



**Bromley Safeguarding Adults
Board**

Annual Report

2011/2012

**Bromley is a place where adult
safeguarding is everybody's
business**

www.bromley.gov.uk/adultsafeguarding

FOREWORD

Dr Nada Lemic
Chair of Bromley Safeguarding Adults Board

Welcome to the 4th Bromley Safeguarding Adults Board (BSAB) Annual Report. As the new Chair of the Board, I am pleased to be able to oversee this crucial area of work. The Board has strong foundations due to the oversight of the previous Chair, Mr Terry Rich. Locally, partners have worked together to develop an excellent inter-agency system to protect people from abuse and neglect. We have set out clear aims for what we wish to achieve in terms of community awareness and well trained staff and volunteers who can identify, report and act effectively together to safeguard our community. This has meant better outcomes for service users in terms of access to the criminal justice system and the use of all available measures against those who perpetrate crimes against vulnerable people.

All partner organisations contributed to the success of our conference '*adult safeguarding: getting it right?*' and we are looking forward to another informative event this year. Bromley Council, as lead agency have managed the smooth transition to new London-wide adult safeguarding procedures. Service users will benefit from revised practice standards which apply to organisations across London.

The Bromley Police are fully engaged in the work of the Board, and have a dedicated resource to respond to crime against vulnerable people. Criminal prosecutions have increased this year and, each case has involved inter-agency work to achieve best evidence and support of the vulnerable person through a trial. The Council, health organisations, community groups and providers of services to vulnerable people are all undertaking work co-ordinated by the Board to prevent and identify possible abuse.

The work of the Board has heightened awareness of adult safeguarding issues in Bromley resulting in an increased number of concerns about potential abuse. In 2011/12 BSAB has undertaken work to ensure that well trained practitioners take responsibility for deciding how the many concerns received about possible neglect or abuse should be dealt with. A large number of concerns have been reported in 2011/12, but in comparison to recent years, fewer have been processed as safeguarding referrals. Consequently, the attention of agencies has been focused on ensuring they work together to achieve the best outcomes for service users in the more serious cases.

I hope you will find this report useful, and support the Board to maintain and develop an excellent adult safeguarding service in Bromley.



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1. Adult safeguarding arrangements in Bromley

Introduction

This report explains the work undertaken by Bromley Safeguarding Adults Board (BSAB) during 2011/12. The Board is responsible for the local development and coordination of work to safeguard vulnerable adults in accordance with government guidance, (*'No Secrets', Department of Health, 2000*). The London Borough of Bromley is the lead safeguarding agency responsible for ensuring that the Board has clear strategic aims and operates effectively. In this role the Council has introduced *Protecting Adults at Risk: London multi-agency procedures 2011* to contribute to effective work across London.

The Board has taken steps to ensure that adult safeguarding concerns are screened effectively so that practitioners can concentrate on those who are most at risk. This has meant that in 2011/12, of concerns reported to the Care Services Directorate, which acts as lead safeguarding co-ordinating agency, 48% were formally accepted as safeguarding referrals and investigated under adult safeguarding procedures (365 of 756). In 2010/11 523 were accepted, so overall there has been a 30% reduction (from 523 to 365).

This year there has been considerable media interest in the abuse and neglect of adults with disabilities and older people in receipt of social care and health services. The Government has confirmed it intends to seek to legislate for Safeguarding Adults Boards, (*Statement of Government Policy on Adult Safeguarding, Department of Health, May 2011*). BSAB welcomes this proposal which will further strengthen the accountability of the Board.

For each reported concern, there was careful consideration of the circumstances of the service user and how best to meet their needs, including consideration of eligibility for a community care assessment. This refinement of the use of safeguarding procedures has meant that agencies can work more effectively together on higher risk cases.

Bromley Safeguarding Adults Board (BSAB)

Board membership and structure: Bromley Council, as lead agency, is required to ensure that all local organisations work together as partners to jointly plan, implement and monitor work to protect vulnerable adults from abuse and neglect.

Membership comprises:

- Bromley Primary Care NHS Trust
- Bromley Healthcare
- South London Healthcare NHS Trust
- London Ambulance Service
- London Fire Brigade
- Oxleas NHS Foundation Trust

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- The London Borough of Bromley Adult and Community Services (now Education and Care Services)
- Metropolitan Police Service, Bromley Borough Operational Command Unit
- Service user and informal carer representatives
- Care provider forums

The Chairs of BSAB sub-groups are also members of the executive, which is responsible for strategic development through the achievement of tasks specified in the work plan. The sub-groups are:

- Training and Awareness
- Policy, Procedures and Protocols
- Performance, Audit and Quality
- Mental Capacity Local Implementation Network

More information about BSAB can be found at:

www.bromley.gov.uk/adultsafeguarding

BSAB scrutiny: oversight of the work of the Board has been provided in 2011/12 by Councillor Robert Evans, portfolio holder and Councillor Roger Charsley, Adult and Community Services Policy Development and Scrutiny Committee. BSAB annual reports are presented to the Bromley Council Adult and Community Services Policy Development and Scrutiny Committee, the Bromley Council Public Protection and Safety Policy Development and Scrutiny Committee and the Health, Social Care and Housing Partnership Board.

Support to the Board: Bromley Council provides officer capacity to support the Board in strategic development, work plan delivery, professional advice and administration of its work. The close integration of all Bromley statutory partners in adult safeguarding work is demonstrated by joint contributions to the BSAB budget which is used to deliver the Board's training plan, see attached financial statement (Appendix 2)

Board Strategy: the *BSAB Safeguarding Adults Prevention Strategy* has the following themes which drive its work 2011-14:

- **Awareness:** continue to improve awareness of the signs of abuse and neglect and know how to report concerns.
- **Services:** ensure all services adhere to the highest standards of safety for service users.
- **Practice:** promote consistent safeguarding practice by robust quality assurance and performance information.
- **Choice:** encourage vulnerable people to take control of their situations.
- **Capacity:** safeguard vulnerable adults who lack the ability to make decisions that would protect them from harm.

2. BSAB Prevention Strategy - key achievements 2011/12

The Board has used the *BSAB Safeguarding Adults Prevention Strategy* to plan its work for the year.

Summary of 2011/12 achievements

- Multi-agency response to adults at risk who are victims of crime
- Full implementation of *Protecting Adults at Risk: London multi-agency procedures 2011*
- Delivery of a training programme to support introduction of *Protecting Adults at Risk: London multi-agency procedures 2011*
- The BSAB conference '*adult safeguarding: getting it right?*'

Multi-agency response to adults at risk who are victims of crime

The Metropolitan Police Service, Bromley Borough Operational Command Unit has developed a Safeguarding Adults at Risk (SAR) Team which became operational 1st April 2011, to specifically deal with crimes against adults at risk. In addition, there is a single point of contact for professionals to use for advice from the police and for information sharing purposes. The training of police officers to recognise and report abuse was prioritised in 2010/11 and further training is planned in 2012/13 using the new BSAB e-learning programme. During the year, the police have led proactive operations to protect vulnerable adults from crime. In 2011/12, 3 cases came to court with 2 resulting in custodial sentences. A number of cases are due to come to Court in 2012/13.

Bromley Police have worked effectively with other agencies, service users and families to gather evidence and to ensure effective support to these victims. Examples include the use of a trained intermediary to communicate with a disabled person with a communication problem and use of interpreters when required. In addition, council staff have ensured that adults at risk have had assistance with travel and attendance at court.

