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Bromley Safeguarding Adults Board

Annual Report 2014 – 15



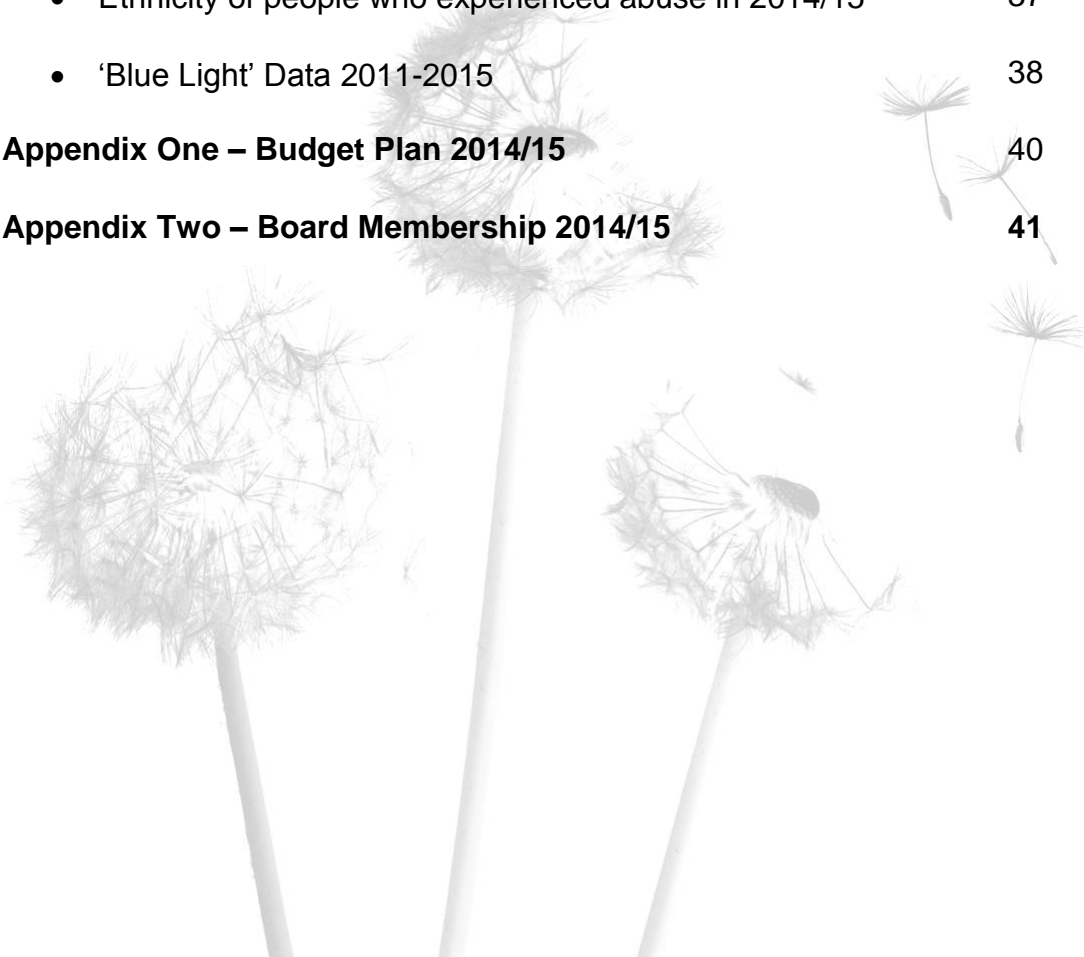
Questions about this report

If you have any questions about this report, please email
LBBQualityPerformance@bromley.gov.uk

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1 FOREWORD

As the newly appointed Independent Chair of the Bromley Safeguarding Adults Board (BSAB), I am pleased to introduce our annual report for 2014-2015 which summarises the work of the Board to protect vulnerable adults in Bromley from the risks of harm or abuse.

I would like to extend my appreciation to Helen Davies the outgoing chair, for her dedication and commitment to the Bromley Safeguarding Adults Board. Since November 2013 she has steered the Board through an extremely busy year in preparation for the implementation of the Care Act 2014.

In my first few months as Chair I am impressed with the strong partnership work by agencies from the public, private and voluntary sectors. They have demonstrated commitment and dedication to the work of the Board enabling aims and objectives of the Prevention Strategy to be achieved.

The Board invests substantially in training and we have funded additional courses to address new categories of abuse introduced by the Care Act 2014. Our aim is firstly to educate our partner workforce so that every professional knows how to recognise and report abuse or neglect.

I was pleased to host the Board's annual conference in October 2015 as this was the perfect opportunity to bring together excellent speakers to present the impact of the Care Act 2014 on safeguarding. The breadth of topics covered really highlighted the diversity of adult safeguarding and the challenges the Board has to achieve its prevention strategy.

My priority will be to support the work undertaken by our partner agencies in the voluntary sector and to raise awareness in the wider community. Through engagement with our non-statutory partners I will work to bring to the fore the voice of the people who use our services.



Annie Callanan, Independent Chair, Bromley Safeguarding Adults Board

2 EXECUTIVE SUMMARY

The Board works to implement six safeguarding principles; empowerment, protection, prevention, proportionality, partnership and accountability. It is important that local services work together to identify people at risk and put in place interventions, to help prevent abuse or neglect and to protect people. The Bromley Safeguarding Adults Board (BSAB) holds partner agencies to account to ensure they are protecting groups who may be vulnerable to abuse.

The Metropolitan Police Service is now a statutory BSAB partner under the Care Act 2014 and is committed to working in partnership in an open and transparent way with partners on BSAB. In addition, Bromley Clinical Commissioning Group is also a statutory partner of BSAB and will help to develop the Board.

The BSAB meets four times a year addressing national and local issues. The Training and Awareness sub-group has the responsibility for the development, planning and coordination of the multi-agency training provision. During 2014-15, over 3,000 training spaces were funded through the BSAB commissioned programme.

2014-15 saw a fall (of 6%) on the previous year in the number of alerts received by LBB. The percentage of alerts that became referrals has increased substantially (by 20%). Over half of referrals related to abuse occurring in a person's own home and by someone known to the person. The most common combinations are in their own home by a person known to them (over a third), or by a paid/contracted person in a care home (nearly a fifth).

Neglect and acts of omission and physical abuse are the most prevalent types of abuse. The prevalence of the location of abuse has remained unchanged since last year, with 54% of safeguarding incidents investigated taking place in the person's own home. This appears to be part of a downwards trend, with an increasing proportion taking place in a care home (over a quarter of referrals in 2014-15).

In July 2014, 150 GP's attended a half-day academic session to look at their role in safeguarding adults. GP's gained a good understanding of BSAB and its purpose, as well as an overview of the work of partners.

The advice, support and respite offered by Carers Bromley helps carers to protect themselves from potential risks of stress. Bromley Mencap is campaigning with employers and service providers to raise the level of disability awareness across the Borough. Age UK Bromley & Greenwich work with older people in their own homes and empower them to protect themselves from the risk of self-neglect and abuse.

3 INTRODUCTION

The Bromley Safeguarding Adults Board (BSAB) is the local multi-agency partnership responsible for safeguarding vulnerable adults.

This is an important shared priority of many public services and a key responsibility of local authorities. It is important local services work together to identify people at risk and put in place interventions, to help prevent abuse or neglect and to safeguard people. The Board works to implement six safeguarding principles; empowerment, protection, prevention, proportionality, partnership and accountability.

As required by the Care Act 2014, the BSAB:

- coordinates the role and responsibilities of each person or agency represented on the board for the purposes of safeguarding adults in Bromley;
- ensures the effectiveness of responses and interventions by each person or agency that contributes to safeguarding adults in Bromley.

The functions of the Bromley Safeguarding Adults Board are:

- prevention of abuse and neglect of vulnerable adults,
- the development of policy, procedures and thresholds in relation to the safety and welfare of vulnerable adults,
- the communication of the need to safeguard vulnerable adults, to health and social care professionals and general public, raising awareness of how this can be done and encouraging people to do so,
- providing learning and development opportunities for workers and volunteers working with adults at risk of harm,
- the production of a strategic annual plan that outlines how the Board will achieve its vision and objectives roles & responsibilities of members in order to implement the strategy,
- monitoring and evaluating the effectiveness of what is done by the Board and its partners individually and collectively to safeguard vulnerable adults, including the publication of an annual report,
- participating in service planning and commissioning of services for vulnerable adults,
- undertaking safeguarding adults' reviews and advising on lessons learned.

