *raising the profile of safeguarding in Bromley*

The implementation of the strategic plan has been a driver to reduce the risks of abuse or neglect to adults with care and support needs and overall we have seen some excellent results.

However, we must not be complacent; there is still a considerable amount of work to be done to reduce the risk of abuse or neglect to adults with care and support needs, specifically with people who are caring for their loved ones. The incidence of abuse in the London Borough of Bromley is most likely to occur in a person's home, committed by a family carer. Deplorable as this may seem, much of it may be attributed to carer stress or lack of knowledge in providing good care. Intervention and offering services to carers remains a challenge and priority for the Board in the forthcoming year.

The Board has been proud of its achievements and recognises the outstanding commitment of all partner agencies. This year, the Board has been at the forefront of supporting the implementation in Bromley of "Making Safeguarding Personal", a national initiative led by the Local Government Association (LGA). Adult social care and Oxleas NHS Foundation Trust staff have, as part of this initiative, received training to develop their practice. The aim of "Making Safeguarding Personal" was to enable individuals to be safeguarded by supporting them in making choices and having control over how they choose to live their own lives. Additional training was also commissioned by the Board to advance skills and knowledge, following a Safeguarding Adult Review (Serious Case Review) which highlighted concerns relating to safeguarding issues emerging from hoarding and self-neglect.

In Bromley, a quarter of all investigations occur in either residential or nursing homes and, when there are serious failings, the Board has to consider commissioning a serious case review. In 2013/14 a large care home was reviewed in order to learn what went wrong and why. During the coming year the Board and its partners will implement the recommendations from the review.

The Board's priorities are set out in the strategic plan and in the annual business plan for 2014/15 and next year is going to be challenging because of the significant changes as a result of the Care Act 2014 and the new duties placed on our Board. In Bromley, this means developing the existing Board, its governance arrangements, practice, policies and guidance. In addition, we are committed to developing an effective strategic plan for 2015-2018 with implementation by early 2015. The strategic plan will focus on prevention and the six principles of safeguarding.

We will never reach the point of protecting everybody but we are striving to reduce the incidence of abuse and neglect and we have gone some considerable way this year to achieving it, because of our partners' dedication and commitment, despite facing major changes in their own organisations.

Helen Davies
Chair, Bromley Safeguarding Adults Board

1. Introduction

- 1.1 The Board is in the final year of its Strategic Plan for 2011-2014 <http://www.bromley.gov.uk/downloads/file/367/prevention> and, as such, has gone some considerable way to achieving its aims to safeguard the welfare of adults at risk through the community.
- 1.2 The Board also has a responsibility to respond to findings from national inquiries, and this year both health and social care organisations have had to address findings from two inquiries. The recommendations following the Winterbourne View and the Francis Inquiries have far reaching implications for safe care, safer recruitment and a paradigm shift in cultures. Care Quality Commission (CQC), as the regulator, has undergone a transformation and has launched a new inspection framework. The framework aims to capture the 'complete picture' and rate the quality of services being offered. In Bromley, the Clinical Commissioning Group (CCG) took the lead in developing a comprehensive borough wide response.
- 1.3 The Training and Awareness sub-group has reviewed the training commissioned by the Board. The training programme will be retendered and revised, in order to be effective and meet the needs of our partners and practitioners.

2. Outcomes for and the experiences of people who use adult safeguarding services in Bromley

- 2.1 Detailed case studies were presented to the Performance and Audit and Quality subgroup by both LBB and Oxleas practitioners providing excellent examples of work undertaken by their teams. Safeguarding data was often available for planning purposes but views of adults at risk experiences were not routinely recorded. As a consequence, the Board actively sought to work with several universities to evaluate independently the effectiveness of practice through our service users.
- 2.2 The London Borough of Bromley was approached by Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to pilot a project; the experiences of adults at risk who have been through the safeguarding investigation process. The project evaluation found that where adults at risk were involved in determining the change they would like to happen, they were more invested in the change and motivated to participate in the process. People were willing to express their views and tell their story.
- 2.3 "Making Safeguarding Personal" focused on service user outcomes and has proved to be hugely effective for the service user in the safeguarding investigation. Also, it meant a paradigm shift for workers' practice. The new person-centred approaches were adopted as standard practice in safeguarding investigations by LBB and Oxleas NHS Foundation Trust.

2.4 The London Borough of Bromley participated in King's College London's research study called *Risk, Safeguarding and Personal Budgets*. The purpose of the study was to investigate:

- how Social Services departments support people in making choices;
- how Social Services make sure that people who get help can be safe.

In total, 15 service users participated in the research and the report is due to be published in 2014.

2.5 In November 2013, LBB held a 'Building Better Support for Carers Conference'. Safeguarding professionals and Healthwatch facilitated a workshop on 'intentional and unintentional harm'. The theme was explored with the 37 carers, raising awareness about types of abuse and the process of investigations. This was an important opportunity to meet with carers and raise awareness that abuse in Bromley was most likely to occur in a service user's home.

2.6 A project was developed, following a serious case review, to improve interagency knowledge of hoarding. The workshops were a success and were delivered jointly by Environmental Services, LBB Care Management, and service users who experienced support from agencies to resolve their problems. A total of 262 staff were trained through the workshops. The outcome was improved skills and knowledge of professionals supporting people with complex lives.

3. Publicity and Promotion

3.1 The Board has its own communication strategy, which provides overall responsibilities and objectives to reach its target market. The Board's work is publicised through its regular newsletter. In 2013/14 we developed and published information factsheets for service users and their families to tell them what to expect from a safeguarding investigation. We have distributed 1,500 leaflets and there have been 150 alerter downloads from the LBB website.

<http://www.bromley.gov.uk/downloads/file1786/factsheet>

Easy Read: What happens if you need help to keep you safe.

<http://www.bromley.gov.uk/downloads/file/1787/factsheet>

Easy Read: What happens if you need help to keep you safe from someone who is hurting you.

3.2 Bringing all partners together at the Annual Safeguarding Conference in November was a resounding success with 122 delegates attending. Speakers addressed the conference on a number of key issues including: statutory reform, the Care and Support Bill, the Francis report on the CQC's role in regulating health services, prevention in care homes, corporate neglect and abuse, legal possibilities in challenging financial abuse and the use of civil law. The outcome of the conference is improved understanding and continual professional development of those working in this field.

- 3.3 All crime is unacceptable but offences that are driven by hostility or hatred based on personal characteristics set a particular challenge. The Metropolitan Police Service lead on this initiative and held a conference in Bromley in 2014, which included interactive intense training sessions for the safer neighbourhood teams, safer transport teams and school liaison officers to highlight the issues of disability hate crimes within the borough and improve outcomes for victims of crime.
- 3.4 Publicising the Home Fire Safety Initiative has been driven by the London Fire Brigade (LFB) to maintain referrals from partner agencies, and they held a workshop on the 30th October 2013. The initiative targets vulnerable adults accessing expert advice and support from the fire service to prevent and reduce risk from hazards. A total of 81 people were able to access this service.

4. Leadership, Strategy and Commissioning

- 4.1 Helen Davies was appointed as the Chair of Bromley Safeguarding Adults Board from November 2013. Helen Davies has been the Chair of the Safeguarding Children Board in Bromley and will bring her wealth of experience and leadership to the BSAB.
- 4.2 The Board's work is progressed through an Executive Committee and the following three sub-groups; Performance, Audit and Quality, Training and Awareness as well as Policy, Protocol and Procedures Sub-group.
- 4.3 Two serious case reviews were undertaken in 2013/14. The first involved a nursing home, which led to an in-depth review commissioned by the Board and facilitated by Lynne Phair, an independent consultant with extensive experience in poor standards of care in care homes. Participants, including family members, had the opportunity to reflect on the investigation findings and 17 learning outcomes were identified. The Board will develop the recommendations into an action plan which the Board will monitor in the coming year. Learning from this review has been shared in 8 workshops delivered to health and social care practitioners by the LBB Safeguarding Adult Manager (see 2.6).
- 4.4 Responsibility for commissioning health services moved from the Primary Care Trusts to Bromley Clinical Commissioning Group (BCCG) in April 2013. BCCG is responsible for commissioning hospital, community and mental health services for the people that live in Bromley and ensuring safeguarding is prioritised. BCCG has developed a Quality Assurance Framework (which includes safeguarding performance indicators) used for all clinical procurement and supports contract monitoring, particularly of smaller providers.
- 4.5 Methods used to monitor the effectiveness of partnership working in safeguarding practice were as follows:
- LBB conducted safeguarding audits to identify examples of good practice.
 - LBB lead a 'Commissioned Services Intelligence Group' to identify quality and safeguarding issues with social and health care providers.

This group's membership is multi-agency including CQC where intelligence is shared.

- LBB hold quarterly safeguarding practitioner meetings to discuss standards of practice, procedures and pathways, including identifying efficient ways of working for practitioners.

5. Service Delivery, Effective Practice, Performance and Resource Management

- 5.1 The Board Training Strategy 2013-14 outlines the training programme each year, which clearly sets out the requirements for both the Board and its partners. The priority this year was to ensure that the workforce and our partner agencies' practices were aligned with the Pan London procedures. The Training and Awareness sub-group carried out an evaluation of the relevance and effectiveness of the multi-agency programme, including the course content and objectives, which led to the training programme being re-tendered.
- 5.2 In total 630 training places were commissioned of which 516 staff across the multi-agency partnership received classroom-based adult safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards training. *Health Care Investigation Skills* training was held to improve the quality of health investigations by provider managers.
- 5.3 Eight *Serious Case Review Workshops: Working with People who Hoard* were held to discuss effective multi-agency interventions in cases of extreme hoarding and self-neglect.
- 5.4 E-learning has seen a further increase with a programme of courses providing 418 Adult Safeguarding, 150 Mental Capacity Act and 96 Deprivation of Liberty Safeguards modules.
- 5.5 The objectives of the Training Strategy for 2014-15 seek to better evaluate the impact of training on staff and to what extent the worker has demonstrated the transfer of learning into improved safeguarding practice.
- 5.6 In addition, a further priority for 2014-15 is to provide refresher training to GP practices on their role within the adult safeguarding process, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and pathway for people who hoard whose living conditions require intervention by London Borough of Bromley Environmental Services, under the Public Health Act 1936.

6. Working Together

This section outlines the achievements of the partner agencies in relation to the Prevention Strategic Plan.