This report includes details of work undertaken by the Safer Bromley Partnership to reduce crime against vulnerable people. The partnership has prioritised initiatives to reduce risks of crime to older people by raising awareness of the risks of doorstep crime and scams and ensuring banks and building societies identify and report fraud.

Full implementation of *Protecting Adults at Risk: London multi-agency procedures 2011*

BSAB has welcomed the development of a London wide approach to adult safeguarding. It ensured that by 01/07/11 there was full and effective replacement of the BSAB Bromley multi-agency safeguarding procedures by *Protecting Adults at Risk: London multi-agency procedures 2011*.

This uses the term '*adult at risk*' instead of '*vulnerable adult*' to explain who is covered by the procedures, which continue to apply to people with; physical and learning disabilities, people with severe and enduring mental health

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problems and those who are vulnerable due to lack of mental capacity, or poor health.

The previous Bromley procedures and the new London procedures do not differ in terms of policy aims and core standards of safeguarding practice; so transition has been a smooth process. To ensure full and effective local implementation of the new procedures the Board arranged:

- Distribution of copies of *Protecting Adults at Risk: London multi-agency procedures 2011* across the BSAB partnership
- Production and distribution of *BSAB Safeguarding Adults in Bromley Multi-Agency Practitioners Toolkit June 2011* to support the London procedures
- Updating of BSAB web pages and publicity about the new procedures through the Board's newsletter
- Revision of local adult safeguarding case work recording systems and data collection processes to ensure effective monitoring of compliance with London procedures
- BSAB took the decision to continue to have a procedure for local agencies that covered rare situations of severe self-neglect. This is used when agencies have been unable to effectively intervene and the person's health is at grave risk. The *BSAB Adults at Serious Risk from Self-Neglect Procedure, June 2011* emphasises respect for the individual and careful assessment of a person's mental capacity alongside continued co-ordination of multi-agency efforts to engage with the person at risk.
- Delivery of a training programme to support introduction of *Protecting Adults at Risk: London multi-agency procedures 2011*. There have been 23 specific training events to support the local implementation of *Protecting Adults at Risk: London multi-agency procedures*, some of which are listed below:
 - Safeguarding presentation to care providers and Bromley College health and social care teaching staff at the Bromley College care provider forum
 - 19 team briefings for 276 Bromley Council and Oxleas NHS Trust staff undertaking the lead agency role in adult safeguarding
 - Presentation to the Care Homes Forum and the Domiciliary Care Provider Forum on the significance of the implementation of the London procedures for their sectors
 - Training for 9 Oxleas NHS Foundation Trust managers working within Bromley, to support consistency in the trust-wide implementation of the procedures
 - Two sessions of Awareness and Alert training for 47 London Borough of Bromley passenger transport drivers and escorts and technicians
 - A briefing to 40 Bromley Healthcare team managers

The BSAB conference ‘adult safeguarding: getting it right?’

Due to the success of the 2010 event, the Board agreed to hold a second conference focusing on the theme, ‘*adult safeguarding: getting it right?*’ With an emphasis on practitioners, this conference focused on keeping adults who are at risk safe by utilising best safeguarding practice and preventative measures.

The conference was fully booked and attended by 142 delegates who actively participated in practical working scenarios and case studies. Expert keynote presentations included ‘*Human factors and safeguarding adults*’ with the speaker explaining how human factors can influence people and their behaviour and increase risk, as well as interactive audience/panel discussions including, ‘*Adult safeguarding: driving our own improvement*’. Challenging and learning from each other formed the framework of the day.

A ‘market place area’ with representation from: Bromley Police Safer Neighbourhood and Safer Transport Teams, BSAB, *Bromley My Life* web portal, Victim Support, Trading Standards, Domestic Violence and London Fire Brigade gave delegates the opportunity to gather new information on local resources and share best practice.

Workshop sessions, facilitated by Independent Safeguarding Authority, Age UK, Bromley Police Service and adult safeguarding experts, provided valuable information exchange on:

- the process for barring unsuitable workers from the health and social care processes
- the police role in adult safeguarding
- protecting vulnerable people from anti-social behaviour and hate crime
- deciding the threshold for a safeguarding investigation

The conference was extremely well received by delegates. 100% of respondents agreed they would recommend the conference to colleagues, that the keynote and presentations were very relevant, informative and enlightening and that the day more than met their objectives. BSAB will hold a further conference 9th October 2012.

3. BSAB training programme

The Board has a detailed training strategy underpinned by the *BSAB adult safeguarding competence framework*. All staff and volunteers in the local work force should have the knowledge and skills to undertake their adult safeguarding role effectively. Those who are in touch with adults at risk should know how to recognise and report abuse and neglect. For staff in provider organisations this includes an understanding of their role as whistleblowers.

Staff who are responsible for responding to allegations of abuse are trained to undertake this complex and demanding role. Investigations are monitored by the Board to ensure that they are carried out by competent staff: in 2011/12, 100% were undertaken by staff who met the required BSAB standard.

This year, the competence framework and training course content were made compliant with *Protecting Adults at Risk: London multi-agency procedures 2011*. Courses are evaluated and quality monitored; when necessary changes have been made to improve the delivery of appropriate skills and knowledge.

In 2011/12, multi-agency training was commissioned following a competitive tender to achieve best value in meeting local training needs. There was targeted marketing of training opportunities to partner agencies and in-house staff.

A total of 652 staff across the BSAB multi-agency partnership received adult safeguarding training. Courses delivered during 2011/12 were:

- *Level 1: skills and knowledge of abuse prevention, recognising abuse and reporting abuse.* 453 staff received this training. This course included the duty to report abuse, including whistle-blowing, the majority of participants were from private and voluntary care homes.
- *Financial Abuse stage 1.* This course is designed to give multi-agency staff members who have a role in identifying, investigating and responding to abuse an overview of the legal framework and resources available to protect adults at risk from financial abuse. 9 Council staff who act as safeguarding practitioners received this specialist training.
- *Level 2/3: skills and knowledge of the safeguarding process including multi agency strategy, investigation, risk assessment, protection planning and review.* For the 134 staff who received this training, this course assisted them to achieve BSAB competence in adult safeguarding case work and case management. The majority of these staff (108) work within Oxleas Foundation NHS Trust.
- Performance monitoring has confirmed that the target indicator of 100% of investigations undertaken by staff with the required BSAB competence and trained to Level 2/3 has been maintained in 2011/12.

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- *Level 4: skills and knowledge in interviewing vulnerable service users and achieving best evidence processes.* This specialist course gave staff the opportunity to develop skills in interviewing service users who have a communication problem. 19 staff received this intensive 3-day training in 2011/12.
- *Level 5: skills and knowledge for managers of staff undertaking safeguarding investigations.* This course ensured that managers are competent in supervising and supporting staff undertaking adult safeguarding work; 17 members of LBB and Oxleas staff received this training.
- *Level 6: Safeguarding Adults Managers Practice Development Workshop.* This course was commissioned to focus on the development needs of staff undertaking the Safeguarding Adults Manager (SAM) role (managing staff dealing with adult safeguarding cases) This workshop gave 10 staff the opportunity to focus on supervision of staff and the co-ordination of the adult safeguarding intervention and to reflect on the impact on both professional staff and the adult at risk.
- *Safeguarding Adults Manager role and Minute Taking.* This course was attended by 10 staff, both practitioners undertaking the Safeguarding Adults Manager role and the administrative staff who support them by taking minutes at adult safeguarding strategy meetings and case conferences. The course aimed to ensure meetings were chaired and recorded in accordance with BSAB standards.