During 2014-15:

- 851 people aged between 18 - 64 accessed long-term care, with 418 requests from individuals who had not yet received a service.
- 2826 people aged 65+ accessed long-term care, with 3206 requests from new people.
- 318 of the requests for support to increase a person's independence.

4 How partner agencies work together to achieve the Board's aims

The Board works to a business plan which identified five priority areas for action in the forthcoming year. The business plan assists the BSAB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties. The plan also serves to aid the development of future work for the Board and its partner agencies.

The five key priorities are:

1. Strategy and Leadership

Shared values, aims and objectives of safeguarding that provides people with expertise across the council and with its partners.

2. Safeguarding Practice

Practice will reflect the strategic objectives to deliver an accessible, responsive, quality service to people at risk.

3. Prevention

There are strategic plans to promote awareness, use information to focus resources where it is needed the most and work collegially with statutory, voluntary, carers and service users to prevent abuse.

4. Training and Workforce Development

Social care and health staff will be equipped to safeguard adults at risk and enhance their knowledge and skills through a multi-agency training and development programme.

5. Communication

There are strategic plans to promote awareness of abuse and neglect, how to report it, deal with it and prevent abuse occurring.

The role of the Executive sub-groups include:

- to consider new practice, policy and procedural issues and to propose and initiate appropriate action plans to address those issues;
- to analyse data and present to the Board a quarterly quantitative and qualitative performance report;
- to consider the resource implications of safeguarding and make recommendations to the Board;
- to undertake specific tasks on policy, procedure and practice matters as necessary;
- to evaluate information presented through statistics, user surveys, inspections, peer reviews etc. and propose alterations to policies, procedures and practice to the Board for approval;

- to monitor the effectiveness of public information and communication regarding adult safeguarding and to find ways of communicating to all;
- to monitor the effectiveness of training in increasing awareness and in improving the effectiveness of protection planning and safeguarding interventions; .
- to seek and collate the views of service users, carers and stakeholders to inform best practice.

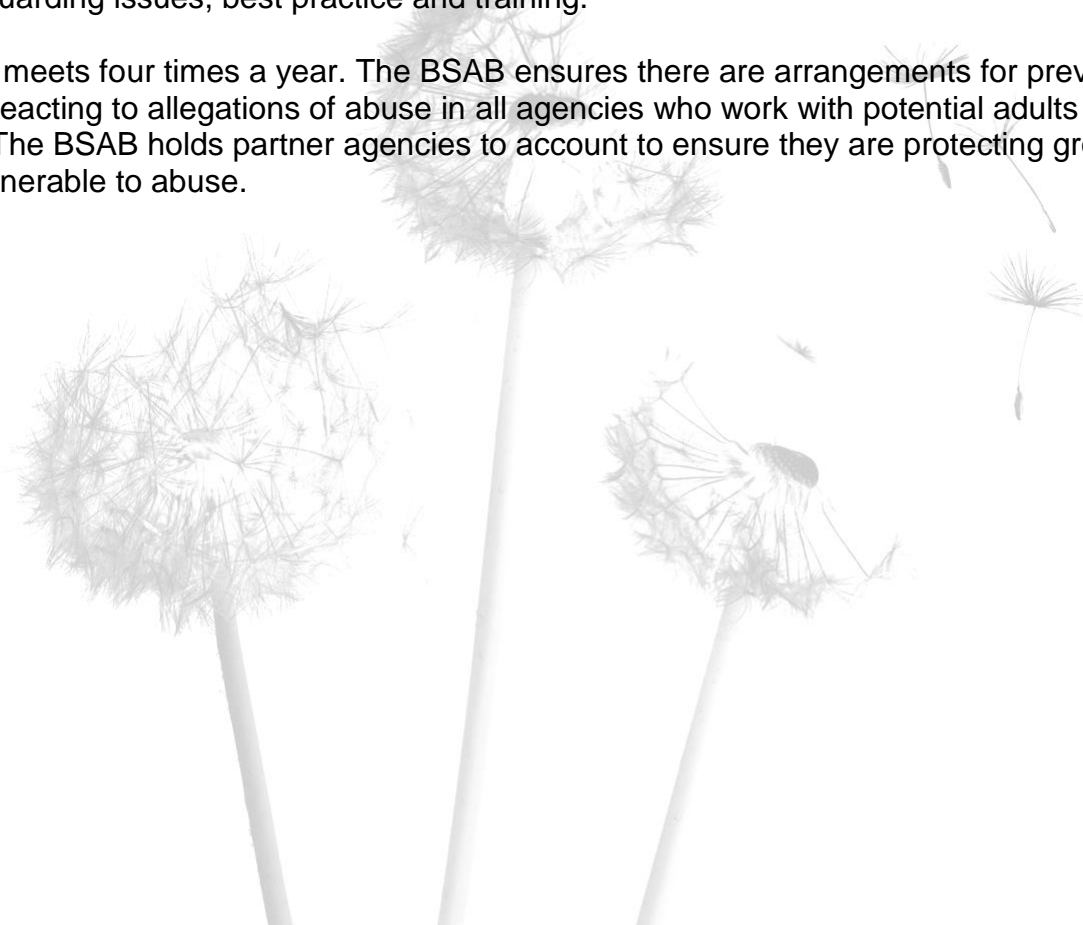
5 BSAB BUSINESS PLAN 2014/15

The annual report and strategic business plans are available on the BSAB website:
www.bromley.gov.uk/downloads/731/safeguarding_vulnerable_adults

The BSAB business plan sets out the detail of the Board's continuous work programme. This includes information about how these identified priorities will be taken forward during 2014/15.

Meetings are held quarterly where discussions take place around issues including national and local safeguarding issues, best practice and training.

The BSAB meets four times a year. The BSAB ensures there are arrangements for preventing harm and reacting to allegations of abuse in all agencies who work with potential adults at risk in Bromley. The BSAB holds partner agencies to account to ensure they are protecting groups who may be vulnerable to abuse.



6 SUPPORTING HEALTH & SOCIAL CARE PRACTITIONERS

6.1 Training & Awareness subgroup

The Training and Awareness subgroup is responsible for ensuring that a skilled and competent workforce is in place to prevent, identify and respond to abuse. We have a rolling programme of multi-agency training and quality assurance processes, embedding the National Capability Framework in practice across the partnership. (The framework is available on the BSAB website).

Demand for multi-agency training in safeguarding is increasing year on year and with the changes expected from the Care Act 2014, there will be an even greater demand.

The subgroup is chaired by the Workforce Development Manager for the London Borough of Bromley. The subgroup has the responsibility for the development, planning and coordination of multi-agency safeguarding adults training provision. This includes making recommendations regarding the facilitation and commissioning of appropriate training resources and the regular review and evaluation of the training provision, in line with the BSAB business plan.

During this financial year, the Training and Awareness subgroup has worked hard to meet the training needs of health and social care staff across the borough. Our training programme covers both e-learning and classroom-based training and we have used different locations to make training as accessible as possible.

Achievements during 2014-15:

Specific training was commissioned following a 2013 Significant Incident Learning Process;

A total of 2456 people have completed training, from basic awareness training (Level 1) to senior investigation training (Level 5);

All courses were updated to reflect the changes introduced by the Care Act 2014;

Training courses periodically observed and evaluated by a senior member of Adult Support Services.

Antoinette Thorne, Chair of Training & Awareness Subgroup

There is a need to measure how the training is used within roles and whether learning outcomes are achieved. The subgroup is reviewing the National Safeguarding Adults Capability Framework to ensure that it is Care Act 2014 compliant and simple enough for employers to use to measure the competency of its workforce, identify training needs and recording of competencies.

The current training continues to evaluate well. Training evaluations demonstrate a high level of satisfaction by practitioners and we are confident that the quality and diversity of training, has contributed significantly to the enhancement of practice and protection of vulnerable individuals in the community.

Forum meetings continue to be offered to Bromley social workers providing an opportunity for operational staff and managers to share ideas, information and best practice guidance regarding safeguarding, creating opportunities for reflection, professional development and learning for evidence based decision making skills.