6.1 London Borough of Bromley

The London Borough of Bromley (LBB) continues with its safeguarding priorities under the leadership of ECHS Executive Director, Terry Parkin. In 2013/14, LBB as the lead agency focused on improvements in standards and consistency of safeguarding practice, as part of the BSAB Prevention Strategy. One issue they were motivated to resolve was that appropriate referrals were taken forward as safeguarding investigations.

A revised screening process has been piloted to assist practitioners to ensure that appropriate referrals were taken forward to investigation. The screening tool assisted practitioners to make consistent decisions. The outcomes will be reported in 2015.

Standards in practice meetings continue to be held each quarter in order to provide an opportunity to practitioners to review procedures and pathways in order to bring about efficient ways of working. Last year practitioners identified that the current investigation template did not lend itself to provide a coherent investigation report which is easily understandable; as a result it is now being redesigned. In addition, monitoring meetings introduced in 2014 to adult social care teams to ensure cases are tracked to meet the Pan London timeframes has improved statistics.

The monthly Commissioned Services Intelligence Group was re-launched with improved membership of the Quality Assurance Team, Adult Social Care, CQC, LBB Contracts and Compliance Team, health partners and the police. These meetings are extremely effective as a means of monitoring providers in which there are both safeguarding and quality concern issues, setting actions to prevent protracted safeguarding investigations.

Lessons learnt are vital to improving practice and LBB led on a series of serious case review workshops delivered by the Adult Safeguarding Manager to adult social care staff and other partner agencies.

The London Borough Bromley undertook the project "Making Safeguarding Personal" (MSP), in order to improve practice and empower people to make the right choice about delivery of their care and that they remain informed about making safe choices. As a result, safeguarding champions were identified across all teams to promote MSP in adult social care teams to encourage person-centred approaches in safeguarding investigations. There is evidence of adults at risk being supported to express their views and outcomes and practice will be monitored throughout 2015.

Work Planned 2014/15:

- Safeguarding Adults Prevention Strategy 2015-18 to be published.
- LBB will lead with adult social care and Oxleas to review and align processes to comply with the Care Act 2014.
- Safeguarding case audits to improve practice.

6.2 Bromley Healthcare Ltd

Bromley Healthcare (BHC) as a social enterprise is working to continue with its strategic leadership and enduring practices, committed to the prevention priorities of the Board, BHC key areas of work for 2013/14 which support patients to remain in control of their lives and reduce the prospect of safeguarding investigations were:

- community management of Urinary Tract Infections (UTIs)
- development of a falls and fracture prevention service
- development of multi-agency integrated community based teams.

he Strategic Leadership and Governance Framework for Bromley Healthcare continues with Dr Cath Jenson and the newly appointed Amanda Mayo (Head of Nursing), who both sit on the Bromley Adults Safeguarding Board and Executive. We are pleased to report an appointment has been made to the Clinical Educator post further strengthening the leadership within BHC.

Work continues with partners under the ProMISE (the Proactive Management of Integrated Services for the Elderly) programme and, as such, we have seen excellent outcomes resulting in reduced referrals to residential care, hospital admission and increased confidence in our pilot admissions avoidance scheme. For our older complex patients we are recording high levels of satisfaction.

Prevention of safeguarding investigations involving adults at risk, who have suffered falls due to omission of care either in care homes or in the community, was a priority that needed to be addressed through specialist services. BCCG commissioned BHC to run a specialist Falls and Fracture Prevention Service, with input from the King's College Hospital NHS Trust. The service was aimed at preventing falls and commenced in December 2013. The project developed processes for identifying risk factors along with a falls register and carers register aimed at identifying those most at risk in order to co-ordinate appropriate preventative action. The carers register also helps GPs to identify where additional support is required consequently reducing emergency admissions.

The Tissue Viability Service delivered a project to support eight care homes across the year to improve knowledge around the prevention of pressure ulcers. Safeguarding allegations of neglect due to acquiring avoidable pressure sores is a significant issue across London. The programme demonstrated a reduction in both the number and grade of pressure ulcers. BHC has also developed a new template for examining the root cause of pressure ulcers and the Risk Team will continue to support staff to optimise their investigation skills so that every aspect of learning is captured and reflected upon.

Work Planned for 2014/15:

- To contribute to the development of the BSAB Strategic Plan 2015-18.
- Submission of the Safeguarding Adults at Risk Audit Tool to NHS England for assurances.
- Completing training needs analysis of staff and the data to develop both single and multi-agency training.

6.3 Bromley Clinical Commissioning Group

BCCG leadership in safeguarding has been further strengthened this year with the Director of Quality appointment as chair of the Executive Committee.

The CCG internal safeguarding committee leads on driving through challenges in relation to safeguarding practices in health organisations. BCCG has been pivotal in forging good working relationships on behalf of BSAB with NHS England.

In response to the prevalence of pressure ulcers across London, BCCG attended the NHS London event on the 8th October 2013 to look at the safeguarding topics relating to pressure ulcers. The problems facing many CCGs and Local Authorities are the high volume of reporting and investigations, capacity and resources related to investigations of the root causes. The outcome was to develop a cross-borough pressure ulcer protocol with Bromley, Greenwich, Bexley and Lewisham, and this work is ongoing.

The BCCG has commissioned several projects which support prevention, the first being a training programme launched in partnership with South Bank University to assess the training needs of care home staff (qualified and unqualified) and then to commission training as identified in their needs analysis. The second project is a tissue viability support offer to nursing homes, to improve the reporting of grade 3 and 4 pressure ulcers, in order to reduce safeguarding alerts.

A further initiative is training provided to care workers in the causes of a urine infection, prevention, symptoms and common treatments. This proved especially helpful for informal carers. The training has allowed informal carers to raise concerns at an earlier stage to help prevent emergency hospital admissions.

Work Planned for 2014/15:

- The priorities for 2014-15 are to review the local Enhanced Service current specification. In addition, BCCG will continue to monitor the Visiting Medical Officer Service to ensure that patients in care homes have the same access to primary health care as the rest of the population.
- Support the GP's half-day academic session. The session will focus on safeguarding, promoting awareness of the investigation procedures and the role of the GP in the process.

6.4 Oxleas NHS Foundation Trust

Oxleas NHS Foundation Trust provides mental health and learning disability services for three local authorities, Bromley, Bexley and Greenwich, and has strong engagement with the prevention strategy as well as good representation at the BSAB. Oxleas Safeguarding Committee is developing its safeguarding strategic plan and was able to identify their priorities with the support from the tri-borough partners. The priorities are to drive prevention through developing skills and knowledge and to achieve this through effective safeguarding frameworks.

Oxleas NHS Foundation Trust has a well-developed Safeguarding Committee with leadership to oversee the Trust's action plan and in 2013/14 it focused on a number of national initiatives. In November 2013, NHS England and the National Quality Board published guidance on "How to ensure the right people, with the right skills, are in the right place in the right time" was presented to the Oxleas Board of Directors in March 2014. It is accepted that dealing with patients and clients with challenging mental health needs creates a high likelihood for safeguarding incidents when staff restrain patients. It is, therefore, important that recruitment of staff and staffing capacity is

appropriate. The project report sent to the Board at the end of June 2014 noted staffing capacity and capability, using an establishment review and evidence based tools.

The Bromley Care Home Project assists care home staff to understand the causes and triggers of distress in residents with moderate and more severe dementia and develop strategies to manage these behaviours and avoid placement breakdown or the need for hospitalisation. The initial pilot ran in four care homes and had three aims:

1. To improve the quality of life of older people with dementia in care homes.
2. To reduce challenging behaviour.
3. To reduce the use of anti-psychotic medication.

Oxleas staff ran six training workshops with care home staff, and introduced a tool which helps identify and overcome the triggers that could cause distress for someone with dementia. The tool also helps to prevent unnecessary prescribing of anti-psychotic medication. The project was well received by the care home providers and evaluation demonstrated that this project made a difference in the life of people with dementia. It enabled people with dementia to remain in a familiar environment and their needs to be met with dignity, respect and compassion. Paul Burstow MP, Minister of State for Health, visited the project and commented that it highlighted excellent care for people with dementia. It is now being extended to other care homes in Bromley.

In addition, a joint project between Oxleas Foundation Trust and the London Borough of Bromley was set up to map out the pathway for adults at risk who hoard and self-neglect. There is a multi-agency agreement to refer adults at risk who hoard and are at risk of harm to Oxleas services for psychological intervention.

Training was a priority and as of 3rd March 2014, there was trust wide compliance with adults safeguarding awareness training at 95.3%. Oxleas Older Mental Health Services have arranged for workshops for staff on the Mental Health Act 1983, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Work Planned for 2014/15:

- To develop a hoarding risk panel, comprising officers from environmental health, mental health and adult social care.
- Training programme on Root Cause Analysis (RCA) to raise the standard and timeliness of the RCA reports to be delivered between May - October 2014.
- To establish safeguarding champions in the teams to promote safeguarding and build confidence in dealing with safeguarding concerns.
- IT developments to enable staff from London Borough of Bromley to access information regarding a client known to both services, as well as improving the reporting of quarterly returns.

6.5 King's College Hospital, NHS Foundation Trust

King's College Hospital (KCH) NHS Foundation Trust joined the Bromley Safeguarding Adults Board in October 2013 and presented their vision for delivering services in both the Princess Royal University Hospital (PRUH) and Orpington Hospital. They bring a wealth of experience in adult safeguarding leadership from their other hospital trusts and have a good working relationship with NHS London. NHS London expects the Safeguarding Adults Risk Assessment to be completed annually and this self-assessment tool identified that the training strategy requires revisions to reflect the Bournemouth Competency Framework which KCH are working towards as well as improving training compliance.

King's College Hospital NHS Foundation Trust's training needs analysis revealed a decrease in attendance for the Level 1 safeguarding awareness training, but an increase in the attendance of the Level 2 training. KCH will focus on improving the completion of safeguarding training for their staff.

The governance arrangements within KCH were established with a Safeguarding Adults Committee, which sits below the Quality and Governance Committee. The Safeguarding Adults Committee requires additional members from the wider organisation.

Work Planned 2014/15:

- Training strategy reviewed by 1st May 2014.
- Mental Capacity Assessment Policy reviewed by 1st August 2014.
- Safeguarding Adults Policy to be reviewed and ready for ratification by 1st September 2014.
- Review the safeguarding referral to Local Authorities and provide supporting guidance to staff by 1st September 2014.