Partner training

Partners have reported to the Board their progress in implementing their internal training plans for staff and volunteers:

- Oxleas NHS Foundation Trust have concentrated on ensuring that most of their care coordinators have attended Level 2/3 training to achieve the competences necessary to undertake adult safeguarding investigations; relevant team managers have attended Level 5 training in decision-making and accountability in the supervision of adult safeguarding casework. The Trust has commissioned additional training in the Mental Capacity Act from Greenwich University. Performance monitoring systems have been amended to improve the quality of data collection. This year there has been an increase in adult safeguarding investigations for adults under 65 with an enduring mental illness.
- South London Healthcare NHS Trust has developed a rigorous in-house training strategy to ensure that staff who work across their sites are aware of adult safeguarding issues. By April 2012, 74% of required staff had achieved competence in recognising and reporting abuse.

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- Bromley Healthcare has established a mandatory requirement that all staff are trained to recognise and report abuse of adults at risk and to date 92% of their staff have received adult safeguarding training. They have initiated a comprehensive programme of work to improve the care and prevention of pressure ulcers and have developed a robust process for the root cause investigation of all grade 3 and 4 pressure ulcers.

E- Learning

Work has continued in 2011/12 on the procurement of a suitable computer based training e-learning product for use across the BSAB partnership. After extensive testing, the preferred model will be implemented in 2012/13. The product has been commissioned in collaboration with neighbouring local authorities and in conjunction with the Bromley Childrens Safeguarding Board.

It offers training on adult and childrens safeguarding, as well as a number of other linked topics including the Mental Capacity Act and domestic violence. Participants from across the partnership, including Bromley Police, will be able to choose those courses that apply to their job role.

The Board assess the impact of e learning in 2012/13 and will review the provision and number of face to face training sessions accordingly.

4. BSAB operational developments

Raising awareness of adult safeguarding

The Board has continued to implement its communication and engagement strategy to promote awareness of abuse and how to report it. All partners share a responsibility to make sure service users and the wider community are well informed.

The BSAB Newsletter was published three times during the year and extended its distribution through Community Links to smaller voluntary organisations and community groups. With the addition of providers of supported living accommodation, this has meant that distribution expanded from March 2011 to May 2012 from 237 organisations and individuals to 358. The newsletter has publicised relevant topics including:

- The local implementation of *Protecting Adults at Risk: London multi-agency procedures 2011*.
- BSAB annual report 2010/11
- The BSAB conference 2011
- Preventing financial abuse and hate crime
- Fire Safety at Christmas
- The role of local consultant practitioners in safeguarding

During the year seventy five faith and community groups were sent information on how to identify and report abuse or neglect of an adult at risk.

Bromley Healthcare have examined cases where pressure ulcers have developed and identified the need for clear information for the public. An information leaflet on the prevention and management of pressure ulcers will be produced and promoted in 2012/3.

The Adult Safeguarding Coordinator has updated the BSAB web pages to enable easy access by the public to information about how to make a referral, sources of help and details of the Board. BSAB has an easy read leaflet aimed at service users to support understanding of abuse and how to report it.

The *Bromley My Life* web portal has been developed and updated to include key safeguarding messages to prevent abuse for those who are purchasing their own care through a personal budget.

Inter-agency protocols and procedures

The BSAB Policy, Protocols and Procedures sub-group ensured that there were clear local procedures underpinning the London guidance and published the *BSAB Safeguarding Adults in Bromley Multi Agency Practitioners Toolkit June 2011*. This includes detailed information for Bromley practitioners on how to deal with adult safeguarding investigations and how to obtain inter-agency advice and support.

BSAB has this year reviewed internal safeguarding procedures from Care Choices and Bromley Womens Aid to make sure that they comply with *Protecting Adults at Risk: London multi-agency procedures 2011*.

Performance management

BSAB has developed systems to evaluate and develop multi-agency adult safeguarding work in Bromley with the aim of improving outcomes for service users. In 2011/12 the Council undertook a project to make sure its database was effective in capturing information at all stages of the safeguarding process, and able to monitor the timeliness of work and ensured management accountability.

Performance indicators: The Board had a target of a multi-agency strategy discussion or meeting occurring within 5 working days for 90% of referrals in 2011/12. This target is important in ensuring consistent early planning of the conduct of an investigation, including consideration of police involvement and the gathering of evidence of crime. Evidence can be lost or destroyed if there is a delay, resulting in a reduced chance of prosecution.

- Average performance was 84% across all teams for the year, a slight decrease from last year's performance of 87%. Performance dipped in the early part of 2011/12, but the target was consistently achieved in the last quarter. BSAB is supporting teams through training and professional support to ensure improvement to meet this standard.

The Board has a performance indicator to ensure a prompt multi-agency plan to investigate safeguarding referrals and a rapid response from Bromley Police to requests for advice from safeguarding professionals. This is designed to ensure all agencies play their part in ensuring that there is good evidence gathering for any potential criminal prosecution. *Protecting Adults at Risk: London multi-agency procedures*, supported by the local toolkit, explains how service users must be at the centre of these processes.

- The BSAB standard is that there will be a response within 3 working days by Bromley Police, Public Protection Desk, to requests for advice from safeguarding professionals. Monitoring by the Public Protection desk has ensured that health and social care professionals receive an appropriate and timely response to requests for advice. This target has been achieved in respect of 57 (92%) of the 62 cases referred by adult safeguarding professionals in 2011/12.

Quality assurance

Safeguarding casework audits - BSAB has a quality assurance framework which includes an audit programme which examines cases in detail against practice standards to assess the actions of professionals, inter-agency work, recording of the case and the outcomes for service users. Detailed audit reports are presented to the BSAB Performance, Audit and Quality sub-group.

Findings from audit are used to make recommendations to improve adult safeguarding practice. Examples include:

- From an audit of safeguarding referrals investigated during 2010/11 in care homes and nursing homes, it was found that the early stages of adult safeguarding investigations were often spent establishing basic details and facts which should have been clarified at the alerting stage.

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- This led to a recommendation that there should be a written referral form for professionals to complete. This will be introduced in 2012/13.
- It was found that thresholds were not clear about what incidents occurring within nursing and residential care homes should be investigated as safeguarding referrals. This issue was compounded when one service user with challenging behaviour was involved in repeated incidents with other residents.
- *This led to agreement about which incidents met the threshold for a safeguarding investigation. This has contributed to the reduction in adult safeguarding concerns considered by professionals to have met the safeguarding referral threshold in 2011/12.*
- The need to streamline processes when there were concerns about a service such as a care home or domiciliary care agency, when a number of separate investigations were being undertaken at the same time.
- *Local agreement has ensured a consistent approach to how such concerns should be addressed. This has also impacted on the total referrals in 2011/12.*
- The audit of Deprivation of Liberty Safeguards found good knowledge of the Mental Capacity Act and these safeguards in local hospital wards and in the 8 care homes who responded to the survey. Further checking of standards across more care homes is planned for 2012/13.

Case review

The London Borough of Bromley reviewed a case that had been dealt with under safeguarding procedures and referred to the Local Government Ombudsman (LGO). Consequently, the Care Services Directorate ensured that care managers used BSAB procedures to investigate and reduce the risks to a service user (or a number of service users). If these criteria are not met the complaints process should be used.