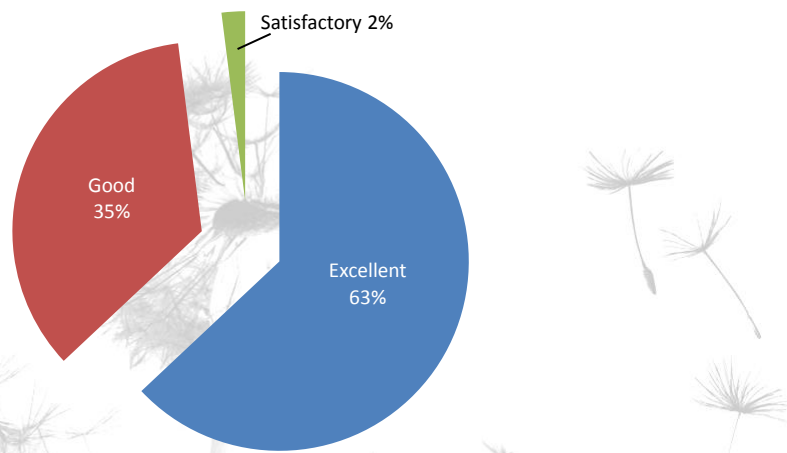
6.2 Impact of learning and development:

During 2014-15, over 3,000 training spaces were funded through the BSAB commissioned programme including:

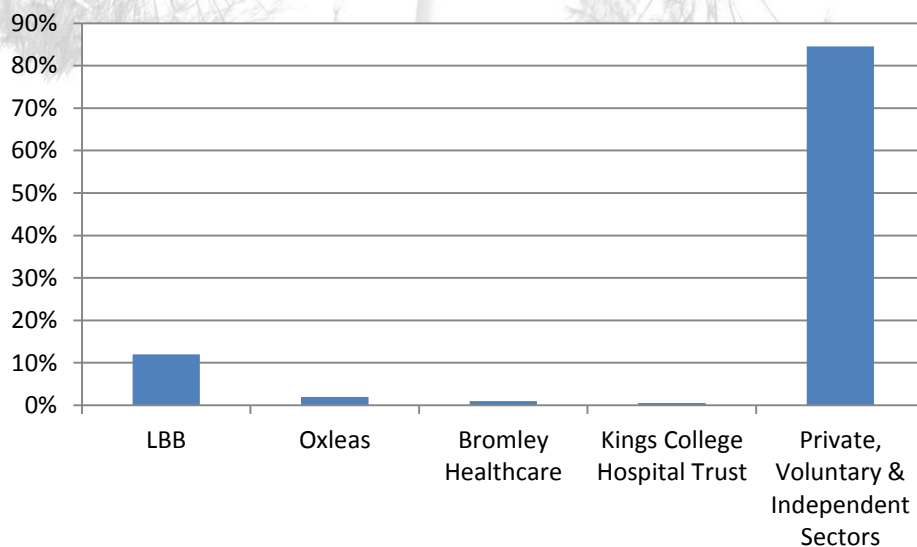
Level 1: Basic Awareness	Level 2/3: Risk Assessment & Management Plan	Level 3: Role of the Service Manager	E-learning
665	32	22	2320

6.3 Overall assessment of the courses offered:

The evaluations from all courses show that the majority of training has been rated as 'Excellent':



The below table shows the training completed by the different partners and sectors.



During 2014-15:

- 415 people completed Awareness and Reporting training, gaining an understanding of how to recognise and report abuse;
- 48 professionals received training from the London Fire Brigade about how to protect people who are at risk of harm from fire (for example, smokers who have poor mobility and who may be hindered from escaping the building in the event of fire);
- 22 managers from care providers attended a course about their role when a safeguarding investigation is taking place for a service user;
- 468 people completed training about the Mental Capacity Act 2005 or DoLS to understand how to safeguard people who do not have the capacity to make decisions for themselves;
- 2320 people completed a variety of e-learning courses including:
 - Safeguarding Adults Levels 1 & 2
 - Mental Capacity Act
 - Deprivation of Liberty Safeguards
 - Domestic Abuse
 - Difficult Relationships & Conflict
 - Information Sharing

Next year, we are planning to run new and revised courses in line with the Care Act 2014, including:

- Modern Day Slavery
- Organisational Abuse
- Domestic and Family Abuse
- Family Conferencing for Adult Safeguarding

6.4 Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) Training

In Spring 2014, Bromley CCG and the LBB Quality Assurance Team successfully won funding from NHS England to improve the knowledge of the MCA 2005 and DoLS within the public sector.

This funding enabled the commissioning of a specialist consultant to design, implement and evaluate a training programme. 500 staff have been trained. Courses were delivered to care home staff and unpaid representatives to improve understanding and application of the MCA and DoLS.

Feedback from participants on the usefulness of the training and direct application of the information to practical situations has been very favourable. There are plans to extend the training to other staff groups. The Training and Awareness subgroup now awaits Board approval to go ahead with future planning for the delivery of the programme in 2015-16.

6.5 Improving standards and outcomes for people

Policy, Protocols and Procedures (PPP) Achievements 2014/15

The subgroup is responsible for developing and embedding safeguarding adults policy in practice in line with 'Making Safeguarding Personal' and the Mental Capacity Act 2005 principles, maximising a person centred approach to safeguarding adults at risk. Developing systems to identify and prevent abuse from occurring where possible including strategies for prevention.

The role of the PPP is to lead a work programme to ensure that BSAB develops and maintains high quality safeguarding policies protocols and procedures and that these are updated in line with national guidance, Pan-London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse 2011. The PPP ensures BSAB policies and procedures are implemented as a borough wide framework for agencies working with vulnerable adults.

Achievements for 2014/15 included:

- monitoring and scrutiny of the completed action plans for the annual audit (using the SARAT tool - Safeguarding Adults at Risk Audit);
- implementation of good practice tools to prevent the incidence of avoidable pressure ulcers;
- review of the Alerters' Guide for health and social care professionals with the aim of making the reporting process more effective;
- production of support tools for health and social work practitioners and clinical staff in an acute setting. Banner pens were commissioned as an "aide memoir," covering the principles of the Mental Capacity Act 2005.

The following care provider policies were reviewed:

- St Christopher's Hospice;
- Greenbrook Healthcare;
- PRUH – Urgent Care Pathway;
- Physiotherapy Solutions;
- Bromley Clinical Commissioning Group Safeguarding Adults Terms of Reference;
- Glencare Group;
- Boots the Chemist;
- Sanctuary Group;
- BMI Healthcare - Chelsfield Hospital;
- Bromley Health Care;
- Priory Hospital, Hayes Grove; and
- Ashdown House.

Lynne Powrie, Chair of Policy, Protocols & Procedure Sub-group

7 LEARNING FROM PRACTICE

Performance, Audit and Quality Assurance sub-group

A key role of the Board is to seek ways to continually improve standards of practice and outcomes for people within the safeguarding adult's framework. One way in which the Board achieves this is through its performance, audit and quality assurance processes.

This subgroup is responsible for developing a performance management framework to monitor the effectiveness of what is done by the Board partners, individually and collectively, to safeguard adults at risk. The subgroup meets three times per year and case studies are presented to highlight good practice from safeguarding investigations, or to identify where lessons may be learnt to improve practices or partnership working. By undertaking casework audits we identified some excellent multi-agency working that has resulted in successful outcomes for the adults at risk. The regular audits that have previously only been undertaken by LBB and Oxleas have now been adopted by the health partners.

BSAB has agreed to adopt the SARAT (Safeguarding Adults at Risk Audit Tool) for all partners to complete annually. The PAQ subgroup reviews the outcomes of the audit tool, agrees action plans with each partner agency and monitors the progress made towards the action plans and these are reported back to the Board.

This subgroup also carries out the function of analysing the BSAB Key Performance Indicators, creating performance reports for each Board to identify whether investigation timescales are met, and monitoring the number of alerts being raised.

Key achievements for 2014-15:

- Annual SARAT completed and actions resulting from this achieved by partner agencies;
- The Making Safeguarding Personal project was successfully implemented, with investigations becoming more centred around the person at risk of abuse, rather than the process;
- Ensuring the actions resulting from the 2013 Significant Incident Learning Process were all met by partner agencies;
- Developing the Practitioner's Toolkit, and considering how BSAB will address the new safeguarding categories of abuse now included in the Care Act 2014.

Ann Hamlet, Chair of Performance, Audit & Quality Sub-group

7.1 Important Reviews

To prepare for the forthcoming Care Act 2014, BSAB members participated in a workshop to review the current governance arrangements of the board in September 2014. This focussed on the functions of meetings, membership and frequency of meetings.

This review concluded that the current board model was working effectively and the core membership was stable and demonstrated a strong partnership.

Some key areas for improvement were identified:

- Incorporating a wider representation and commitment from the voluntary sector;
- Review of subgroups;
- Review of training strategy.

7.2 Communicating the Safeguarding Message

This year, BSAB focussed on improving partnerships. A new Communication Strategy is currently being written for 2015 – 18.