6.6 Public Protection

This section provides an overview of the initiatives and projects delivered within this Portfolio and their achievements. In 2013-14 the Public Protection and Safety Portfolio priorities included:

- Provide advice, guidance and support to vulnerable members of the community, who are victims or potential victims of domestic abuse, scams and doorstep crime.
- Provide clear advice, guidance and communication that supports crime prevention and reinforced confidence in the borough as a safe place to live, work and enjoy recreation.
- Encourage young people to achieve their potential by rejecting crime and anti-social behaviour.

(1) Safer Bromley Partnership

The Safer Bromley Partnership (SBP) has continued partnership work with London Fire Brigade (LFB) and environmental health officers to work with known hoarders in the borough and reduce the risk to their homes from fires. A steering group has been set up comprising the partner agencies; environmental health, community mental health, adult care services and registered social landlord (RSL) Affinity Sutton. The group is developing a mapping protocol for referrals from members of the public and other professionals.

Work undertaken and achievements in 2013/14:

- Eight training sessions took place ending on the 31st December 2013, which included the annual conference at the Warren.
- 262 people attended the hoarding training sessions.
- As a result of the training sessions, 32 cases were referred.
- The LBB web site MyLife updated to include information about hoarding.

Work Planned 2014/15:

- Additional training for GPs and extending out to district nurses and practice managers in conjunction with LFB.

(2) Domestic Abuse (DA) and Violence against Women and Girls (VAWG)

The management of this area of service has been strengthened this year and Clare Elcombe, the co-ordinator, has commissioned support services to enable the monitoring and evaluation of contracts and the development of new services. Working closely with BSAB to review the training programme regarding domestic abuse and violence against women and girls, an E-learning package and five day specialist training was commissioned and rated by 88% of participants as excellent.

Work Planned 2014/15:

- Building partnerships with health services is a priority to ensure robust responses to DA and VAWG referrals, following the success of the GP training.
- A conference planned for November 2014 to promote awareness.

Domestic Abuse Advocacy Project

This project was successful in supporting victims through advocacy to access the criminal justice system, and has achieved 66.5% conviction rate compared to conviction rates of around 20% without advocates. A priority was to engage children and young people in prevention workshops in schools and colleges and achieved this by reaching over 1,000 young people.

One Stop Shop

This year the management of the service transferred from the London Borough of Bromley to Women's Aid and they developed systems to ensure that clients can access the service independently of professionals if required. In addition, agreement was reached with MPS to be actively involved in the service. 300 individuals accessed the service and 52 drop-in sessions were provided in 2013/14.

Support Groups

Women's Aid was commissioned to run this service and the majority of facilitators who deliver the programme were professionals such as family support workers or drug and alcohol workers. An additional 10 facilitators were trained in December 2013 and further training was planned for summer 2014. The evaluation feedback from the participants revealed that 97% of women stated their self-esteem and confidence improved, whilst 88% felt safer. Women's Aid facilitated 9 groups, and 74 women completed their courses.

Perpetrator Programme

The programme was 26 weeks long and was jointly commissioned by the London Borough of Lewisham and LBB. This has vastly improved communication with referring agencies especially children's social care. The referral rate remains high with 56 applications made to the scheme and 23 men attended the programme. 100% of partners or former partners of the participants reported they felt safer following the intervention.

(3) Safer Bromley Van

This was a joint venture working with the Anti-Social Behaviour Team, Community Safety Team, and MPS. This was a very successful initiative promoting prevention in particular with those most vulnerable. A total of 500 referrals for residents who were victims of crime accepted support with home security. The results of this programme were excellent with no one experiencing a repeat burglary. The service will be extended to housing associations targeting specific areas.

(4) Trading Standards

The prevention of crime is at the core of adult safeguarding and the Head of Trading Standards has forged a strong partnership with the BSAB and actively participated in achieving the priorities in the prevention strategy. Trading standards staff and community safety staff have attended awareness training on mental capacity and remain very active and vigilant in this area of work. A priority was collaborating with Age UK to promote awareness and referring matters to the community safety teams for support. In addition, educating elderly consumers was a critical part of their work so people were aware of doorstep crime and scams. 49 presentations were made to groups, attended by 1,865 residents.

Trading Standards officers distributed 800 “Safe as Houses” packs to residents and a further 1,500 coasters, plus pens, have been handed out at events. In addition, training was important to improve skills and knowledge of professionals. A total of 18 training sessions were run for adult social care staff, police, community safety and partners, including a training session on illegal money loans and debt.

Working with the local banks was important to reduce risks to their customers and improving vigilance amongst staff. A total of 30 presentations were held to raise awareness on how to support adults at risk from financial harm. The outcome of this work was to ensure people have access to criminal justice and personal loss was reduced.

The Rapid Response Team prevented £280,000 from being lost by consumers and assisted in the prosecution of a rogue plumber who was gaoled for 2½ years. A joint piece of work with Surrey was addressing a mass marketing scam, which identified 500 residents in a number of boroughs who had been targeted for mass scam mail. Trading Standards, with the support of mental health, provided protection advice to all of these residents.

Work Planned 2014/15:

- Training for Trading Standards staff to be aware of other care concerns regarding adults at risk and ensure that appropriate referrals are made to the relevant agencies.
- Build partnerships with care provider agencies to improve attendance at Trading Standards training sessions.
- Continue to build relationships with banking organisations.
- Trading Standards will refer banks to the Financial Ombudsman Service if they were not compliant with protection of adults at risk.

6.7 Metropolitan Police Service (MPS) – Bromley Borough

Adult safeguarding remains a strategic priority for the local police and all the lead agency teams benefit from the advice, guidance and continuity of support provided by the Single Point of Contact police officer located within the Public Protection Desk.

Since April 2013, all incidents involving safeguarding adults are recorded on the MPS Merlin IT system (ACNs). Matters requiring police investigation are also recorded on the CRIS system and screened appropriately for investigation. Data now recorded by the MPS can be accessed at a local level to monitor reporting levels and referrals to the local authority for coordination of response. The MPS has committed to partnership working on safeguarding investigations and will lead on criminal offences cases. Any LBB Serious Case Review (SCR) lessons were reviewed at a local level and lessons learnt disseminated to agencies as appropriate.

The learning achieved by the unit in investigating allegations, and covert operations in securing evidence to bring cases to successful prosecution, has left its legacy in the experience gained by officers now transferred to mainstream police work.

Work Undertaken in 2013/14:

A Disability Hate Crime Awareness project was implemented in the London Borough of Bromley in 2013. The joint approach taken by Community Links Bromley, Community Safety at the Council and Bromley police qualified for a £15,000 grant from the Mayor's Office for Policing and Crime (MOPAC). This funded a number of initiatives, which included an outcome to improve the reporting of this crime. Two Disability Hate Crimes were reported in 2012/13 and it has risen dramatically to 20 in 2013/14, although this is still believed to be vastly under reported crime. MSP developed a Vulnerability Assessment Framework tool to assist in:

- (a) identification of vulnerability;
- (b) ensuring accurate police recording and police intervention;
- (c) referral to appropriate agency to reduce risks;
- (d) supports integration into Multi-agency Safeguarding Hub;
- (e) identifying patterns and trends enabling early intervention.

The funding assisted the following:

- A monthly Disability Hate Crime Forum has been created with representation from many groups within the disabled community.
- A Disability Hate Crime Awareness day was launched at The Churchill Theatre, which was supported by Councillor Tim Stevens.
- A Crime Awareness Seminar event was held at Bromley Civic Centre where a Disability Hate Crime Awareness workshop was arranged by Alison Navaro (Community Links).
- Disability Hate Crime Awareness training for the police was launched with 140 front line officers receiving training.

Work Planned for 2014-15:

- £10,000 of partnership funding has been set aside to continue the work with training for front-line police officers.
- Working with Community Links Bromley and LBB to continue to support the programme and raise awareness.

6.8 London Fire Brigade (LFB) Bromley

The London Fire Brigade continues to maintain good working relationships with the London Borough of Bromley and is represented at BSAB. The benefit of partnership working was the promotion of safety for adults at risk and their protection against harm.

Work Undertaken in 2013/14:

- Completed over 2,290 Home Fire Safety Visits (HFSV) for vulnerable householders.
- Initial meetings set up with Borough housing providers to explore ways of driving down fires in sheltered housing.

- LFB Sprinkler Funding Competition and Government's Primary Authority Partnership scheme promoted with Borough housing providers.
- Referred over 20 vulnerable residents to social services for review.

Work Planned for 2014/15

- Progress the community safety initiatives rolled out at the end of 2013/14 with housing providers to promote fire safety, share best practice and explore partnership response to vulnerable people resident within the borough housing portfolio.
- Explore methods to review outcomes of referrals made to social services.

6.9 Bromley Mencap

Bromley Mencap sponsors safeguarding work through a number of projects aimed at supporting the Vulnerable Adults Strategic Plan. Prevention and enabling people to access their services was central to maintaining people's independence and control over their lives. Keeping staff skills and knowledge up-to-date was an ongoing priority and staff attended at the BSAB multi-agency training which helped to build their confidence about adult safeguarding. Additionally, staff undertook further on-line safeguarding training. Bromley Mencap's work with the Bromley Disability Hate Crime Project reinforced staff's awareness for people with disabilities that were affected by hate crime who should be referred for safeguarding and protection.

Work Undertaken and Achievements in 2013/14:

- Bromley Learning Disabled Carers Support Group – presentation by Trading Standards on raising awareness of rogue traders and scams and protection.
- Bromley Mencap's bi-monthly newsletter March/April 2014 featured a good news story of a learning disabled carer for his elderly mother who was able to act on the advice provided to protect him and his mother from harm.
- Lunch club for carers over 60 years continues on a monthly basis, consisting of up to 30 active participants. The group has had talks from the Police, Trading Standards and DWP. All speakers cover safeguarding and inter-agency co-operation.
- Presentations to carers about welfare benefits and changes to Day Services in Bromley as well as relevant guest speakers from the Alzheimer's Society and Voiceability.
- Safeguarding Awareness raising at activity days, discos, events, etc.

- Benefits Support Service for people with learning disabilities and their informal carers was a new service implemented in April 2013. This provides 25 hours of support each week by a part-time dedicated benefits officer who provides one-to-one support with completing benefit forms, contacting the benefits office, attending appointments as well as providing information sharing workshops.
- Older Mutual Carers Scheme for carers over 60 years has a specialist worker who will provide advice and support including benefits entitlement as well as services such as referrals to the memory clinic or escorting carers to health appointments.