The Board receives regular information from adult safeguarding practitioners on the progress of adult safeguarding casework. This ensures that any difficulties in inter-agency work are identified at an early stage and remedial action taken. This year areas of learning and development have been:

- Consistency in the application of the safeguarding threshold: Adult and Community Services have ensured experienced workers are involved in decision making about whether to accept a possible safeguarding concern as a referral. Consideration of alternatives to the safeguarding route at an early stage has contributed to the decline in cases accepted as meeting the safeguarding threshold this year. This has meant that service users receive the appropriate advice or service and that adult safeguarding multi-agency work is focused on cases that require this level of intervention.

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- How ongoing support from staff undertaking safeguarding work has enabled vulnerable victims to make complaints to the police and provide effective witness statements to support police prosecutions.
- A safeguarding investigation in a nursing home highlighted the need for care workers in the home to have further training in the care of residents with diabetes. It was subsequently confirmed by the CQC that such training had taken place and staff knowledge had improved.
- The importance of ensuring good inter-agency communication when the needs of one service user are placing other service users at risk.

Serious case review

Two cases have been identified during the year as meeting the criteria for a serious case review (SCR) under BSAB procedures. These SCRs examine multi-agency case-work in detail and make recommendations to improve practice and outcomes for service users. One SCR has been jointly commissioned with Croydon Safeguarding Adults Board. The Board has received assurance that immediate action has been taken to ensure the safety of service users. The final SCR reports will be presented to the Board in 2012/13 which will oversee the implementation of the action plans in response to recommendations from the reports.

Safe services

The Board includes representatives from the Care Home Forum and the Domiciliary Care Forum who seek to ensure that local services undertake their role in preventing abuse and neglect. These forums are supported by the Council to promote good practice and plan local training activities. The remit includes areas such as falls reduction and pressure ulcer prevention which augment the work of the Board.

The Board has received reports from the Council with regard to its quality assurance framework for service providers. The framework includes monitoring visits based on the risk rating of the service and the size of the contract.

The Adult Safeguarding Manager leads the Care Services multi-agency group to co-ordinate action to ensure the safety of domiciliary services and care homes. Action has been taken under adult safeguarding procedures to ensure the safety of service users in one care home. There has been close co-ordination with the Care Quality Commission and when appropriate the police to ensure effective action to safeguard service users.

The Council's contracts and commissioning team have acted swiftly when the independence of service users has been put a risk by missed visits by contracted domiciliary care agencies. Contracts and commissioning and safeguarding professionals have worked together to ensure that risks to service users have addressed and action has been taken to make ensure care agencies made improvements in two instances in 2011/12.

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Additionally, when there have been allegations of theft from service users by a domiciliary care worker, the Council, service users, families and agency managers have worked effectively to support Bromley Police to gather evidence and secure prosecutions. When appropriate, reports have been made to the *Independent Safeguarding Authority*, which can ban people from working with adults at risk.

South London Healthcare NHS Trust have provided regular updates to the Board with regard to progress made in safeguarding training. The position at 31/03/12 was that 74% of relevant staff had received training on recognising and reporting abuse. The equivalent figure last year was 63%.

South London and Maudsley Hospital (SLAM) NHS Trust manage mental health/learning disability in-patient services at the Bethlehem Hospital site, which is located within Bromley Borough. BSAB and SLAM have developed a procedure to ensure there is appropriate oversight of adult safeguarding by SLAM and the Safeguarding Adults Boards of the four home boroughs which are the main users of the site (Croydon, Lambeth, Lewisham and Southwark).

The Metropolitan Police Service, Bromley Borough Operational Command Unit have developed a specialist response to allegations of crime on the site.

Partner achievements

The Board recognises that the aims of the Safer Bromley Partnership contribute to the achievement of its Prevention Strategy.

The Safer Bromley Partnership aims are:

- Reduction of crime and fear of crime
- Increased community reassurance and engagement
- Building respect in communities and reduction of anti-social behaviour
- Reduction of problematic drug and alcohol use

Members of the Safer Bromley Partnership (SBP) include: Metropolitan Police Service, Bromley Borough Operational Command Unit, London Borough of Bromley, London Fire and Rescue Authority, Bromley Primary Care Trust, London Probation Service, registered social landlords, Bromley Race Equality Commission, Community Links and Bromley Magistrates Court. The Partnership has a Community Engagement Forum to assist in achieving its objectives.

The portfolio holder for community safety identified the protection of older people as a key priority for 2011/12. This meant that a number of actions could be undertaken by Bromley Council Trading Standards including joint work with BSAB partners:

- Trading Standards have built on existing links with BSAB partners and have now extended their role with private domiciliary care agencies to extend knowledge of how to combat doorstep crime amongst those in contact with vulnerable people. Trading Standards have attended Provider Forums and the Adult Safeguarding Conference to promote their role.

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- In 2012/13 this work is being extended by Bromley Healthcare who have worked with trading standards to ensure that District Nurses are aware of scams and rogue traders.
- Banks and building societies in the borough have been re-visited by Trading Standards officers and received training on identifying situations where a vulnerable consumer has been asked to withdraw or transfer money for property repairs, investments or mass marketing scams. This has contributed to referrals from banks to prevent potential theft by fraud of significant sums.
- Significant progress has been made in the detection, investigation and prosecution of rogue traders and those who assist them. This year offenders have received custodial sentences of up to 5 years.
- In 2012/13 a re-launch of the Nominated Neighbour scheme is planned which supports vulnerable consumers to identify a neighbour who can intercede with cold callers. In addition, 'No Cold Caller zones' will be re-launched with further development of the 'Registered Trader scheme' to reduce risks from rogue traders.

The Safer Bromley Partnership has continued to co-ordinate initiatives which are of benefit to adults at risk, including:

- Services for victims of domestic violence, including the 'Domestic Violence One Stop Shop' which provides advice from a police officer, a local solicitor, Bromley Homeless Families Unit, Bromley Womens Aid and Victim Support.
- The 'Safer Bromley Van' which provides additional home security measures to adults at risk.
- The management of strategies to ensure the personal safety of users of public transport.
- An agreed process for co-ordinating the multi-agency response to anti-social behaviour and disability hate crime using a 'risk matrix' which has been widely publicised by the Board with a training session workshop at the BSAB conference.

Reducing the risk of fire for vulnerable people

Following a house fire in 2010/11 involving a vulnerable person receiving a domiciliary care service, the Borough Fire Commander and the Board agreed action was required to ensure health and social care staff were aware of fire risks, such as smoking in bed and the added risk of fire to vulnerable people with disabilities, or those who have a very cluttered home.

The Board welcomed the London Fire Service as a partner and arranged training for health and social care staff in identifying fire risks and ensuring a referral system for vulnerable people. This has resulted in 162 vulnerable people benefiting from priority home safety visits in 2011/12.

4a. Service user perspective

The Board aimed to commission an external agency in 2011/12 to systematically obtain independent feedback from service users. Unfortunately this was not possible. However, the Board has received during the year a report from the Adult Safeguarding Manager on the involvement of service users in 22 cases where a protection plan had been developed to ensure the safety of the service user.

Findings of the report

The majority of the cases, 15 cases of 22, (68%) referred to risks from family members and for half of these the risk was of continued financial abuse.