The Care Act 2014 brought many changes to safeguarding, including the recognition of different types of safeguarding such as Modern Day Slavery, Domestic Abuse and Self-Neglect. During the annual report period the Carers Bromley have published *Concerning Carers*, to communicate valuable information to carers across the Borough. Communicating the safeguarding message is integral in all provider forums.

Our annual safeguarding conference “Adult Safeguarding: The Way Forward” was attended by 145 delegates from the public, private and voluntary sectors. The conference focussed on the impact of the Care Act 2014.

In December, Community Links facilitated a second Disability Hate Crime Conference. This conference aimed to raise awareness of this area in this area of abuse and to publicise the support available to victims or potential victims.

During 2014, the Disability Hate Crime Project trained over 200 police officers to improve the recognition and recording of disability hate crimes.

The *Respect* campaign was led by Advocacy for All with members of the Bromley Sparks and Speaking Up Groups. The message of disability hate crime was brought to members of the public in Bromley and 1000 people signed a petition to show their support for the campaign.

7.3 Responding to the Challenges

Placements in hospital for adults with Learning Disabilities

Following the Winterbourne View inquiry concerning the abuse of adults with learning disabilities, the Francis Report introduced recommendations for all agencies in February 2013. NHS England agreed to “review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible as and no later than June 2014”.

In response to this, London Borough Bromley identified nine service users placed in hospital. We reviewed each person’s care to ensure that all nine people were in the right place to receive the care they needed and ensured everyone being discharged from hospital had personalised support plans in place as they moved into a community setting.

London Borough of Bromley worked closely with Oxleas NHS Foundation Trust, our local provider for mental health services, to move people back into the community as soon as they

were well enough to do so. This happens with the full support of the person’s family and their multi-disciplinary team of health and care professionals. Oxleas are extending the scope of the Accessible Information Worker role to be trust wide; and to be early adopters of NHS England’s ‘accessible communication standard’, which was mandated from April 2015 with organisations given a year to implement.

Hoarding Panel

In January 2014, partners of the BSAB established a Multi-Agency Hoarding Panel. The panel consisted of representatives from the London Fire Brigade, Registered Social Landlords, Oxleas Community Mental Health and the London Borough of Bromley. This group developed guidance and plans to meet bi-monthly.

7.4 Protecting Peoples’ Rights

Mental Capacity Act & Deprivation of Liberty Safeguards (DoLS)

BSAB works to safeguard the rights of people who lack the mental capacity to make decisions for themselves. These rights are set out in the Mental Capacity Act 2005. The act requires decisions to be always made in a person’s best interests. The Board works to promote the safeguards of the Mental Capacity Act and DoLS throughout Bromley.

Prior to 2014, London Borough Bromley had one DoLS project worker, who provided training as well as facilitating DoLS referrals. There is now a centralised team of Best Interests Assessors to deal with the considerable increase of referrals.

BSAB are currently commissioning new training to reflect the legislative changes and The DoLS team are working to produce information leaflets for the relatives of people who will need a DoLS in place.

Prior to 2014	April 2014 – April 2015
<p>Around 15 DoLS applications per year</p>	<p>388 DoLS applications, of which:</p> <ul style="list-style-type: none"> • 351 were granted • 31 were not granted • 6 were withdrawn <p>70 possible court referrals 66 referrals awaiting advice from Queens’ Counsel</p>

Making Safeguarding Personal

Making Safeguarding Personal was a national initiative for Local Authorities and BSAB supported London Borough Bromley in their work to improve the way investigations are carried out. Investigations now centre on the person identifying and putting in place what they want to happen and what their needs are, as opposed to simply following a process where the person’s voice may not be heard.

This is a key focus in safeguarding across the Borough and the London Borough Bromley in particular is conducting case file audits to monitor good practice. The next stage is to embed a culture of service-user/advocate participation throughout the safeguarding process. The challenge for all agencies going forward is to ensure that person-centred approaches are applied by all the multi-agency partners, in their engagement with adults at risk.

8 A WORD FROM SOME OF OUR PARTNERS

Partner and member achievements and report contributions

8.1 Metropolitan Police Service (MPS) – Bromley Borough; DCI Dave Yarranton

The fundamental safeguarding role of the MPS is the prevention, identification, risk management and detection of criminal offences. The MPS is now a statutory BSAB partner under the Care Act 2014 and is committed to working in partnership in an open and transparent way with partners on BSAB.

The MPS lead the Multi-Agency Risk Assessment Conference (MARAC) and also attend numerous working groups and panels to work with other agencies, in protecting vulnerable adults from harm.

The Jigsaw unit has been set up to deal with registered sex offenders and violent crime is dealt with under the Multi-Agency Public Protection Arrangements (MAPPA) process.

A new national procedure on missing persons was implemented in July 2014. The new procedures differentiate between those who are “absent” and those who are deemed to be “missing.” The aim of this new procedure is to provide the best possible response to those most at risk of harm. Communication centres will act as the point of first contact and undertake a risk assessment to establish if a person is absent or missing. There are concerns about the potential loss of the first 24hrs for a person who is initially assessed as being absent, but is then re-categorised as missing.

The MPS Vulnerability and Protection of Adults at Risk toolkit was reviewed in February 2015. This replaces the previous Safeguarding Adults at Risk Operating Procedure and all frontline staff has now received mandatory training on the Vulnerability Assessment Framework. The PREVENT agenda is coordinated by SO15 Counter Terrorism Command who are responsible for the delivery of training.

The well-established Public Protection Unit in Bromley MPS undertook the Safeguarding Adults at Risk Audit Tool in Quarter 3 of this year.

Safeguarding adults work planned for 2015-16:

- To develop the Board as a statutory member
- To review the safeguarding training completed by MPS staff

8.2 Bromley Clinical Commissioning Group (BCCG); Sonia Colwill

BCCG commissions health services in Bromley. The Care Act 2014 saw CCGs becoming statutory members of Safeguarding Adults Boards for the first time.

In 2014 BSAB supported a cross-borough initiative, where Bromley was represented by BCCG and LBB, to establish a Pressure Ulcer Tool. The project aimed to improve knowledge of how to prevent ulcers, giving clarity around how to grade pressure ulcers and different screening protocols.

Dashboards were developed for Oxleas, KCH and BHC to submit quarterly safeguarding data. Data is reviewed by BCCG safeguarding committee and is used to inform contract monitoring and clinical reviews.

A Quality Safeguarding Assurance Framework (QSAF) has been established as part of the BCCG procurement process, to clarify expectations around providers' safeguarding practices. This will lead to robust contract monitoring and consistent high-quality Commissioning.

In July 2014, 150 GP's attended a half-day academic session to look at their role in safeguarding adults. GP's gained a good understanding of BSAB and its purpose, as well as an overview of the work of partners such as the Hoarding Pane and Trading Standards. This session was well received, and the proposal is for further sessions to be provided in 2015/16.

In collaboration with other CCGs, a new Adult Safeguarding Decision Making Tool has been developed, including mental capacity, clinical condition, pressure ulcer risks, monitoring and evaluation. This is being trialled by BHC.

Safeguarding adults work planned for 2015-16:

- To develop the Board as a statutory member
- Proposal for BCCG together with Victim Support to joint fund an IRIS project across primary care services in Bromley. The aim is to increase GP awareness of domestic abuse issues.
- Proposal for BCCG to commission a Clinical Officer, who will support safeguarding investigations by conducting Root Cause Analyses of pressure ulcers
- NHS England has commissioned Edge Hill University to a series of 2 day workshops for Board leaders to ensure effective governance arrangements are in place to safeguard adults.
- The safeguarding dashboard will be reviewed in 2015-16 and any refinements made.

8.3 Bromley Healthcare (BHC); Amanda Mayo

BHC is a community health care provider commissioned by BCCG, providing a wide range of services across Bromley.

This year BHC delivered two Commissioning for Quality and Innovation (CQUIN) awards:

1. Dementia Screening – offering screening for patients who feel that they have suffered memory loss or cognitive impairment within the last 12 months. Training has been offered for professionals and has had a very high take-up. A 'Dementia Friend' in Bromley came to the community Nurse Forum and to the Leadership Team to discuss dementia and its impact on clients and carers. The Head of Nursing is working with the Business Development Team to

advice on ensuring any new premises the organisation use, consideration is taken on how to make it dementia friendly.

2. Safety Thermometer – this national CQUIN project requires BHC to collect and submit quarterly data, which is posted online and allows easy comparison between organisations.

A Pressure Ulcer project on behalf of BCCG has been implemented. Awareness rising has taken place throughout the primary care services, including guidance around how to prevent, grade and report ulcers. A mobile application has been developed in collaboration with Kings' Partners. A 'Passport' has been designed to record the treatment and healing of pressure sores in the community; the 'Passport' is taken with the person to any medical appointments or hospital admissions so all services are aware of and can support the treatment. This project will be focussing on care homes in the next financial year.