Work Planned for 2014/15:

- Bromley Mencap's Campaign Plan includes further work on raising awareness about Disability Hate Crime and changes resulting from the Care Act 2014 including any safeguarding implications.

6.10 Carers Bromley

The aim of Carers Bromley is to support carers who are residents in Bromley. The majority of their work is preventative in order to support carers with a range of services they can access in order to maintain their vital caring role. Carers Bromley provide services to carers to help alleviate stress thereby reducing and preventing potential harm to adults at risk. Delivering training to professionals is a priority so awareness of carers' needs is understood and that dynamics to maintain their resilience in their carer's role is appreciated. Advocacy is therefore very important to enable carers' voices to be heard. The free helpline is available for emotional support, and social media is an exciting area of development this year to help identify, support and communicate with interested parties. Access to appropriate help is important in the prevention of abuse.

The annual report for Carers Bromley provides full details of services and can be found at: <http://www.carersbromley.org.uk/publications/annual-report-accounts.html>

Sitters are an invaluable resource and this year 26 sitters were available to sit with the person needing care so that the carer can have a break from their caring responsibilities. Practical support was provided to carers about caring for their backs in their homes so they could work safely without risking either their health or the adult at risk. A Link Worker placed within Oxleas provides support to carers providing care to someone with mental health needs. They also provide advice to professionals to help them understand the issues for carers looking after someone with a mental health problem.

The independent Carers Forum meets regularly to discuss issues that affect carers in Bromley, and recent topics included carers' assessments and transport issues such as Taxicard, Blue Badge and Dial a Ride. Carers Education Programmes (CEP) enable carers to learn about mental health issues, medication and relapse signs, which was widely accessed and critical to support carers in their roles. 281 carers attended these sessions. Support groups sessions are held every quarter and a total of 113 sessions were held and 630 carers attended.

Work Planned for 2014/15:

- New staff to receive adult safeguarding training as part of their induction and refresher training for staff via e-learning to continue.
- Improve communication with the lead safeguarding agency regarding the outcome of safeguarding referrals made by Carers Bromley.

7. Responding to the Challenge: Francis and Winterbourne View

7.1 The Board receives regular reports to satisfy itself that the issues highlighted in national inquiries have been addressed locally. The recommendations following the Winterbourne View and the Francis Inquiries have far reaching implications for safe care, safe recruitment and a paradigm shift in cultures. A new inspection framework to capture the 'complete picture' and rate the quality of services being offered will be launched by CQC in October 2014. The Clinical Commissioning Group (CCG) took the lead in developing a comprehensive boroughwide response on behalf of the Board.

7.2 The Bromley CCG's Francis Working Group met on the 26th February 2014 to review progress in implementing the CCG's workstream areas and plan next steps.

It agreed key lines of enquiry for the CCG to pursue within the meeting and these were:

- What actions were providers taking to understand and improve the culture at organisation and ward/team level?
- How were front-line staff being supported to deliver high quality care and ensure positive patient experience?
- What steps were being taken to listen and act on patient feedback and concerns and how are the outcomes from this evidenced?

7.3 Oxleas NHS Foundation Trust actions:

As part of a nursing strategy implemented in June 2013, Oxleas have introduced a pledge on Always Events, which has been publicised to patients:

- Promotion of a culture of candour, openness and embedding values.
- Using feedback from service users, families and carers.
- Strengthening quality management by introducing measures for performance.
- Facilitating, ensuring increased patient focus and contact by managers.
- Actions for nursing: Safe Staffing; implementing nurse appraisal and revalidation that embeds the 6 Cs and a continued focus on care and compassion.
- Oxleas have strengthened nursing leadership and recruited to a new Head of Nursing Structure.

- Nursing staffing ratios were set and will be reported. The Trust has started displaying daily nursing ratios to patients and relatives in in-patient areas.
- A programme of service visits is now under way; this includes monthly back to the floor visits by directors, giving both patients and staff an opportunity for direct feedback.
- Oxleas were undertaking patient surveys and feedback with responses reported via the patient experience group to the Board.

7.4 Bromley Healthcare

Bromley Healthcare has strengthened its nursing structure including formal appointment of Janet Ettridge as Director of Nursing and appointing to a new Head of Nursing role. The organisation has also strengthened quality structures with service areas identifying quality priorities and assurance/monitoring measures. All staff have been asked to sign up to a BHC code of conduct, which includes the expectation that staff will treat patients as they would expect to be treated themselves. Competencies for healthcare assistants have been developed and were to be implemented during May 2014, and for other professional groups by December 2014. Measures have been put in place to hear staff feedback including a CEO surgery.

7.5 King's College Hospital (KCH), NHS Foundation Trust

KCH provided feedback on the priority areas identified by the Trust to embed learning from the Francis Inquiry:

- Appropriate and safe staffing levels to manage the patient workload
- Care and compassion and recruitment of staff with appropriate values
- Supernumerary status of ward manager
- On-going training and development
- Patient involvement in all decisions
- Standardised management of complaints
- Effective learning from complaints identified, disseminated and implemented
- Transparency around performance
- Listening to patients' and staff's views and acting on feedback
- Understanding Trust's culture and implementing changes required.

7.6 In response to Winterbourne View inquiry recommendations, BCCG have developed a register for people with learning disabilities or autism (funded by the NHS) and will ensure each individual has been reviewed. The review must cover the following:

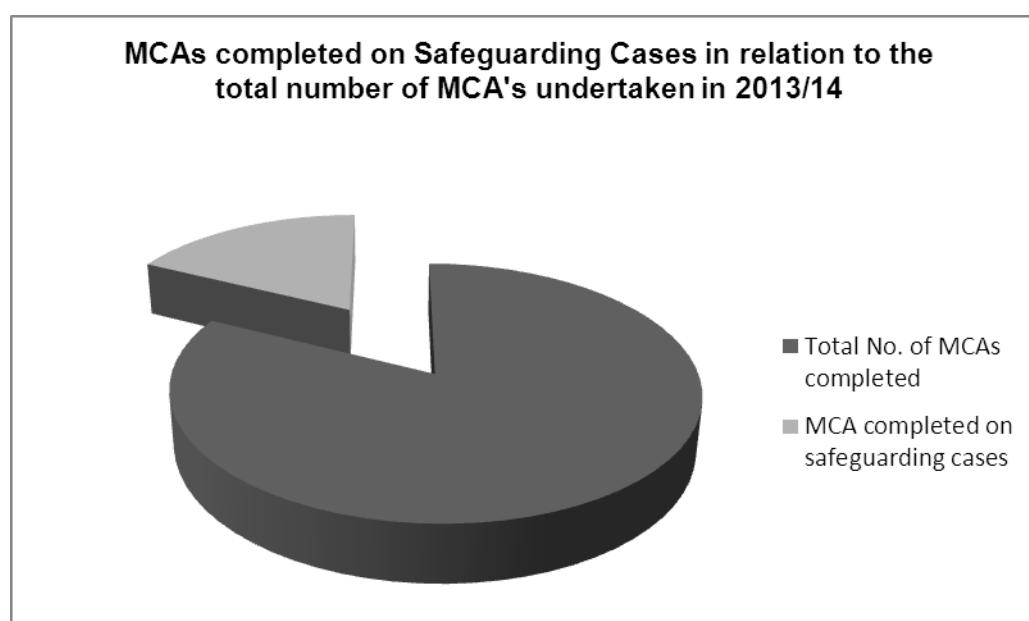
- A personalised care plan
- Evidence of engagement and agreement with the family
- A discharge plan (including discharge date)

- A named care co-ordinator
 - An identified lead from the BCCG
 - Date of comprehensive physical health check
 - Advocacy support to assist with discharge plans
- 7.7 The London Borough of Bromley does fund a small number of hospital placements for people with learning disabilities or autism, and these are regularly reported to Board. There are several private hospitals in Bromley which are commissioned nationally for specialist secure rehabilitation in hospital and supported living for detained and informal patients.
- 7.8 There were a number of safeguarding concerns raised regarding the quality of the care and treatment and the leadership of one hospital. London Borough of Bromley was the lead authority for the safeguarding investigations and has been working with the provider, NHS England, CQC and BCCG to ensure the safety of patients. NHS England was monitoring the commissioning arrangements and ensuring that the service was compliant before any further admissions.
- 7.9 The Winterbourne View report recommends closer collaboration between commissioning groups and Bromley CCG and London Borough of Bromley have developed a joint improvement plan for the provision of services for people with learning disabilities, autism and challenging behaviour. BCCG will ensure that a model has been developed for the delivery of care to service users and that service provision is recognised as a strategic priority by the Health and Wellbeing Board. BCCG Quality Assurance Group will monitor the progress of the joint improvement plan.
- 7.10 Reviews for all people with learning disabilities in Acute Treatment Units (ATUs) were up-to-date. The Health of the Nation Outcome Scales – Learning Disability (HoNOS-LD) tool was implemented. However, since the tool must be used at the point of admission, review stage and at discharge, there is only one patient at present who has been reviewed using HoNOS because there has only been one admission since implementation. Low rates of admission overall in Learning Disability (LD) would indicate that a data set for review would not likely to be obtained for 1 to 2 years.
- 7.11 Contract discussions were taking place between the BCCG and Oxleas Foundation Trust concerning the commissioning of a bed in the specialist Atlas House Unit to support service users with challenging behaviour and complex mental health and autism needs who have learning disabilities. The proposal also concerns enabling service users admitted to ATU's out of borough to return to Bromley and undergo a period of assessment. This would enable local services to appropriately understand their needs in order to ensure that appropriate decisions, in conjunction with the service user, were taken concerning their future accommodation and support needs. It was proposed that the Assertive Outreach Team work with service users in the community who may be going into crisis or who may be in crisis thereby preventing admissions.

Mental Capacity Act – Deprivation of Liberty Safeguards (DOLS)

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DOLS) are embedded in Bromley's Adult Safeguarding Policy and Procedures and endorsed by the Bromley Adults Safeguarding Board. It provides guidance for adults at risk who are not capable of protecting themselves due to their lack of capacity.

MCA Information 2013/14	
Total No. of MCAs completed	192
MCA completed on safeguarding cases	41
No. of repeat MCA's on safeguarding cases	5
No. of IMCA referrals	35
No. of IMCA on safeguarding cases	2



There were 41 Mental Capacity Assessments completed on safeguarding cases for the period 2013/14. The total number of safeguarding referrals for the period 2013/14 was 409 and therefore only 10% of MCA were completed on these safeguarding referrals.