Of the 22 cases, from examination of records:

- 5 (23%) were described as having full mental capacity with regard to the safeguarding issues
- 6 (27%) were described as having some mental capacity with regard to the safeguarding issues
- 11 (50%) were described as having no mental capacity with regard to the safeguarding issues

For the 5 service users described as having full mental capacity, case records demonstrated input from the service user into the safeguarding process. For example, one service user said she did not want to make a statement to the police about theft by her grandson and another service user arranged for family members to manage the problem and ensure that there was redress. In two instances, service users said that they did not want the police involved and their wishes were respected, in line with BSAB procedures. (A service user's details can only be passed to the police without their consent if the risks warranted it).

6 service users were described as having partial mental capacity, in of all these instances there was a clear record of the steps being taken to work with the service user to maximise their understanding and participation. For example, an independent advocate was working with a service user with a learning disability whose money was being managed by her sister. The service user valued contact with her sister but professionals were concerned that financial abuse was occurring. The advocate was aiming to renegotiate financial arrangements, whilst preserving the service user's contact with her sister. In another situation, a person with worsening dementia was being supported to agree to relatives assisting with money management to minimise the risk of financial abuse.

Half of these 22 service users were described as having no mental capacity with regard to the safeguarding issues in terms of being aware of the concern about abuse or neglect. This was either because they had a severe learning disability or severe dementia. This not only made them exceptionally vulnerable to abuse, it also meant that they were unable to confirm or deny abuse or have input into a safeguarding plan. A significant number of these cases concerned the non-payment of care charges by a relative where the service user was unable to understand that this was happening; in such

instances action was taken to ensure appropriate management of the service user's assets.

Implications for collecting service user feedback:

- The direct contribution service users can make to surveys of their views of adult safeguarding will be limited by the fact that, on the basis of this piece of work, about half of those affected do not have the mental capacity to understand that a safeguarding investigation is taking place. A further quarter of service users, who have some mental capacity at the time of the concern, may be unable to recollect events at a later stage.
- 25% of service users have mental capacity and are able to give an opinion as to how safeguarding concerns had been dealt with. From the records examined these service users were consistently involved in decision making. Whether these service users will be prepared to contribute by giving feedback to a survey after the safeguarding event is uncertain. (Around 50% of service users who have mental capacity respond to the Annual Adult Social Care Survey).
- Where service users are able to give an opinion on how an adult safeguarding investigation should be conducted, they are likely to have strong views on whether matters should be reported to the police. On the basis of this sample, service users wished to avoid the involvement of the police when there were allegations against family members, unless they had already involved the police themselves.

Future developments on service user perspective

The Board will continue work to refine its current system for service user feedback which involves Consultant Lead Practitioners ensuring that service users are asked for their consent to be contacted to give their feedback.

However, as explained above this may continue to result in very low numbers of individuals coming forward. The revised data collection systems provide for better recording of the service views at case closure, this information will be collected and analysed.

There is clear evidence in Bromley from case review that service users are fully involved in safeguarding investigations. BSAB training incorporates information on the service user perspective and practitioners are expected to comply with good standards of conduct in terms of the respect given to service user views.

Service users groups responding to the government consultation on *No Secrets* stated that they did not wish safeguarding actions to impede their rights and choices. This message is used in training to emphasis how practitioners should be working with service users.

In 2012/13, the Care Services Directorate will be working with a team from the University of Coventry on a research project. This will include analysis of the views of service users using personal budgets to buy their own care with regard to safeguarding risks.

5. Mental Capacity Act - Deprivation of Liberty Safeguards

The Board oversees the implementation of multi-agency work to ensure that people who may lack mental capacity benefit from the safeguards provided by the *Mental Capacity Act 2005* and the *Deprivation of Liberty safeguards (DOLS)*.

The *Mental Capacity Act 2005* sets out the framework to enable professional care staff, health service staff and families to lawfully make decisions on behalf of vulnerable adults who are unable to do so. All such decisions have to be taken in the individual's best interests.

The *Deprivation of Liberty safeguards (DOLS)* came into force during 2009 and provide for the lawful deprivation of liberty of those people who lack mental capacity. The safeguards cover situations when someone is unable to consent to the arrangements made for their care or treatment in either a hospital or a care homes, and he or she needs to be deprived of liberty in their own best interests, to protect them from harm. DOLS should be used when the care and treatment regime of an individual imposes such excessive restrictions on them, that they amount to a 'deprivation of liberty', in accordance with human rights legislation.

The process in Bromley for DOLS is robust, with an officer responsible for Mental Capacity Act implementation, who has been in post since 2008, providing continuity of service and a valuable point of contact as well as an important monitoring role. Hospital and care homes are required to identify any potential deprivations of liberty and make an application for the deprivation to be authorised. Assessment for authorisation requires professional assessment and consultation with family and carers. DOLS applications that are deemed to meet the legal requirements are granted and then subject to periodic review in accordance with the legislation.

Data on DOLS is submitted to the Department of Health. Bromley is in line with other local authorities, with the exception of Bexley.

DOLS comparison data

LA/ PCT Area	Total DOLS applications	DOLS applications granted	DOLS applications not granted	% DOLS applications granted
Bexley	29	23	6	79%
Lambeth	26	17	9	65%
Croydon	16	9	7	56%
Bromley	10	5	5	50%
Greenwich	9	4	5	44%
Lewisham	15	5	10	33%

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BSAB has maintained an overview of DOLS to ensure that the Council and PCT are fulfilling their legal duties. An audit has taken place during the year in local hospital wards and 8 care homes to check the understanding of staff on the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. It found that understanding was high amongst relevant staff. There has been no evidence of any illegal restraint or detention of service users in care homes or hospitals in Bromley. In 2012/13 there will be further work with of local care homes to ensure that there is good understanding of their legal duties in this area.

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

The Board oversees a training strategy for health and social care staff, to ensure:

- All staff can demonstrate compliance with the principles of the Mental Capacity Act (MCA), when working with people who may lack capacity.
- Staff who make decisions about long term care or serious health treatment understand their duties under the Act.
- Staff in care homes and hospitals can recognise and report potential cases for a DOLS assessment.
- Specified staff are able to assess for deprivations of liberty and make recommendations about granting DOLS applications
- In 2011/12 a total of 113 people attended MCA training as follows:
 - Introduction to Mental Capacity Act - 62 staff
 - Mental Capacity Act and Decision-Making – 35 staff
 - Deprivation of Liberty Safeguards – 16 staff.
- The officer for Mental Capacity act implementation has also conducted 24 specific training events in 2011/12 across partner organisations including care homes, voluntary organisations, and professional teams in the community and hospitals. In 2012/13 these sessions have been extended to GP surgeries.

6. Safeguarding adults referral and outcome data

Summary analysis of referral and outcome data:

In July 2011, BSAB replaced the existing local procedures with '*Protecting Adults at Risk: London multi-agency procedures 2011*'. These set out the circumstances in which a safeguarding concern should be dealt with and how it should be responded to by partner organisations. The 'Adult at Risk' must be involved at every stage of the process, with possible crimes reported to the police and overall a proportionate response to each concern.

A data set is completed for all referrals in line with national reporting requirements, (*Abuse of Vulnerable Adults return, NHS Information Centre*). The Information Centre has published data for 2010/11 comparing Bromley with other outer London Authorities (*The Abuse of Vulnerable Adults 2010-11 Comparator Report for Bromley, NHS Information Centre, March 2012*). This showed that in 2010/11, Bromley was average in terms of the number of referrals per 100,000 of population and the proportion of cases that were substantiated at 40%.