A choking policy is being developed by the Bromley Speech and Language Therapy Team, which will be available for services across the Borough. The choking prevention policy provides care homes with a tool to assess their training needs.

Training needs analysis was completed which identified the need to deliver mental capacity and DoLS training for staff. Single-agency training is being planned, of which domestic violence will be a focus.

Safeguarding adults work planned for 2015-16:

- To develop the Board as a statutory member.
- Offer pressure ulcer support to Bromley care homes.
- Evaluate the Pressure Ulcer Passport to determine the impact it has had on preventing and reporting avoidable pressure sores.
- Develop and implement the Root Cause Analysis Tool to identify whether pressure ulcers were avoidable. This will impact on any safeguarding investigations where the person has developed a pressure ulcer.
- Investigator training will be delivered for BHC staff who may be best placed to carry out safeguarding investigations on behalf of London Borough Bromley.

8.4 Oxleas NHS Foundation Trust; Barbara Godfrey

Oxleas is the main provider of specialist mental health care in Bromley, with many different services available both in the community and in hospital. This includes specialist forensic mental health care services across South East London and also in Kent Prisons. In Bromley, Oxleas have two teams who support people with mental health needs and these professionals will lead any safeguarding investigations.

This year, Oxleas has strengthened its support to safeguarding teams and is improving processes and procedures. A project co-ordinator was recruited to implement these procedures and to ensure all safeguarding data is appropriately recorded in a new database. Safeguarding champions are also being identified in teams across the organisation and Oxleas have a significant input into all multi-agency panels working to support people at high risk of harm.

The Safeguarding Committee requested their Consultant Psychiatrist establish a steering group for 'Mental Capacity Assessing', to ensure that all requirements of the act are consistently met. Organisational frameworks are also planned, to develop an oversight of compliance across the

whole Trust. This will include a review of policies, procedures and guidance alongside an auditing programme of clinical practice.

Also planned for next year is the establishment of a bi-monthly steering group for adult safeguarding. Team managers will attend to focus on practice issues and information such as lessons learnt, guidance or training opportunities will be disseminated through the teams. There are plans to recruit at least two safeguarding champions in operational teams to raise the profile of safeguarding.

Safeguarding adults work planned for 2015-16:

- To develop the Board as a statutory member.
- A safeguarding training programme will be organised for staff and volunteers in line with the competency frameworks stipulated in the Care Act 2014 statutory guidance.
- One of the components for our safeguarding strategy for 15/16 is the focus on engaging with individuals in order to empower them in line with the Making Safeguarding Personal policy document.

8.5 Kings College Hospital, NHS Foundation Trust (KCH); Ann Hamlet

The Princess Royal University (PRUH) and Orpington Hospitals were integrated within the Trust in October 2013.

An updated safeguarding training programme was introduced in October made up of five levels of training. This was well-received and well-attended and 91% staff had completed Level 1 training as of 31 Jan 2015 and 39% of staff at the PRUH site had also completed Levels 2-3.

In March, the Safeguarding Adults, Learning Disabilities and Mental Capacity Act Group was set up. The purpose of this group is to provide strategic safeguarding direction for the Trust and to provide assurance that legal requirements and national guidance are incorporated into the Trust's processes and practices.

Regular meetings have been set up with Bromley Health Care to share information around monitoring and managing pressure ulcers. KCH are participating in the pressure ulcer support scheme and are recording the source of each ulcer, to identify whether clinical issues need to be followed up to prevent other ulcers from developing. The collaborative work has highlighted a delay in reporting community acquired pressure ulcers to Bromley Health Care; a process has now been implemented to address this gap.

Safeguarding adults work planned for 2015-16:

- To develop the Board as a statutory member.
- Safeguarding adults, Learning Disabilities and Mental Capacity Act Group to produce a report to BSAB about their achievements in relation to safeguarding adults in the trust.

8.6 London Borough of Bromley; Stephen John

The Care Act 2014 names the Local Authority as the lead safeguarding agency for each borough and its safeguarding adults board. As the lead agency in Bromley, London Borough Bromley is responsible for receiving all safeguarding alerts and either investigating them or asking another agency to investigate, if they are best placed to investigate.

Our care management and housing divisions work tirelessly to protect vulnerable people and to ensure that people's needs are met as far as possible. This includes attending the local Multi-Agency Risk Assessment Conferences (MARAC), to support the people who are most at risk of harm of domestic violence.

During this year, London Borough Bromley completely redesigned the policies, procedures and the structure of its front line services. The acceptance and processing of safeguarding referrals has changed and now all referrals go through the Initial Response Team (formerly Bromley Social Services Direct).

London Borough Bromley has continued to facilitate the Commissioned Services Intelligence Group (CSIG), which brings agencies together to share and discuss concerns about direct care providers in the Borough. The impact of this work has led to situations of potential abuse being identified and acted upon quickly.

The Safeguarding Adults Practice Standards group (SAPS) meets regularly to discuss operational concerns and undertake critical reflection of cases.

The Safer Bromley Partnership has put a lot of effort into preventing anti-social behaviour, including working with people at risk of radicalisation or getting involved in gangs. The partnership is a fully integrated service between London Borough Bromley, the police and other partners such as London Probation Service.

Community Safety Partnership; Rob Vale

The team has a number of services led by Rob Vale Head of Community Safety Partnership. The aims of the Public Protection and Safety Portfolio are to achieve positive outcomes for vulnerable Bromley residents. The following priorities are:

- Keeping Bromley safe by working proactively to prevent crime and reinforce confidence in the borough as a safe place.
- Working to protect consumers and in particular the vulnerable, to ensure there is a fair, safe and genuine trading environment.
- The portfolio acknowledges the important role played by other agencies and in particular, the support for effective partnerships that deliver reductions in offending and anti-social behaviour.

The trading standards team have focussed on empowering adults at risk, providing information and support to help people protect themselves against becoming victims of crime. This included raising awareness of how to report incidents of crime to the relevant authorities for investigation and protection. The team experienced an increase in referrals; participated in a national survey about the impact of 'doorstep crime' upon householders, and is developing a local survey for Bromley.

The team have also delivered a considerable amount of awareness raising, which has included:

- 62 presentations to groups across the community about scams and rogue traders.
- 26 presentations to partner agencies including the police and social care teams to raise awareness of the trading standards team.
- The team worked with the Met Police Operation Sterling initiative to raise awareness of the courier scam with bank staff. 16 training sessions have been delivered to local banks with more planned for next year.

Safeguarding adults work planned for 2015-16:

- To develop the Board as a statutory member.
- Provide awareness training to London Fire Brigade Officers to ensure that people at risk of fire, scams or doorstep crime are identified and referred appropriately.
- Carry out training and talks to community groups to continue raising awareness about scams and doorstep crime.
- Courier scam training for bank staff.

Community Safety

The Rapid Response Service responds to urgent calls from consumers and partners reporting incidents of doorstep crime. A total of 461 calls were made to the rapid response number in the previous 24 months and of those, 218 warranted an immediate response.

There have been 159 referrals of financial loss to doorstep callers. A total of £452,000 has been saved as a result of intervention by the team in 87 cases. The average loss to a consumer was £1,626. A further 30,000 door-stickers have been produced to distribute to Bromley residents.

Safeguarding adults work planned for 2015-16:

- Bespoke training to carers and multi-agency partners to be included in the BSAB training and awareness raising programmes.
- To continue to provide a good service despite reductions in resources as part of the London Borough Bromley restructure.

Safer Bromley Van

Operated by Victim Support, the Safer Bromley Van visits victims of burglary crime. Research identifies 14% of burglary victims are re-victimised within a year and the Van visits victims to offer support and guidance to prevent re-victimisation. This project has had a huge impact in providing security and advice to clients.

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

London Borough Bromley have a dedicated DA & VAWG manager who leads the commissioning of services to support Bromley residents at risk of domestic abuse. Two years into a four year grant funded by the Mayor's Office for Policing and Crime the funding supports:

- Independent Domestic Violence Advocates who support individuals at high risk of domestic violence.
- Behaviour Change Programme for Bromley residents perpetrating domestic abuse.
- Support Groups for women who have experienced domestic abuse.

Safeguarding adults work planned for 2015-16:

- Develop a three year strategy and business plan in consultation with partner agencies.
- Develop closer working arrangements with the partner agencies and statutory services to ensure the development of and delivery of strategic and operational aims.