The number of referrals to the Independent Mental Capacity Advocate provider was 37 for the period of 2013/14, of which 2 referrals were for safeguarding cases. Out of the 37 referrals for an IMCA, 35 advocates were provided to complete an assessment. In comparison to the neighbouring boroughs of Lewisham, Bexley and Greenwich, Bromley is just below average.

The London Borough of Bromley, as the supervisory body, was compliant with the Deprivation of Liberty Safeguards, 2009. The role for overseeing the DOLS process was met through the DOLS/MCA Officer responsible for the delivering of mental capacity and DOLS training across the borough. Bromley has on average access to 10 Best Interest Assessors across all care groups including mental health from adult care services and Oxleas Trust. Bromley has access to a pool of Mental Health Assessors.

The number of DOLS applications in Bromley for 2012/13 was 5 and for 2013/14 it was 14. The average number of applications for DOLS across London for 2012/13 was 21. There has been an increase nationally for the number of DOLS applications annually. However, only 55% of all applications nationally were granted whilst in Bromley 100% of all applications were granted. This could be attributed to the advice and support given to care home providers and hospital trusts regarding DOLS applications, by the MCA/DOLS Officer to ensure that appropriate applications are submitted to the supervisory body.

Training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards

In 2013/14 a total of 178 people attended MCA and DOLS training which include the following:

- Introduction to Mental Capacity Act 2005: 81 staff across multi-agency partnership received training.
- Mental Capacity Act and Decision Making: 43 staff attended this one day course.
- Deprivation of Liberty Safeguards: 54 from the London Borough of Bromley and the independent care provider sector attended this training.

The House of Lords Select Committee has written a report on the MCA Act 2005 and scrutinised the 5 principles of the Act. Their findings revealed that professionals were not making the assumption that an adult has the capacity to make an informed decision and were assessing a vulnerable adult's capacity based on the individual's client category; for instance learning disability or elderly in relation to their refusal for medical treatment. There was little or no consideration for views of the family or next of kin when making best interest decisions. The findings revealed that awareness and understanding of the MCA Act 2005 was poor. Work needs to be completed on how to improve referrals to the IMCA services in cases where there was no next of kin or when there were disputes between family members regarding the best interests of the individual. These findings have implications for current training programmes in local areas, which need to be revised to address these concerns.

Bromley Safeguarding Adults Board was awarded £9,000 from NHS England for the Local Facilitation Fund to improve the local Mental Capacity Act programme, because not enough consideration was given to mental capacity assessments and the quality of assessments completed were not of a good standard. Current mental capacity assessment training in the London Borough Bromley focused on the legal framework of the Act and did not equip practitioners with the skills and confidence to be able to complete assessments, that could withstand the scrutiny of a judiciary process. Therefore, future training specifications will focus on putting the Mental Capacity Act 2005 into practice as well as the application of the assessment and the recording of the assessment.

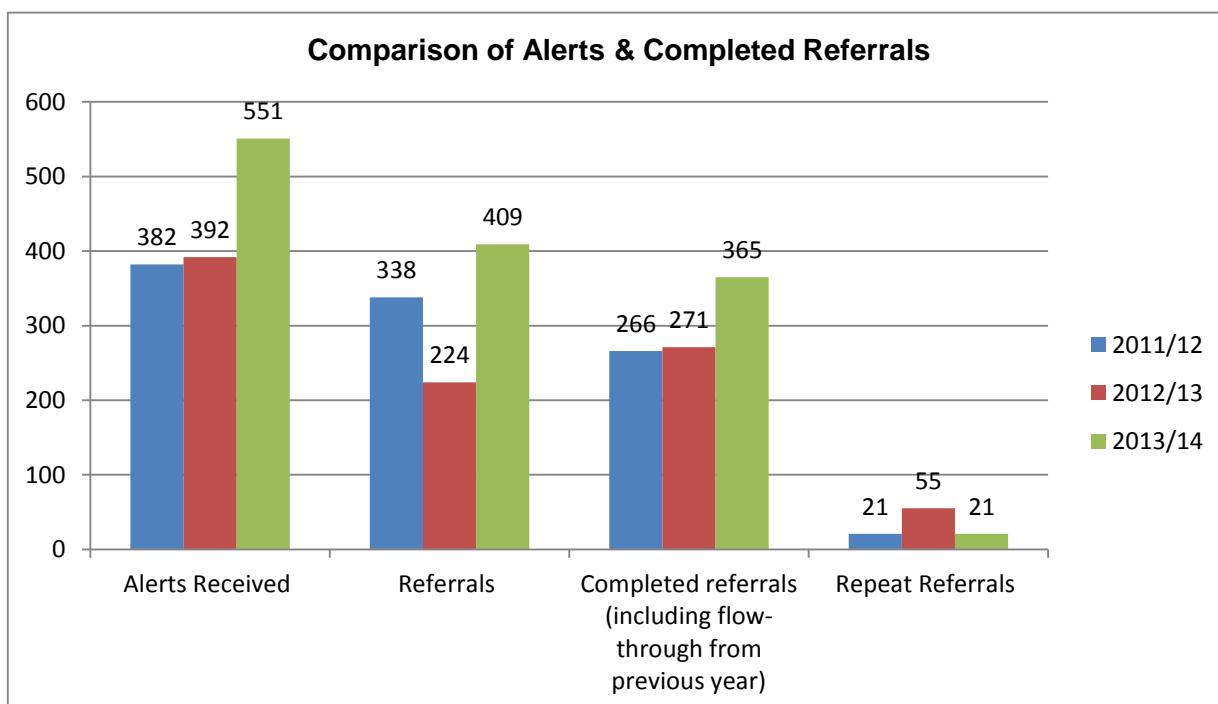
Specialist training will to be commissioned regarding family conferences to improve practitioner skills and confidence in negotiating and mediating between family members/friends/next of kin regarding best interest decisions. The training will equip practitioners with skills to manage the discourse between the views of the professionals with family members. Commissioning of training regarding the use of IMCA in safeguarding, to increase awareness of the importance of advocates and making appropriate referrals to the service, is a priority.

Information and Data Tables

The collection of safeguarding data is a mandatory requirement for local authorities to submit to the Health and Social Care Information Centre (HSCIC). LBB captures the adult at risk safeguarding data for each financial year to identify the trends and characteristics of safeguarding activity and to inform how services are commissioned. The national data for 2013/14 is not published until February 2015 and therefore not available to compare with local performance in this report.

Table 1: Alerts, Referrals and cases completed

	2011/12	2012/13	2013/14
Alerts Received	382	392	551
Referrals	338	224	409
Completed referrals (including flow-through from previous year)	266	271	365
Repeat Referrals	21	55	21



The recording processes have changed this year in line with HSCIC requirements

The number of alerts received for the period 2013/14 shows an increase of 40.56%. The BSAB Prevention Strategy 2011-2014 priority is to promote safeguarding awareness and this comparatively high number of alerts may indicate good awareness of safeguarding procedures in the community.

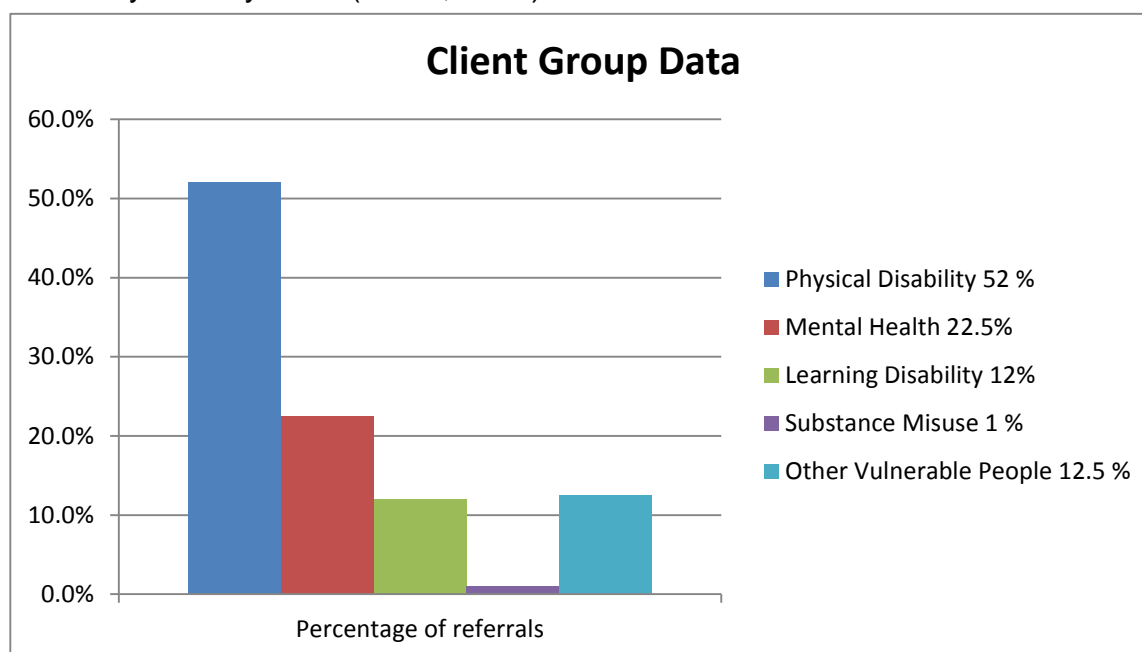
Nationally, in 2012/13 Councils reported they were receiving 20% more alerts, but only an additional 2% were taken to investigation. In Bromley we have improved our recording processes which has exaggerated our percentage increase, however we have seen a growth in cases being taken to investigation.