In 2011/12, there has been a decrease in cases investigated through the safeguarding procedures; this reverses the trend of a year on year increase in referrals since BSAB was established in 2008. In 2011/12 365 safeguarding referrals were accepted, this is a 30% reduction from the equivalent 2010/11 figure of 523. For the first time in 2011/12 the Council database collected information on all referrals to the Council where there was a possible safeguarding concern. 756 such referrals were received, all were scrutinised to ensure the safety of the service user and where appropriate responses such as a community care assessment considered. Of these 756 referrals, 365 (48%) were considered to have met the threshold for a safeguarding investigation and 391 (52%) were managed by other means, whilst ensuring the individual was safe.

Project management in the Care Services Directorate drove these changes in managing the launch of *The Bromley adult safeguarding multi-agency toolkit 2011*. This clarified the application of the adult safeguarding thresholds within the context of *Protecting Adults at Risk: London multi-agency procedures 2011*. Safeguarding practitioners, including police representatives, developed this detailed local guidance for staff. The aim is to ensure safeguarding expertise is applied to those cases where risks are at a high level and intervention is necessary to ensure the safety of an 'adult at risk'. When service users do not meet the threshold for an investigation other options may apply.

This includes:

- Where a single complaint about poor care has been made, the complaints process is followed through, rather than additionally opening an adult safeguarding concern (this approach has been supported by the Local Government Ombudsman).

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However, where there are multiple complaints about a service there is consideration of whether there should be a safeguarding investigation about the safety of the service.

- Where the concern falls below the safeguarding threshold, and the concern has arisen within a service, providers are responsible for taking action to ensure the safety of service users. An example would be where one service user has pushed over another service user in a residential setting, but no serious physical harm resulted. The provider would be expected to examine the circumstances of the incident and develop actions to prevent a recurrence. The council contract monitoring process would review the arrangements.
- If the adult is not an 'adult at risk', and is able to take action to safeguard his/herself, he or she will be signposted to appropriate agencies: for example the police, or the Safer Bromley Partnership domestic violence 'One Stop Shop'.

The most important aspect of safeguarding work is to ensure good outcomes for the service user. The Board has clarified the reasons why cases are not substantiated; the reasons for this can include: a lack of clear evidence, situations where there is conflict between family members, and denial of any abuse or neglect taking place by the service user.

In many instances, service users are protected through a change in their care arrangements or living circumstances. This year there has been a significant increase in cases where there has been police action as a result of improved inter-agency work.

Key Headlines

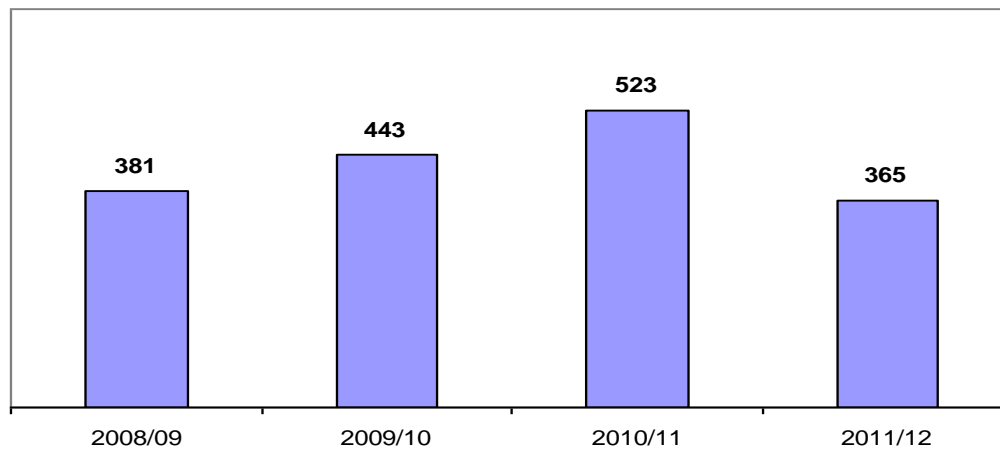
- There is a 30% decrease, in comparison to last year, in the overall number of accepted safeguarding referrals (from 523 to 365). This is linked to the BSAB strategic decision, (put into operation by the Care Services Directorate), which ensured all cases were screened to determine if they met the safeguarding threshold for an investigation.
- This operational decision has contributed to a decrease of 46% in accepted referrals about older people (from 361 to 195). However, there has been a 55% increase in reported concerns about people under 65 with mental health problems (from 31 to 48) as a consequence of increased safeguarding awareness amongst Oxleas NHS Foundation Trust staff.
- The decrease in accepted safeguarding referrals applies to all types of alleged abuse, but especially to physical abuse. There was a 45% reduction in accepted referrals about this type of abuse (from 231 to 126), this was due to the more rigorous screening process which diverted cases, where there was no evidence of significant harm, out of the safeguarding process.

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- Financial abuse accepted referrals, in contrast, have reduced by only 8% from 118 to 108. This type of abuse continues to be significant in Bromley.
- There has been a reduction across all locations of abuse, except supported living which increased by 31%, (from 35 to 46) and public places which increased 29%, (from 14 to 18). This is linked to the changed pattern of service provision and improved awareness of disability hate crime.
- The most frequent location of abuse continues to be the service user's own home, which was the location in 47%, (172 of 365) of cases in 2011/12.
- There has been a large reduction of 68%, (from 71 to 23) in the number of referrals from care homes with nursing. This trend is being monitored to ensure there is no under-reporting of safeguarding concerns.
- The majority of referrals continue to be made by care workers and health care staff.
- In contrast to the general trend accepted referrals from the police have increased from 13 to 18 and from the Care Quality Commission referrals have increased from 1 to 5.
- Family members are implicated in over a third of safeguarding referrals.
- 42 % of concluded cases this year have been substantiated or partially substantiated (149 of 353); the proportion was 40% last year. Benchmarking by the Department of Health indicates this is comparable to similar London authorities.
- The resource for vulnerable adults work provided by Metropolitan Police Service, Bromley Borough Operational Command Unit has contributed to increased police action in 35% of completed cases this year (123 of 353). Last year there was police action in 24% of completed cases (106 of 434). Police action is more likely when the service user is under 65, possibly due to the reluctance of older people to involve the police in family issues.

Analysis of adult safeguarding referral data 2011/12

Graph 1 – Accepted safeguarding referrals 2008-2012



Graph 1: from 2008 -2011 the work of the Board in raised the profile of adult safeguarding resulting in an increase in cases investigated under the safeguarding procedures. As explained previously, the Care Services Directorate has taken steps to ensure consistent application of the safeguarding threshold. This has contributed to a 30% decrease in referrals accepted as meeting the threshold criteria in comparison to last year (from 523 to 365).

Table 1 – Distribution of referrals across service user groups

	Total 2010/2011		Total 2011/2012		% Increase /decrease
	No	%	No	%	
Older people over 65	361	69%	195	53%	-46%
Learning disability under 65	113	22%	86	24%	-24%
Physical disability and sensory impairment under 65	18	3%	36	10%	100%
Mental health under 65	31	6%	48	13%	55%
TOTAL	523	100%	365	100%	

Table 1 shows the distribution of accepted referrals across service user groups. For older people, there was a 46% reduction in referrals from 361 to 195. There was a smaller reduction for people with learning disabilities under 65 of 24% (from 113 to 86). These changes reflect the measures that were taken by the Care Services Directorate to ensure the adult safeguarding threshold is met.

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For people with mental health problems under 65 there was a 55% increase (from 31 to 48) as a result of improved awareness of the adult safeguarding process amongst Oxleas staff due to BSAB training provided during the year. For people with physical disabilities/sensory impairment under 65 there was an increase in numbers from 18 to 36.