8.7 London Fire Brigade Bromley (LFBB); Daniel Cartwright

The Home Fire Safety Initiative received 125 referrals, which exceeded the target of 96 referrals. LFBB completed 3003 Home Fire Safety Visits (HFSV) for vulnerable householders, which is an

increase from 31% in 2013-14. A fire fatality in the Borough highlighted issues with hospital discharge arrangements and we recommended and implemented changes to these arrangements to ensure that adults at risk are as safe as possible when they return home. Domiciliary care staff were also supported to carry out client assessments for vulnerable adults at risk from fire.

LFBB has worked closely with BSAB to develop new initiatives where early intervention prevents avoidable harm to adults at risk. LBB and LFBB identified the residents most vulnerable should a fire break out in their homes installing fire safety measures, such as water mist or sprinklers to try to keep these people as safe from this harm as possible.

LFBB were actively involved in developing the new hoarding panel and remain a key participant with the Public Protection Team who collaborated to develop a hoarding identification process and information sharing protocol.

A policy is now in place for the Borough Commander to undertake an accidental dwelling fire (ADF) review within 28 days of each fire where:

- i) a member of the public is taken to hospital as a result of injuries sustained at the incident; or
- ii) it is determined by the Watch Manager that the fire has made the dwelling uninhabitable for a minimum of 24 hours.

Safeguarding adults work planned for 2015-16:

- Progress the community safety initiatives with housing providers, to promote fire safety and explore partnership responses to vulnerable residents within the Borough housing portfolio.
- Install five sprinkler/water mist systems in high risk residential properties in the Borough.
- Ensure HFSV referrals are appropriately made to LFBB by improving Borough arrangements in identifying vulnerable adults at risk from fire.
- Provide fire safety awareness training to London Borough Bromley Trading Standards personnel. Receive awareness training from Trading Standards, to ensure that people at risk of fire, scams or doorstep crime are identified and referred appropriately.

8.8 Carers Bromley; Lynne Powrie

Caring for loved ones is a challenging and often unplanned burden which most people embrace with the best intentions and find very rewarding. Nevertheless, in some cases care breaks down either due to exhaustion or circumstances changing. Carers Bromley is an important partner in supporting the Board to help over 5,000 carers in their very important role.

The advice, support and respite offered by Carers Bromley helps carers to protect themselves from the risk of becoming vulnerable, but also equips them to acknowledge and recognise potential risks of stress on them and the person(s) for whom they care. This year services included:

- 9,376 hours of respite care.
- 1,381 Sitting Service sessions provided.
- 452 carers attending support groups.
- Independent Carers Forum, empowering carers to voice their concerns around carer rights.
- Three eight-week Carers Education Programmes (CEP) for carers of people with mental health needs.
- Four 'Coping with caring' courses consisting of a series of six workshops for carers of people with dementia needs.

- Courses for carers to build skills with IT, searching for paid or voluntary opportunities or Mindfulness techniques (learning methods to identify their own needs).

A new internal safeguarding reporting tool was implemented and the results demonstrate that all staff are applying a consistent reporting to their safeguarding lead. This has only been in place for the last 4-6 months we will continue to monitor accordingly.

Safeguarding adults work planned for 2015-16:

- New staff to receive adult safeguarding training as part of their induction and refresher training for staff via e-learning to continue.
- More courses planned for next year in association with Bromley Adult Education College. Other courses will include IT and Prep for employment courses, mindfulness and a positive psychology course for carers.

8.9 Bromley Mencap; Eddie Lynch

Bromley Mencap provides services to Bromley adults who have learning and/or physical disability, as well as their carers and families.

Work undertaken this year included:

- A range of services provided including respite, home sitting (domiciliary care), the Outdoor Club, training and employment support and a range of activities such as cookery, arts and crafts and woodworking. All these were fully risk assessed and delivered without incident.
- 'Involve Me' is a three-year project about how to creatively involve people with profound and multiple learning disabilities (PMLD) in decision making. Guidance has been produced for professionals when required to gain consent from a service user during safeguarding investigations.
- The domiciliary care service had an unannounced CQC inspection which found that all standards were met.
- Policies and procedures have been refreshed.
- Disability hate crime/bullying and streetwise (keeping safe in the community) training has been delivered for disabled young people and adults.
- 20 more buddies to support disabled young people in the community have been recruited and trained in safeguarding.

Safeguarding adults work planned for 2015-16:

- Ongoing work to support disabled people to access the community safely. This will include working with schools and colleges.
- Campaigning with employers and service providers to raise the level of disability awareness across the Borough. This includes bullying and hate crime.
- The Welfare Benefits Service will provide training regarding financial abuse among disabled clients.
- Sessions and presentations about safeguarding issues will be included regularly in Mencap's Job Club and monthly drop-in service.
- A series of activities and sessions around 'Keeping Safe' will be delivered throughout the autumn.

- The Older Carer's Lunch Club will host guest speakers on rogue traders. People will be encouraged to subscribe to the Telephone Preference Service to ensure they don't fall victim to cold calling.

8.10 Age UK – Bromley & Greenwich (Age UK B&G); Maureen Falloon

Age UK Bromley & Greenwich promotes the wellbeing of all older people in the community, valuing older people and ensuring that the lives of older people are fulfilling and enjoyable. It is the leading voluntary sector provider of services for older people with a reputation for quality and innovation.

The services, activities and support offered by Age UK B&G provide opportunities, independence and choice for older people. The services include:

- Specialist welfare benefits advice.
- Hospital Aftercare Service, supporting people to return home from hospital, and providing support for the discharge period.
- Day Opportunities Centre, healthy lifestyle support and training courses helping people to understand phones, tablets and digital photographs.
- Men In Sheds; providing men with a fully equipped workplace to make things, share skills and socialise.
- Volunteering opportunities through the Community Volunteers Time Bank.

Age UK B&G work with older people in their own homes who may not have a good support network around them, and the organisation is always vigilant for the signs of abuse or neglect. All of these services empower older people to protect themselves from the risk of self-neglect and abuse. All clients are aware of Age UK B&G's confidentiality policy and that the organisation can assist them with any referrals to statutory bodies, as well as supporting them through any process. Safeguarding is central to the organisation's practices and all staff refresh their safeguarding training regularly. Issues about abuse are discussed in all team meetings and supervision.

Age UK B&G works closely with the partner agencies of the BSAB, most notably with Trading Standards and the police to prevent crime against older people. This year, they worked with older people to produce a DVD on behalf of Bromley Police, to raise awareness about crime prevention for older people. This included how to avoid being a victim of doorstep crime.

8.11 Healthwatch Bromley; Margaret Whittington

Healthwatch is a national organisation, whose mission is to enable individuals and community groups to influence the planning, provision and delivery of local health and social care services in order to improve the health and wellbeing of patients and service users.

During 2014-5 Healthwatch consulted with Bromley communities, through events, social media, surveys which included:

- 'Building Our Network' event, a key national programme informing people about the Step Up and Step Down services provided in the borough.
- Using focus groups and a survey to capture service users views regarding Bromley CCG's revised Urology plan.
- Engagement event with Black, Asian & Minority Ethnic groups (BAME), disability groups and young people to hear about their experiences of services.

- Two focus groups held in March 2014 sought views of local people about the PRUH. The findings and final recommendations were sent to the Care Quality Commission prior to their inspection the following month.
- Nine 'enter and view' visits made to Bromley care homes, where trained representatives listened to residents to ask about their experiences and views of their homes.

In addition to listening to patients and service users a community directory was created to assist people to find services and information easily.

Healthwatch Bromley won the national award for Outstanding Collaborative Project at the Healthwatch Network Awards of Achievement 2014.

9 LOOKING AHEAD TO 2015-2016 AND BEYOND

The key priorities for the Board moving forward are:

To contribute regionally and nationally to the development of safeguarding adults.

To promote, maintain and seek assurance of the high quality implementation of the MCA/DoLS across Bromley.

To promote and seek assurance of the development of a workforce effectively trained in safeguarding adults and that their practice is continuously improving.

To commission Serious Adult Reviews and to promote and seek assurance that learning from them and similar reviews nationally are embedded in local practice.

To continue to raise awareness of safeguarding adult issues across Bromley.

To promote, maintain and seek assurance of the implementation of a high quality multi-agency safeguarding adults process across Bromley.

To ensure that service users, carers and the public are enabled to contribute to the work of the Board.

To seek assurance that safeguarding adults is clearly identified within the core business of members and their partners.

To develop and maintain effective working relationships between members, their partners and other community partnerships.

To commission training and professional development opportunities for our partners whilst ensuring single agency training delivery is of a high standard.