Table 2: Referrals by age, ethnicity, gender, client category

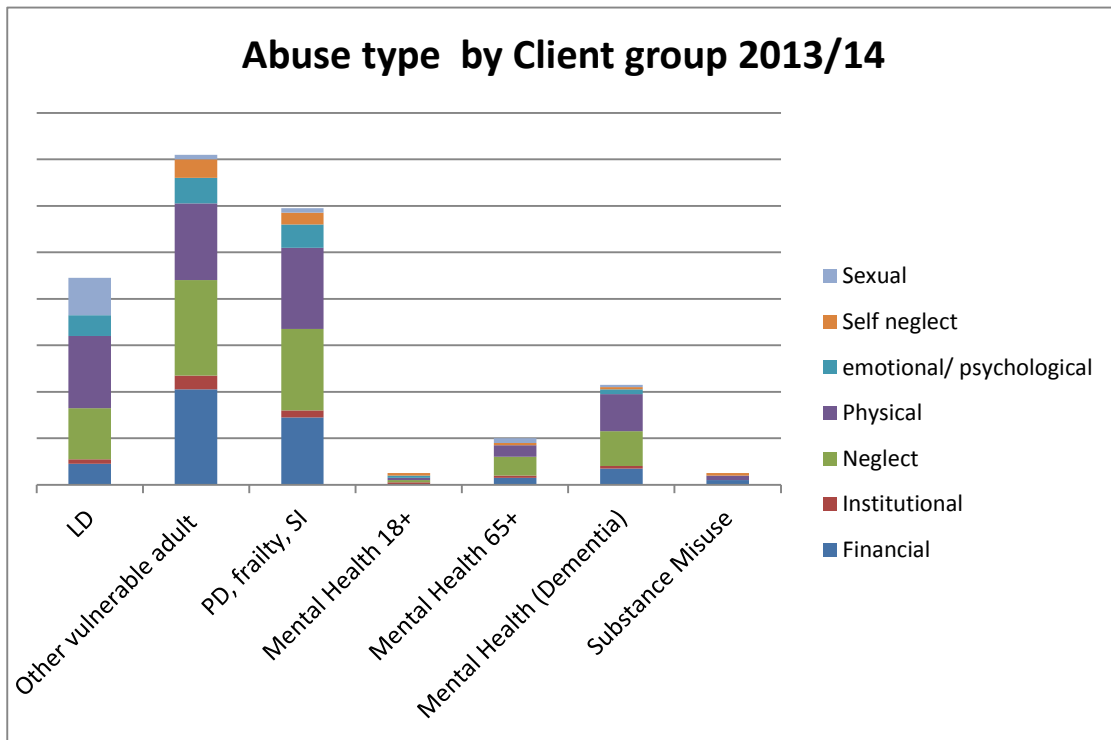
Primary Client Type	Age Group				Gender		Total Alerts
	18-64	65-74	75-84	85 and over	Male	Female	
Physical Disability	37	24	55	97	78	135	213
Mental Health	31	12	23	26	35	57	92
Learning Disability	46	1	1	1	24	25	49
Substance Misuse	4	0	0	0	2	2	4
Other Vulnerable People	13	4	12	22	24	27	51
Total	131	41	91	146	163	246	409

Investigations completed in year continue to rise due to improved tracking of case work and accurate screening. This improvement is in part attributable to the pilot project implemented in December 2013.

Out of the total number of adults at risk with mental health needs, 51% had a diagnosis of dementia. There are currently 4100 people living in Bromley with dementia and with an ageing population, the incidence of dementia is projected to increase by 47% by 2030 (JSNA, 2012).

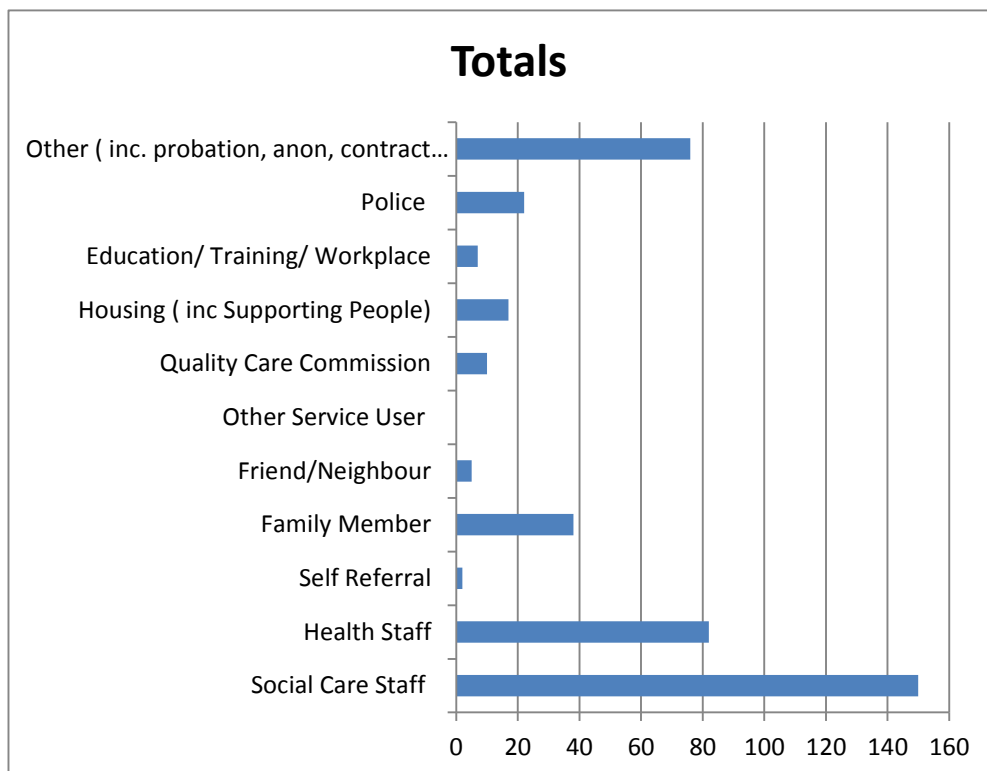


HSCIC report (2012/13) defined adults at risk who do not fall into a client category as other vulnerable adult, for example: adults with a low level mental health problems/ borderline personality disorder, older people living independently within the community, adults with low level learning disabilities and adults with substance misuse problems.



Adults at risk who have a physical disability, learning disability and mental health (dementia) were more likely to suffer physical harm and neglect. Other vulnerable adults were more likely to be financially abused and neglected followed by physical abuse.

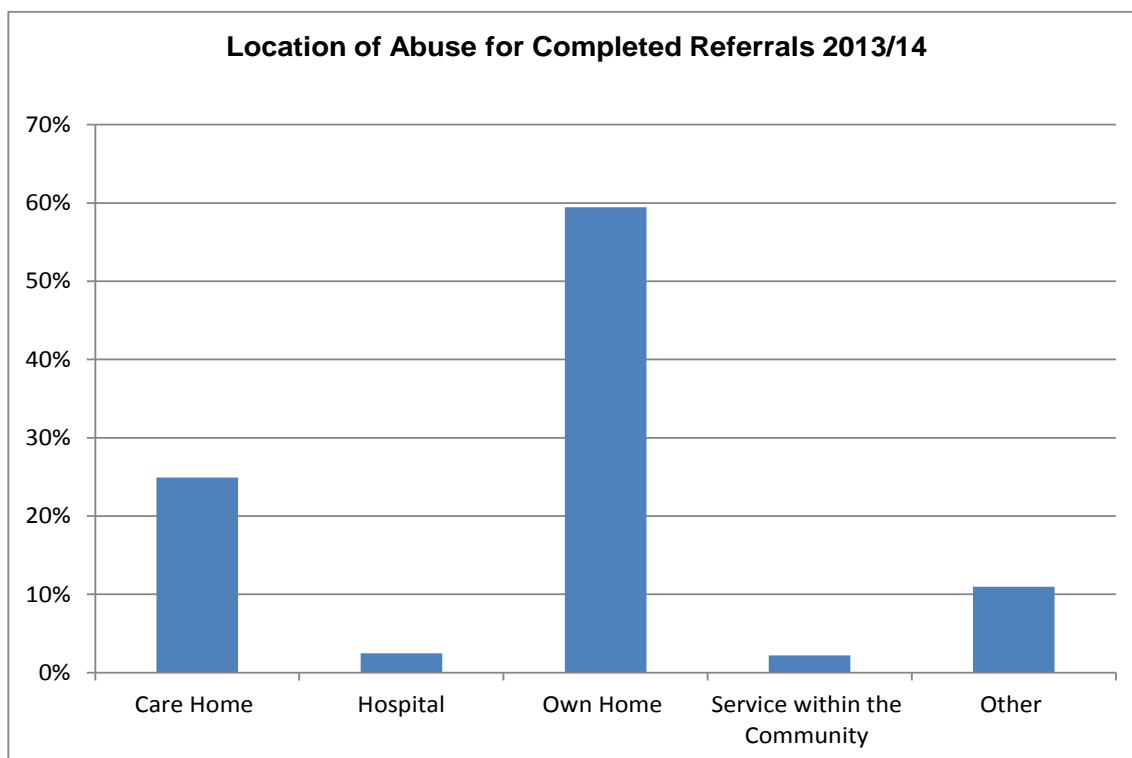
Table 3: Source of Referrals



Source of Referral 2013/14	Age Range of Adult Subjected to Abuse		
	18-64	65+	Totals
Social Care Staff	43	107	150
Health Staff	19	63	82
Self Referral	1	1	2
Family Member	7	31	38
Friend/Neighbour	0	5	5
Other Service User	0	0	0
Quality Care Commission	4	6	10
Housing (inc Supporting People)	5	12	17
Education/ Training/ Workplace	6	1	7
Police	5	17	22
Other (inc. probation, anon, contract staff, MAPA)	41	35	76
Totals	131	278	409

We receive referrals from a wide array of agencies and in 2013 /14, 37% of all referrals were received from social care staff. Health staff made 20% of all referrals and this is a 49% increase. Overall there is an increase of referrals which indicates good partnership working between organisations and the Council.

Table 4: Location of Abuse



Care home settings include both permanent and temporary placements in care or nursing homes.