Table 2 – Number of referrals by type of alleged abuse

	2010/2011		2011/2012		% Increase /decrease
	No	%	No	%	
Physical	231	44%	126	35%	-45%
Financial	118	23%	108	30%	-8%
Neglect	101	19%	78	21%	-23%
Emotional	42	8%	29	8%	-31%
Sexual	31	6%	19	5%	-39%
Discriminatory	0	0%	5	1%	-
Total	523	100%	365	100%	

Table 2 shows how the reduced number of safeguarding cases impacted on the number and proportion of referrals by the type of alleged abuse. Physical abuse continues to be the most common type of abuse to be reported, accounting for over a third of reported allegations. The number of alleged cases of physical abuse has reduced by 45% (from 231 to 126). Some instances of alleged physical abuse, where there was no evidence of significant harm, have been screened out of the safeguarding procedures. 5 instances of discriminatory abuse were reported this year, compared with none last year, this may be a result of awareness raising with regard to disability hate crime.

Financial abuse referrals have reduced from 118 to 108, however the proportion of those referred which met the threshold is greater than last year. The Board has arranged specialist training in financial abuse for 9 staff who conduct safeguarding investigations.

Table 3 – Location of alleged abuse

	2010/2011		2011/2012		% Increase /decrease
	No	%	No	%	
Own home	211	40%	172	47%	-18%
Care home	67	13%	51	14%	-24%
Supported living	35	7%	46	13%	31%
Care home with nursing	71	14%	23	6%	-68%
Home of person alleged to have caused harm	40	8%	17	5%	-57%
Public place	14	3%	18	5%	29%
Other	30	6%	13	4%	-57%
Not known	18	3%	10	3%	-44%
Acute hospital	11	2%	3	1%	-73%
Education/training/workplace establishment	6	1%	6	2%	0%
Day centre/service	5	1%	4	1%	-20%
Mental health inpatient setting	9	2%	1	-	-89%
Other health setting	6	1%	1	-	-83%
Total	523	100%	365	100%	

Table 3 shows how the reduction in safeguarding referrals is reflected in the alleged location of abuse. Service users continue to be at most risk in their own home which is now the location for almost half of alleged abuse.

In contrast to the general trend, referrals from supported living increased 31% (from 35 to 46) and those from public places increased 29% (from 14 to 18). These increases are linked to the changed pattern of service provision and improved awareness of disability hate crime.

There has been a large reduction of 68% (from 71 to 23) of referrals where the location is a care home with nursing. This is likely to be due to a greater understanding across the partnership of the safeguarding threshold and the work of the care home liaison group which works closely to identify early issues in conjunction with contracts and Bromley Healthcare. Trends will continue to be monitored closely to ensure that any issues of under-reporting are identified, and a new system is in place to ensure the Contracts and Commissioning team are immediately aware of new safeguarding concerns in contracted services.

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Table 4 – Source of referrals received

	2010/2011		2011/2012		% Increase /decrease
	No	%	No	%	
Care Workers	232	44%	149	41%	-36%
Health care staff	114	22%	81	22%	-29%
Family member	65	12%	39	11%	-40%
Housing	24	5%	20	5%	-17%
Other	34	7%	19	5%	-44%
Police	13	2%	18	5%	38%
Self referral	12	2%	14	4%	17%
Education establishment	16	3%	13	4%	-19%
Friend/neighbour	11	2%	5	1%	-55%
Care quality commission	1	-	5	1%	400%
Other service user	1	-	2	1%	100%
Total	523	100%	365	100%	

Table 4 shows how the general 30% reduction in referrals is reflected in the source of referrals received in the last two years. In contrast to the general trend, referrals from the police have increased from 13 to 18 and from the Care Quality Commission referrals have increased from 1 to 5.

Table 5 – Relationship of the person alleged to have caused harm to the service user

	2010/2011		2011/2012		% Increase /decrease
	No	%	No	%	
Family member	180	34%	135	37%	-25%
Care workers	117	22%	94	26%	-20%
Not known	74	14%	49	13%	-34%
Other service user	48	9%	30	8%	-38%
Friend/neighbour	36	7%	25	7%	-31%
Other	42	8%	25	7%	-40%
Healthcare worker	26	5%	7	2%	-73%
Total	523	100%	365	100%	

Table 5 shows the reduction in referrals in the last two years across the types of person alleged to have caused harm. There has been a relatively large reduction (from 26 to 7) with regard to accepted referrals about health staff. There is evidence to suggest some concerns have been dealt with as complaints to a health provider, rather than as an adult safeguarding investigation. Family members are implicated in the alleged abuse in over a third of accepted referrals.

Safeguarding Outcomes:

Table 6 - Case conclusion outcomes

	2010/2011		2011/2012	
	No	%	No	%
Substantiated	143	33%	120	34%
Partially Substantiated	31	7%	29	8%
Unsubstantiated	168	39%	122	35%
Inconclusive	92	21%	82	23
Total	434	100%	353	100%

Table 6 shows the outcome of 434 cases concluded in 2010/11 and 353 concluded in 2011/12. The data for both years includes all cases concluded within the year. The 2010/11 figures include data from 52 cases which started in 2009/10. Figures for 2011/12 include data from 87 cases which began in the previous year.

The combined number of substantiated and partially substantiated cases has decreased this year from 174 to 149. The proportion of substantiated and partially substantiated cases has increased slightly from 40% to 42%. *The Abuse of Vulnerable Adults 2010-11 Comparator Report for Bromley, NHS Information Centre, March 2012* showed that in 2010/11 Bromley was average for outer London boroughs with regard to the proportion of cases which were substantiated.

Table 7 - outcomes for service users

	Older People	Learning Disability	Physical disability, frailty and sensory impairment	Mental Health Under 65	TOTAL
Completed cases	250	65	30	8	353
Outcomes					
No Further Action	89	29	11	2	131
Increased Monitoring	90	19	9	3	121
Community Care Assessment and Services	56	4	8	2	70
Moved to increase / Different Care	31	2	3	0	36
Restriction/management of access to person alleged to have caused harm	23	3	2	2	30
Other	18	7	3	0	28
Vulnerable Adult removed from property or service	9	4	2	1	16
Management of access to finances	10	0	2	1	13
Application to change appointeeship	12	0	0	1	13
Referral to advocacy scheme	4	1	1	1	7
Guardianship/Use of Mental Health act	3	0	0	2	5
Referral to Counselling /Training	3	1	0	0	4
Review of Self-Directed Support (IB)	2	0	0	0	2
Application to Court of Protection	2	1	0	0	3
Referral to MARAC	1	0	0	0	1
Total outcomes	353	71	41	15	480

Table 7 – shows the specific outcomes of concluded cases in accordance with Department of Health requirements. Cases may have more than one outcome; of the 353 concluded cases in 2011/12, 480 outcomes have been recorded. The most common outcome was ‘no further action’ which occurred in 37% of cases, (131 of 353). ‘Increased monitoring’ occurred in 34% of cases, (121 of 353) and a community care assessment was undertaken in 20% of cases, (70 of 353).

More than one outcome can apply to a particular case. To protect vulnerable adults, 36 service users have had a change in care services and restriction of access by the person alleged to have caused harm, has occurred in 30 cases. In 16 cases the vulnerable person moved to another property or service.

Management of access to finances occurred in 13 cases and the Council appointeeship service which manages the finances of those lacking mental capacity was involved in all 13 cases.