10 ANALYSIS OF ADULT SAFEGUARDING REFERRALS

The Safeguarding Adults Return (SAR) is a set of data measures with a focus on outcomes for vulnerable adults. It is a mandatory requirement that annual safeguarding data is submitted to the Health and Social Care Information Centre through a SAR. For the purpose of this annual report, data has been collected from the CareFirst client information system and the SAR submissions and cross tabulated for analysis.

'Alerts' are expressions of concern that an adult may be at risk of or experiencing abuse or neglect, not all of which need investigating as safeguarding adult referrals.

A 'referral' is the pathway taken to support the person where abuse may occur (or has already occurred).

In 2014-15 there was a fall (of 6%) on the previous year in the number of alerts received by LBB. The percentage of alerts that became referrals has increased substantially (by 20%). Over half of referrals related to abuse occurring in a person's own home and by someone known to the person. The most common combinations are in their own home by a person known to them (over a third), or by a paid/contracted person in a care home (nearly a fifth).

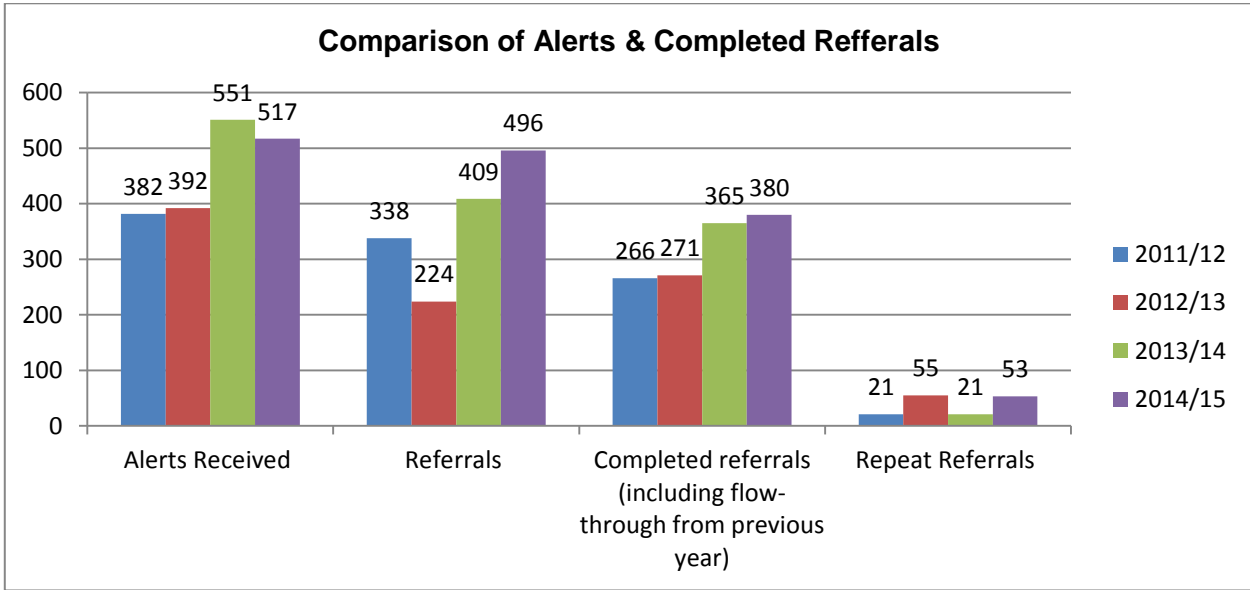
Over a quarter of referrals related to abuse taking place in care homes. Neglect and acts of omission and physical abuse are the most prevalent types of abuse. The prevalence of the location of abuse has remained unchanged since last year, with 54% of safeguarding incidents investigated taking place in the person's own home. This appears to be part of a downwards trend, with an increasing proportion taking place in a care home.

About a quarter of alerts had outcomes in each of the three categories of "Fully substantiated", "Partially substantiated" and "Not investigated". The first two of these have fallen since last year, whilst the third has increased substantially. This is possibly due to the threshold tool not having been applied appropriately, and therefore cases were closed after preliminary enquiries.

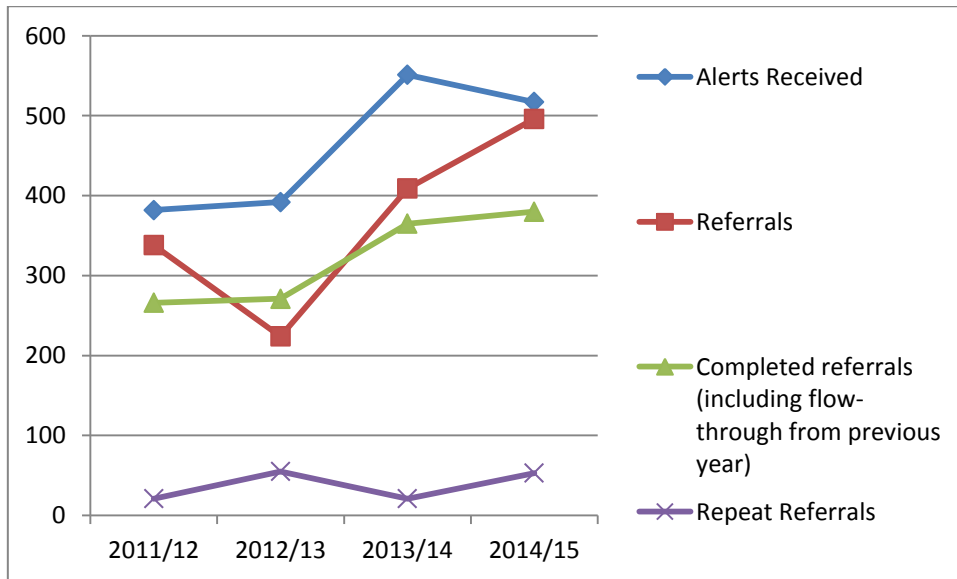
About one third of allegations against Social Care Support or Paid/Contracted staff are not substantiated; while about one quarter are substantiated, and very slightly fewer are inconclusive. In those cases where the alleged perpetrator is known to the client, a similar proportion (25%) is substantiated, a higher number (25%) of cases are not investigated and the "Not substantiated" category falls to 16%.

10.1 Alerts and Completed Referrals

Chart 1: Comparison of Alerts & Completed referrals 2011-15



Graph 1: Comparison of Alerts & Completed referrals 2011-15



This year has seen a fall of 6% in the number of alerts received. Despite this, the number of Referrals has increased substantially (by a fifth). The number of completed referrals has increased slightly (by 4%) from last year.

Table 1: Referrals by age, gender and client category 2014/15

Primary Client Type	Age Group				Gender	
	18-64	65-74	75-84	85 and over	Male	Female
Learning Disability	37	1	0	1	27	12
Mental Health (Oxleas)	30	4	4	4	12	30
Mental Health 18+	5	0	0	0	3	2
Mental Health 65 +	0	2	8	6	8	8
MHD - Dementia	0	6	16	20	13	29
Other Vulnerable People	13	17	44	62	45	91
Physical disability, frailty, sensory impairment	16	7	27	47	31	66
Substance Misuse	2	1	0	0	0	3
Total	103	38	99	140	139	241

Table 1 breaks the overall figure down by age group, gender and category of client. Nearly two-thirds of the referrals concern women, a large proportion (over one-third) concern people over the age of 85. Regarding the type of client the highest number of clients comes from the “Other Vulnerable People” category.