Location of Abuse	Perpetrator			Outcome Totals
	Social care support or service paid, contracted or commissioned	Known to individual	Unknown or stranger	
Own Home	38	139	40	59%
Care Home	61	24	6	25%
Other	7	23	10	11%
Hospital	4	4	1	2%
Service within the Community	4	3	1	2%
Totals	114	193	58	365

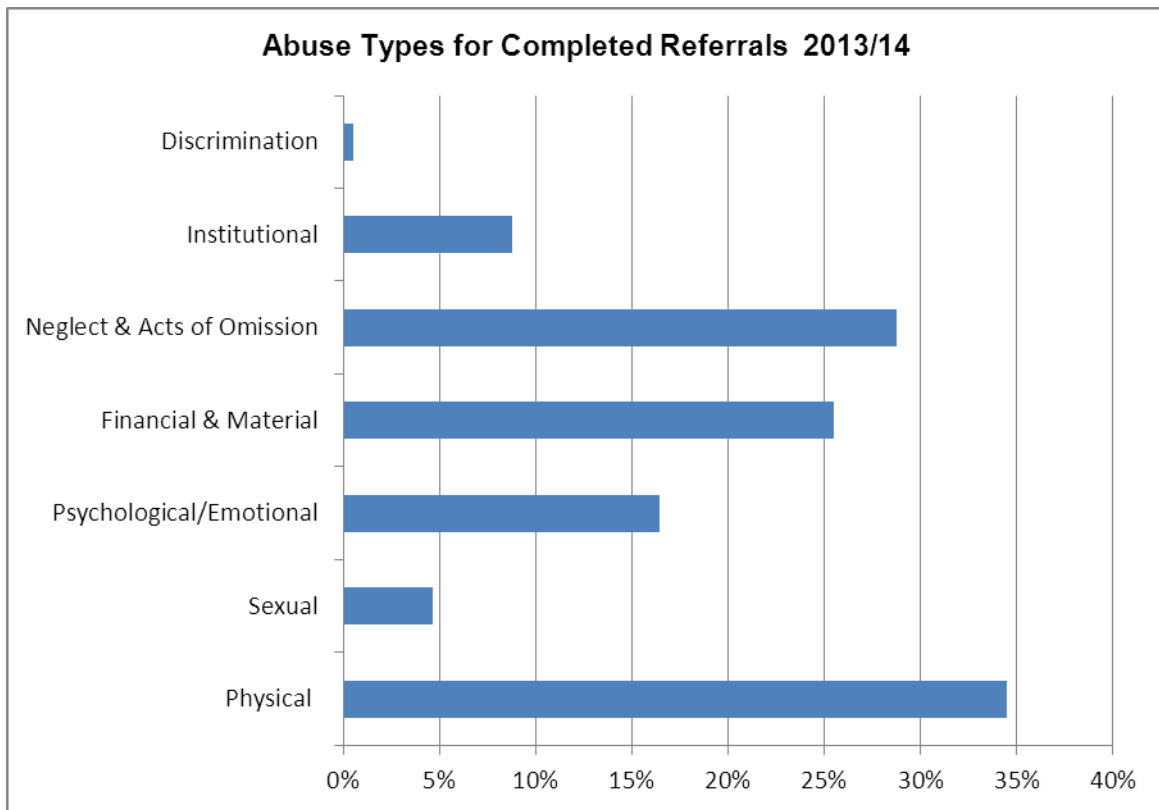
Nationally, in 2012/13 Councils reported that the location of abuse at home is 39% but in Bromley this is 59.4%, which is broadly in line with the previous year. Abuse in care homes is reported nationally as 36%; in Bromley it is 25%, which is a 6% increase locally.

Bromley has a higher than average number of care homes and holds monthly multi-agency intelligence meetings to monitor safeguarding investigations in these care settings.

Table 5: Types of Abuse and Relationship of Alleged Perpetrator

Abuse Type	Perpetrator			Outcome Totals
	Social care support or service paid, contracted or commissioned	Known to individual	Unknown or stranger	
Physical	35	79	12	29%
Sexual	1	12	4	4%
Psychological/Emotional	15	33	12	14%
Financial & Material	32	49	12	21%
Neglect & Acts of Omission	56	39	10	24%
Institutional	24	5	3	7%
Discrimination	0	2	0	1%
Totals multiple entries allowed	163	219	53	435

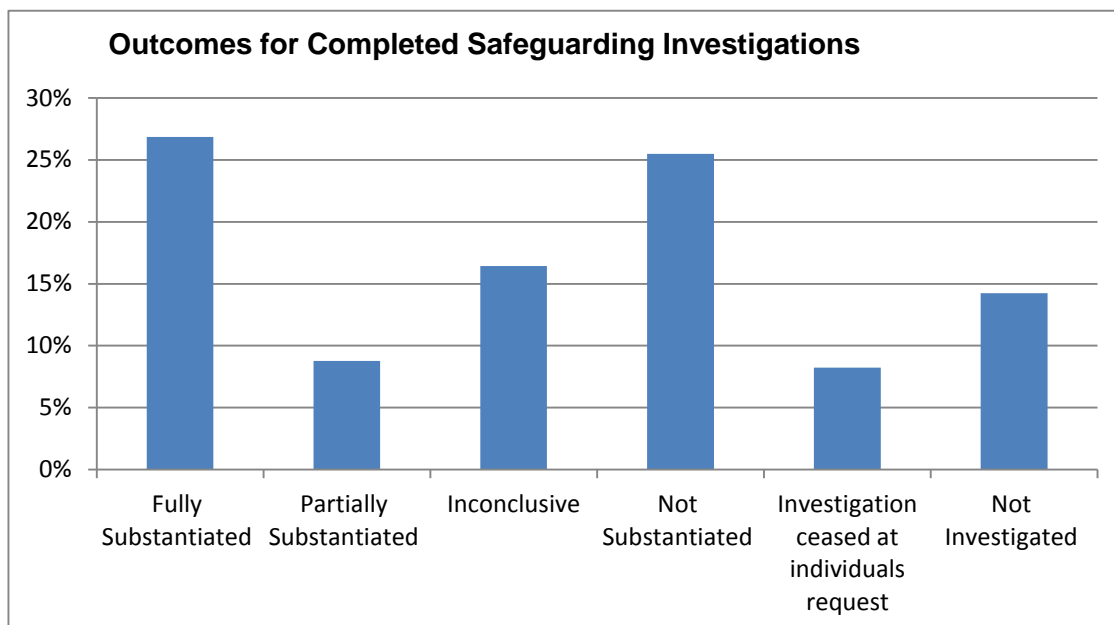
Over half of the perpetrators were known to the individual and this continues to rise.



Roughly a third of completed referrals related to physical harm and the perpetrators were known to the individual. The highest forms of abuse remain the same as last year, physical abuse, neglect and financial.

Table 6: Outcomes of Investigations in relation to the Perpetrator

Outcomes of investigations	Perpetrator			Outcome Totals
	Social care support or service paid, contracted or commissioned	Known to individual	Unknown or stranger	
Fully Substantiated	33	50	15	27%
Partially Substantiated	15	16	1	9%
Inconclusive	15	33	12	16%
Not Substantiated	32	49	12	26%
Investigation ceased at individuals request	5	18	7	8%
Not Investigated	14	27	11	14%
Totals	114	193	58	365



Bromley is reporting 36% of cases were substantiated, or partially substantiated and 13% of perpetrators were paid care workers in 2013/14.

	2011-2012	2012-2013	2013-2014
Outcomes of Completed investigations			
Increased Monitoring	86	66	54
Vulnerable Adult removed from property or service	6	10	0
Community Care Assessment and Services	39	48	33
Civil Action	0	1	0
Application to Court of Protection	1	4	3
Application to change appointeeship	4	1	2
Referral to advocacy scheme	6	4	3
Referral to counselling/training	3	10	7
Moved to increase/different care	21	38	25
Management of access to finances	10	7	1
Guardianship/use of Mental Health Act	4	0	5
Review of Self-Directed Support	2	4	0
Restriction/management of access to alleged perpetrator	19	13	13
Referral to MARAC	1	0	3
Other	24	25	40
No Further Action	106	310	162
* multiple entries allowed			

More individuals who were subject of a safeguarding investigation were offered a variety of interventions to support them to remain safe. The outcomes reported this year show that fewer people received community care assessments or different care arrangements.

BUDGET PLAN 2014/2015	
Description	TOTAL
Cost Centre Bromley Safeguarding Adults Board	
Employees	£
0241 Training Expenses	35,490
0241 Training Expenses MCA Development Programme*	7,500
0241 Training Expenses – Travel and Subsistence	0
Supplies and Services	
1525 Training Equipment for MCA development programme*	1,500
1652 Printing and Stationery	2,500
1660 Other Office Expenses	11,500
1704 Other Hire and Contract Services	10,500
1708 Agency/Consultancy	8,000
1981 BSAB Conference Expenses	6,000
2001 Grants and Professional Subscriptions	100
2151 Publicity	2,500
2156 Miscellaneous Expenses	6,780
TOTAL PLANNED EXPENDITURE	£92,370
Income	
8101	53,300
8123 Contribution from Health – Bromley Clinical Commissioning Group	5,000
8123 Contribution from Health – KCH NHS Foundation Trust	5,000
8123 Contribution from Health – Bromley Healthcare	5,000
8123 Contribution from Health – Oxleas NHS Trust	5,000
8124 Contribution from MPS	5,000
8129 Contribution from Other Departments	3,870
8129 Contribution from LSCP – MCA Development Programme*	9,000
8160 Fees/charges for Conference	1,200
TOTAL PLANNED INCOME	£92,370

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee Wednesday 2 October 2014

DISABILITY STRATEGY

Contact Officer: Lorna Blackwood, Assistant Director Commissioning & Partnerships
Tel: 020 8313 4110 E-mail: Tel: 020 8313 4110

Chief Officer: Executive Director of Education, Care & Health Services

1. Summary

- 1.1 Fulfilling Lives – the strategy for people with Learning Disabilities in Bromley requires a refresh in order to bring it up to date with the legislative changes occurring across care, health and education.
- 1.2 It is therefore the intention to engage with key stakeholders (young people and adults with a disability, families, carers, voluntary sector organisations etc.) in the development and consultation of a draft strategy.

2. THE BRIEFING

- 2.1 On September 1st 2014 the new Children and Families Act came into law. The changes enshrined within this Act will see young people in receipt of an Education, Health and Care plan receiving services under the Act until potentially the age of 25. Other significant changes include a greater emphasis on co-production of services, personal budgets and an integrated model of support across care, health and education which ensure that the young person is in control and supported in the way they choose to achieve their goals.
- 2.2 The introduction of the Care Act in April 2015 will also see an emphasis placed on effective and timely transition planning for young people as they approach adulthood in order to maximise the move into work/adult life in such a way as to promote their independence and so reduce their long term needs for care and support.
- 2.3 With these changes in mind it is therefore proposed that the new strategy should commence from the age of 14, the age from which transition planning under the Children and Families Act is required to commence. This will enable the development of a clear, strategic, multi-agency, agreed seamless approach on how local services work to meet the needs of disabled young people in their transition to adulthood.
- 2.4 This strategy will affect all disabled people; whether they are part of the 1900 young people and children with statements of special educational needs (SEN), children with educational and behavioural difficulties, or of the projected 7.3% increase over the next 8 years in adults with some level of learning difficulties or those with more significant difficulties that result in

exclusion from the lifestyle that the rest of us take for granted. However, primarily this strategy will be targeted at improving the lives of the most disabled people in Bromley as by meeting the needs, wishes and aspirations of the most vulnerable we will improve the life chances of everyone.