In 3 cases there was application to the Court of Protection which makes decisions with regard to finances for people who lack mental capacity; in 5 other cases there was use of the Mental Health Act to achieve safety.

Table 8- outcomes for the person alleged to have caused harm

	Older People	Learning Disability	Physical disability, frailty and sensory impairment	Mental Health Under 65	TOTAL
Completed cases	250	65	30	8	353
Outcomes					
No Further Action	149	26	13	2	190
Police Action	78	29	12	4	123
Continued Monitoring	33	8	4	1	46
Criminal Prosecution / Formal Caution	6	2	1	0	9
Community Care Assessment	12	1	6	0	19
Management of access to the Vulnerable Adult	17	3	2	1	23
Disciplinary Action	6	8	1	0	15
Counselling/Training/Treatment	9	4	2	0	15
Removal from property or Service	13	1	0	0	14
Action by Care Quality Commission	9	0	0	0	9
Referred to Independent Safeguarding Authority	4	1	0	0	5
Action by Contract Compliance	4	0	1	0	5
Not Known	8	3	2	0	13
Action under Mental Health Act	3	0	0	0	3
Exoneration	2	0	0	0	2
Total outcomes	353	86	44	8	491

Table 8 shows 491 Department of Health defined outcomes for the person alleged to have caused harm from 353 concluded cases. ‘No further action’ was the outcome in 54% of cases, (190 of 353) and relates to the fact that abuse is not substantiated in a high proportion of cases.

Overall there has been police action in 35% of cases, (123 of 353) which is an increase from 24% of cases last year, (106 of 434). This reflects the work of the specialist resource for vulnerable adults provided by Metropolitan Police Service, Bromley Borough Operational Command Unit. The table shows police action was more likely to occur in relation to cases where the service user was under 65. For example, for older people there was police action in 31% of completed cases, (78 of 250); whereas for people under 65 with a learning disability there was police action in 45% of completed cases (29 of 65).

This may be a reflection of the fact that older people are reluctant to involve the police in family matters as reported earlier. All safeguarding referrals are overseen by experienced care managers to check that the police are involved appropriately at the earliest possible stage. Criminal prosecution or formal caution was the outcome of 9 concluded cases last year, but there are a number of cases that are due to come to Court. Disciplinary action occurred in 15 instances and 5 people were referred to the Independent Safeguarding Authority for consideration of a ban from the social care workforce.

7. BSAB work plan 2012/13

The work plan for the next year will build on the objectives agreed by partners set out in *BSAB Adult Safeguarding Prevention Strategy 2011-14*:

Key tasks from the 2012/13 work plan are:

- Oversight of the progress of the action plans regarding the recommendations of Serious Case Reviews commissioned 2011/12
- E learning implementation across partners and review of future training requirements in the light of lessons learned
- Ensuring adult safeguarding is prioritised in new healthcare commissioning arrangements

The BSAB strategic work plan 2012/13 is attached (Appendix 1)

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Appendix 1: BSAB strategic workplan 2012/13

Mission Statement	Communications BSAB partners ensure the wider community is well-informed of safeguarding issues, that signs of abuse and neglect are noticed and are handled correctly in good time	Performance Quality commissioned, regulated and accredited services, provided by staff with the appropriate level of training, ensure adults at risk are safeguarded at all times	Assurance A robust, outcome-focused safeguarding process and performance framework ensures that everyone undergoing safeguarding procedures receives a consistent, high quality service which is underpinned by multi-agency co-operation and learning.
What we want to achieve	<ul style="list-style-type: none"> ▪ Adults at risk are protected because the wider community is aware of their role in safeguarding adults who are at risk of abuse including those at risk of severe self-neglect ▪ Adults at risk who choose to buy care services privately are provided with guidance to protect them from the risk of abuse ▪ Adults at risk are safeguarded because BSAB partner agencies cascade key safeguarding messages to their staff. 	<ul style="list-style-type: none"> ▪ Adults at risk experience better outcomes because the Board ensures the learning from casework is applied to safeguarding policy and practice ▪ Adults at risk are supported to express their views and feelings about their experience of the safeguarding process to inform improvements in practice ▪ Adults at risk are protected because the Board is effective and holds partner agencies to account for the standard of their safeguarding performance including analysis of referral trends and performance data ▪ Adults at risk are protected through an agreed competence framework and training programme. 	<ul style="list-style-type: none"> ▪ Adults at risk are safeguarded and protected from harm through compliance with agreed performance frameworks ▪ Adults at risk are protected from harm because clear policies and procedures are in place for adult safeguarding ▪ Adults who have experienced abuse whether they are living in their own homes or receiving commissioned services benefit from consistent safeguarding practice ▪ Adults are safeguarded by robust quality assurance frameworks to audit safeguarding performance.
What we are going to do	<ul style="list-style-type: none"> ▪ Develop new ways of delivering key messages about adult safeguarding ▪ Continue to use MyLife web-portal, partner agency communication networks and public information events to improve community awareness of adult safeguarding issues ▪ Use the BSAB Newsletter to promote the principles, objectives and priorities of the BSAB Prevention Strategy 2011-2014 and inform the wider health and social care sector about adult safeguarding issues. 	<ul style="list-style-type: none"> ▪ Review BSAB representation, reporting arrangements and the governance of the Executive Committee ▪ Apply lessons learned and promote engagement with all relevant partner agencies ▪ Continue to develop the skills of the health and social care workforce to recognise and respond to abuse and to protect service users from the risk of abuse and neglect through promotion and review of the BSAB multi-agency safeguarding adults training programme. 	<ul style="list-style-type: none"> ▪ Use the NHS SAAF framework and agreed quality assurance processes to benchmark safeguarding performance by local NHS Trusts and commissioned provider services ▪ Oversee the implementation of recommendations from Serious Case Reviews to improve multi-agency cooperation, reduce risk and improve the safety and well-being of adults at risk ▪ Undertake a programme of multi-agency adult safeguarding audits and implement recommendations to raise safeguarding standards.

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Appendix 2 : BSAB budget monitoring report 31st March 2012

Description	Revised Budget £	Total Outturn £	Variance £
EXPENDITURE			
Publicity & Awareness	3,500	936	(2,564)
Publicity & Awareness Contingency	0	120	120
Training Strategy	37,070	24,789	(12,281)
Training Room Hire	2,500	540	(1,960)
Training Resources	0	490	490
Purchase of E-Learning System	6,000	0	(6,000)
Training Contingency	0	0	0
Professional Subscriptions	1,100	52	(1,048)
BSAB Conference Expenditure	5,640	3,229	(2,411)
BSAB Refreshment	0	108	108
Pan-London Implementation	2,500	0	(2,500)
Unallocated	206	0	(206)
TOTAL	58,516	30,264	(28,252)
INCOME			
Balance Bfwd	(16,516)	(16,516)	0
Donations	0	0	0
Delegates Fees	0	(1,095)	(1,095)
Contributions from Met Police	(5,000)	(5,000)	0
Contributions from Oxleas NH Trust	(5,000)	(5,000)	0
Contributions from South London Health Trust	(5,000)	(5,000)	0
Contributions from Bromley Primary Care Trust	(8,000)	(8,000)	0
Contributions from LBB	(19,000)	(25,130)	(6,130)
Contributions from LBB - Training Grant	0	0	0
TOTAL	(58,516)	(65,741)	(7,225)
Balance Cfwd	0	(35,477)	(35,477)