- 2.5 As the intention is to adopt a 'whole-life' approach then the engagement of health through both the Clinical Commissioning Group (CCG) and Public Health is of necessity. Both of these bodies will be involved in the development and consultation on the new strategy in order to support the holistic approach to supporting people through either targeted or universal services.
- 2.6 This strategy will encompass the current Transition strategy and the Autism Commissioning Plan. Secondary tier strategies and plans, for example the Health Access Forum Action Plan will also be reflected in order to ensure that there is no duplication of effort and resources. The strategy itself will be informed by a range of local plans such as the Joint Strategic Needs Assessment, Building a Better Bromley, the Market Position Statement and the Carers Strategy.
- 2.7 A consultation and engagement process will commence involving Advocacy for All, Bromley Mencap, Burgess Autistic Trust, Experts by Experience, Bromley Parent Voice and other key representative groups and organisations. Easy read versions of the consultation documents will also be produced in order to ensure accessibility to the process.
- 2.8 The strategy will be built around the following broad themes that will be tested and populated through the consultation and engagement process in order to ensure that they encompass the scope
- Preparing for Adulthood
 - Education, Training & Employment
 - Community Opportunities
 - Good Health
 - Choice & Control/independence
 - Staying Safe
 - Growing Older/End of Life
 - Complex Needs
- 2.9 The strategy will acknowledge the pressures, particularly the national economic situation, that face not only this Council, the CCG and providers, but also have an impact on people with a learning disability and their families/carers.
- 2.10 Consultation and engagement with the stakeholders identified in 2.7 above will commence in October to formulate a draft strategy which will be presented to the relevant Policy Development and Scrutiny Committees in January 2015. The new strategy will define our commitment to young people and adults with a disability in Bromley and set out our intentions for the next five years.

Briefing: CS14077

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee DATE 2nd October 2014

INCREASE IN FAMILIES PRESENTING WITH NO RECOURSE TO PUBLIC FUNDS

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Chief Officer: Terry Parkin, Executive Director, Education, Care and Health Services
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1. Summary

- 1.1 This report sets out the current position following an increase in families requesting support from the Local Authority but have no recourse to public funds.
- 1.2 No Recourse to Public Funds (NRPF) applies to a person who is subject to immigration control by the Home Office and has no entitlement to welfare benefits or housing support and benefits as set out in Section 115 Immigration and Asylum Act 1996. This may include asylum seekers, refused asylum seekers and families over staying their visa entitlement. NRPF families often refer themselves to Children's Social Care claiming destitution and seeking financial support under the Children Act 1989.
- 1.3 Over the past three years there has been a steady increase in the number of NRPF families claiming support resulting in a significant increase in the London Borough of Bromley resources used to support families, often due to the delays taken by the Home Office making decisions about their status.

2. The Law

- 2.1 Where a destitute family has submitted a relevant application under Article 8 (Right to a Private Family Life) of the Human Rights Act 1998 with the Home Office and are not eligible for Home Office support, case law has established that a local authority will have a duty to support that family under Section 17

Children Act 1989, until a decision is made on the application or unless the application is “obviously hopeless or abusive” (*Clue v Birmingham City Council* (2010)).

- 2.2 A local authority is required to consider whether the denial of accommodation and/or services would breach a family’s rights under Article 8 Human Rights Act 1998. The rights of each family member must be considered and a Child in Need (CIN) assessment and a Human Rights Assessment must always be completed. The assessment(s) must consider whether the child (ren) is/are ‘in need’ in the UK and whether the child (ren) would be ‘in need’ if they were to return to the parent’s country of origin. This requires some enquiry into the existence of services in the parent’s country of origin where possible. The findings of the child in need assessment should be incorporated into the Human Rights Assessment. Failure of the local authority to provide support may be subject to judicial review and the Local Authority has been threatened with such action and received judgement against it by the court when it has not offered appropriate support.
- 2.3 Local authorities have a duty to safeguard and promote the welfare of children in need within their jurisdiction. Wherever possible, family support services should be provided to help families care for children in need. The *Children Act 1989* is the framework within which local authorities provide family support services. A child in need assessment may be required irrespective of a lack of presenting needs. Being destitute with no recourse to public funds is reason enough to intervene and the local authority must complete an assessment. The local authority has the power to provide temporary accommodation to a family that is destitute under Section 17 of the Children Act whilst these assessments are being carried out. To leave a family destitute whilst carrying out assessments would normally breach the Human Rights Act 1998 and Children Act 1989 and be subject to legal challenge.
- 2.4 All assessments are completed by a qualified social worker and careful consideration must be given when refusing help as this may leave the family destitute and be challenged through judicial review. Within Bromley, legal advice is sought on all new applications or where there may be circumstances leading us to decline support. Many NRPF families are well supported by legal aid centres who robustly challenge social work assessments that do not recommend support. In 2013/14, two NRPF families instructed legal representatives to apply for emergency judicial review resulting in two emergency orders to provide support being made against the Council.

3. Financial Impact

- 3.1 LB Bromley has seen an increase in families presenting to Children’s Social Care claiming support for accommodation and subsistence with no recourse to public funds. This has increased expenditure over the last 3 years from £292,748 in 2012/13 to £434,477 in 2013/14. The current forecast spend for 2014/15 is £635,065 against a budget of £382,230 leading to a projected overspend of £252,835. This appears to be steadily increasing and is a common feature reported by all other London boroughs.

- 3.2 In 2012 there were 16 families claiming support involving 25 children and by 2013 there were 22 families involving 38 children. Although the numbers change regularly there are currently 32 families claiming NRPf support in Bromley at the current time. This involves 55 children. Although this support is only meant to be temporary, delays with the UK Border Agency making swift decisions has led to delay and in some cases we have been paying for a family's accommodation and subsistence costs for over 2 years. Most families do not require ongoing social work support but cases are monitored and regular reviews undertaken with the Home Office which also has a cost in terms of time and resources. As an outer London authority LB Bromley generally has lower numbers of claimants than other neighbouring authorities such as Lewisham, Southwark and Greenwich.
- 3.3 Families are always offered the opportunity of assistance to return home, however this is rarely accepted if a Home Office application is in place and cannot be enforced by the Local Authority.
- 3.4 The Local Authority has established protocols to assess and manage cases and to ensure consistency of practice and expenditure for families with NRPf. In all cases families must provide documentary evidence that they have an active application with the Home Office and be destitute. Many of the families are not previously known to Children's Social Care and parents may have been working, were students or claim to have been supported by others and that the support has stopped. An assessment is completed in all cases giving due consideration to the children's needs and human rights in accordance with our statutory obligations.
- 3.5 Unfortunately local authorities are not funded for this support from central government and receive no reimbursement for this expenditure. This in itself cannot be a reason to refuse support and in most cases an application or appeal with the Home Office and confirmation the family are destitute will entitle the family to support (*Birmingham City Council v Clue* 2010). It is only when a decision is made regarding the families entitlement to benefits and the appeal process exhausted by the Home Office can the local authority stop providing support. Forecasting is therefore unpredictable and dependent upon demand as these families were often not known to the local authority previously. Support provided by local authorities to people with no recourse to public funds should be temporary, that is, kept under review and provided until the immigration status of the individual or family is resolved. Once the decision is made by the Home Office all provision from the local authority is stopped as the family will either be entitled to receive benefits or return home. In most cases this takes several months at least. It may also be necessary to provide interim support whilst assessments are being completed.
- 3.6 Accommodation payments are paid directly to the housing provider and only subsistence is paid to families, thereby minimising the possibility of inappropriate claims. Regular checks are made to the Home Office to ensure applications are still in place. Payments are made at the income support rate unless the accommodation provides breakfast whereby this is paid at the lowest income support rate less 20%. Suggestion has been made to paying NRPf families subsistence through food vouchers. Having sought legal advice

it would appear we have general discretion to do this however the advice raises the possibility of claims made under the Human Rights Act 1998, if it can be shown there is an infringement by way of treating some claimants differently to others offered subsistence by the Council. This may also not be the most efficient way to distribute subsistence funds as there may still need to be an amount paid for travel and other expenses not covered by food vouchers.

4. Management of NRPF cases in Children's Social Care

- 4.1 Families presenting as NRPF are initially assessed by the referral and assessment team that complete a human rights assessment and initial social work assessment. Although legally children subject to NRPF are children in need the distinction we have made is whether or not they require a social work service. If they do the case is allocated to a social worker otherwise the case remains open for administrative purposes only. Unfortunately, the increased numbers of claimants has had a detrimental effect on social work and administrative caseloads within Children's Social Care. To counteract this and in view of the increased numbers the following actions have been agreed.
- 4.2 To recruit a Social Work Assistant within the Referral and Assessment Team to monitor and manage NRPF administrative cases that do not require a social work service. This post will tighten the monitoring of these cases and provide a more consistent approach to liaison with the Home Office that can sometimes be time consuming. This post would normally be undertaking mainstream Children's Social Care work and represents a diversion of much needed staff resources as well as additional cost to the London Borough of Bromley not reflected in the budget figures in paragraph 3.1. Alongside this the London Borough of Bromley has made a joint bid with 4 other neighbouring local authorities for counter fraud funding from the Department of Communities and Local Government to improve partnership working and fraud detection.
- 4.3 To invest in the NRPF Connect system. This is an IT system that provides direct contact between the Home Office and local authorities to enable data sharing. The cost is £2k per year.
- 4.4 To re-consider the use of payment cards alongside leaving care and benefit clients. Whilst the introduction of this system may not be cost effective for NRPF users alone, together with other service users who rely on the Council for regular funding, this may be a more effective and safer way of distributing funding and would be an alternative to cash and food vouchers.

London Borough of Bromley Procedures for Assessing No Recourse to Public Funds is available in the Policy and Procedures Manual through the Safeguarding and Social Care page. A link has been provided below.

http://bromleychildcare.proceduresonline.com/chapters/p_fail_asy_nrpf.htm?printMe.x=9&printMe.y=9