Chart 2: Referrals by client group 2014/15

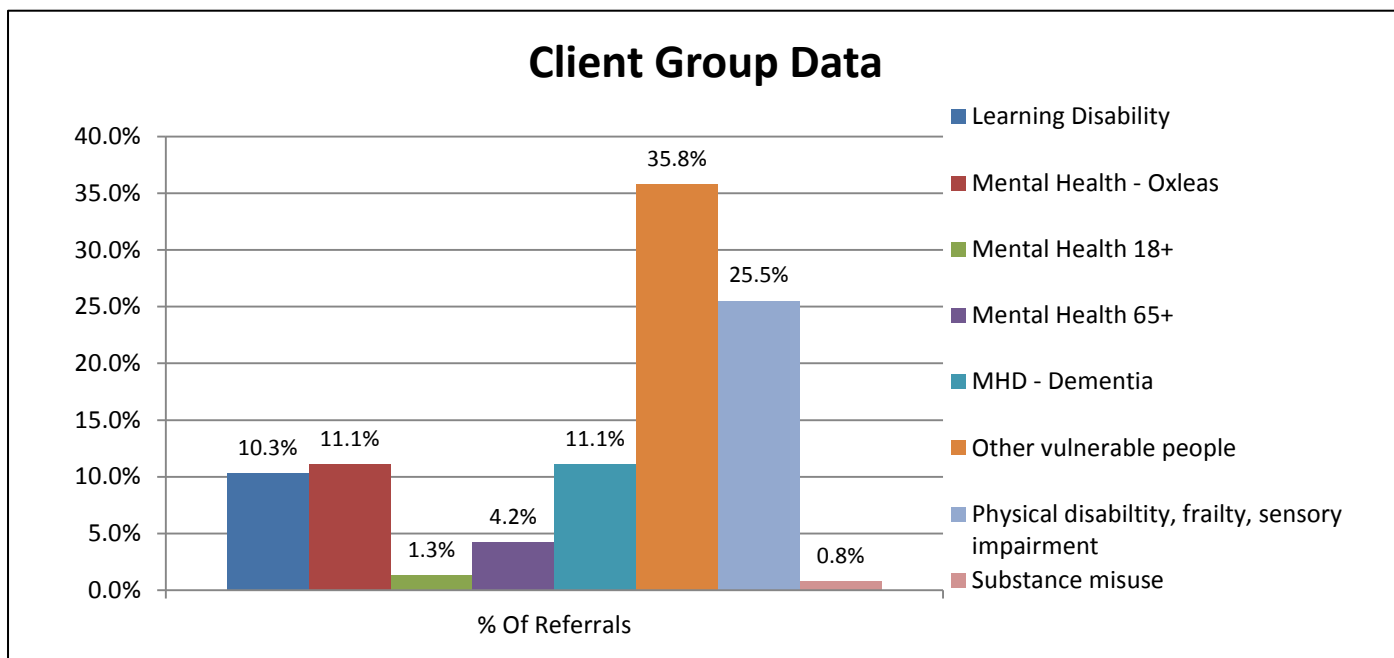


Table 2: Source of Referrals by Age

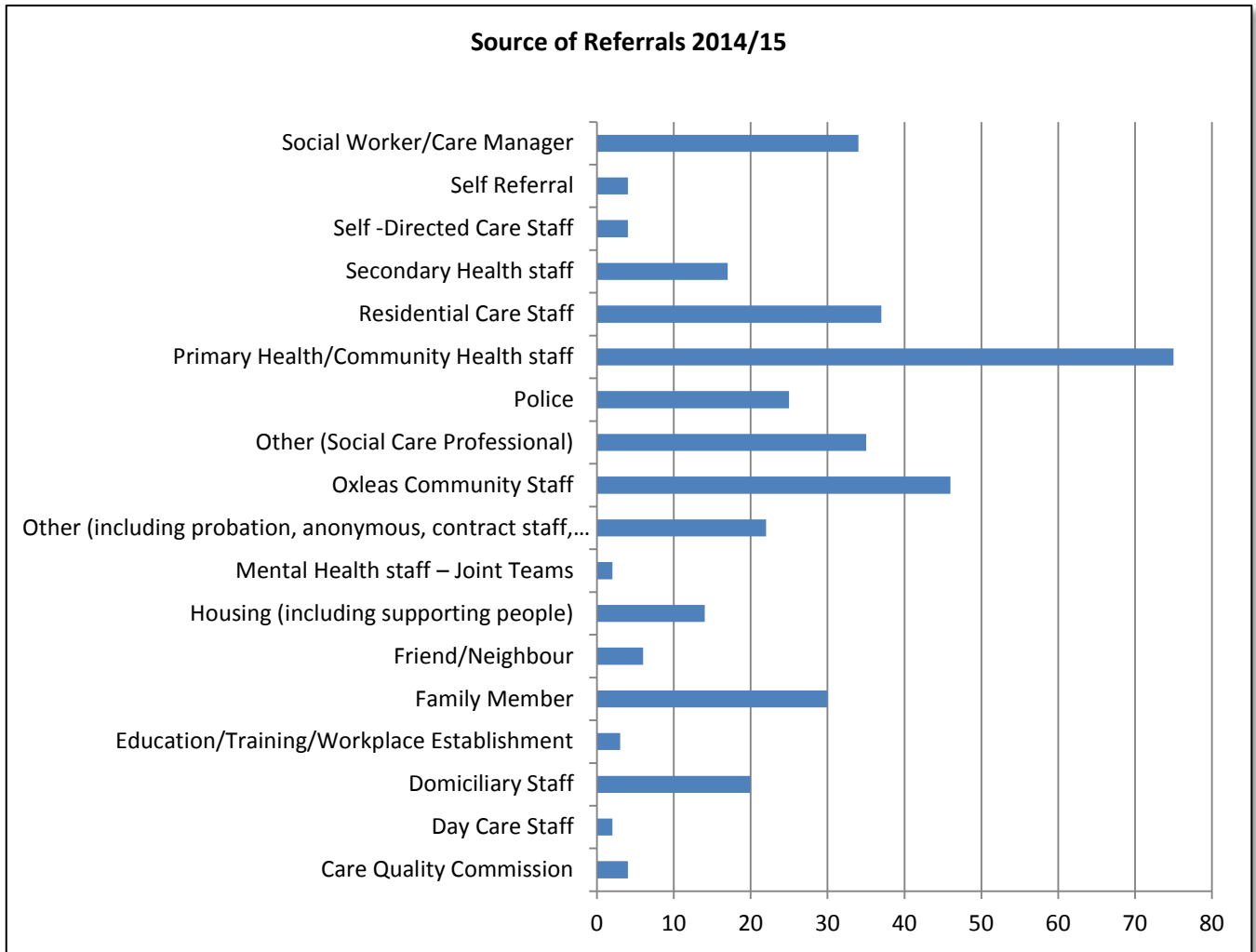
Source Type	Age Range Of Adults Subject To Abuse		No Of Completed Referrals
	18-64	65+	
Care Quality Commission	0	4	4
Day Care Staff	1	1	2
Domiciliary Staff	2	18	20
Education/Training/Workplace Establishment	3	0	3
Family Member	2	28	30
Friend/Neighbour	0	6	6
Housing (including supporting people)	3	11	14
Mental Health staff – Joint Teams	1	1	2
Other (including probation, anonymous, contract staff, MAPPA*, MARAC**)	5	17	22
Oxleas Community Staff	13	33	46
Other (Social Care Professional)	12	23	35
Police	5	20	25
Primary Health/Community Health staff	12	63	75
Residential Care Staff	9	28	37
Secondary Health staff	3	14	17
Self -Directed Care Staff	2	2	4
Self-Referral	1	3	4
Social Worker/Care Manager	12	22	34
Totals	73	261	380

* MAPPA – Multi-agency Public Protection Arrangements

** MARAC - Multi-Agency Risk Assessment Conference (for people at high risk of domestic violence)

Table 2 shows that there was a wide variety of sources for referrals this year. Nearly 20% of them were made by primary health professionals.

Chart 3: Source of Referrals 2014/15



10.2 Location of Abuse

Chart 4: Location of Abuse 2014/15

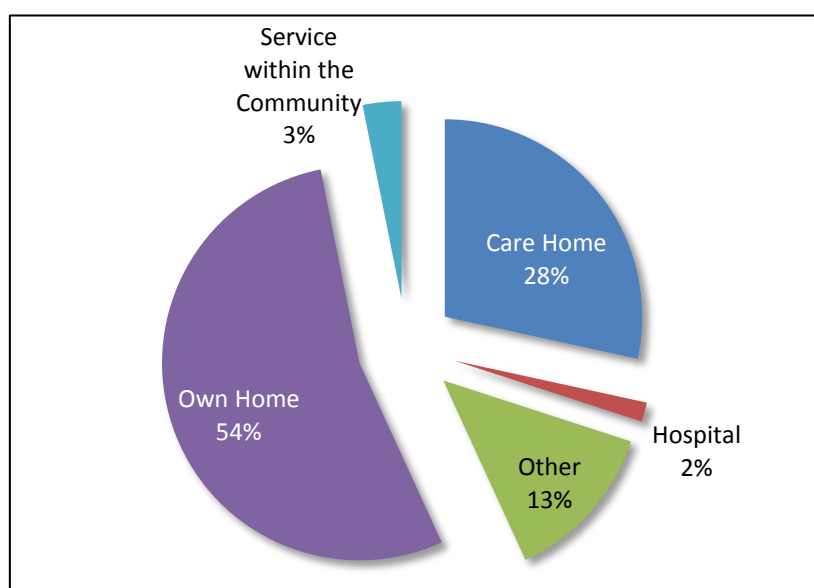
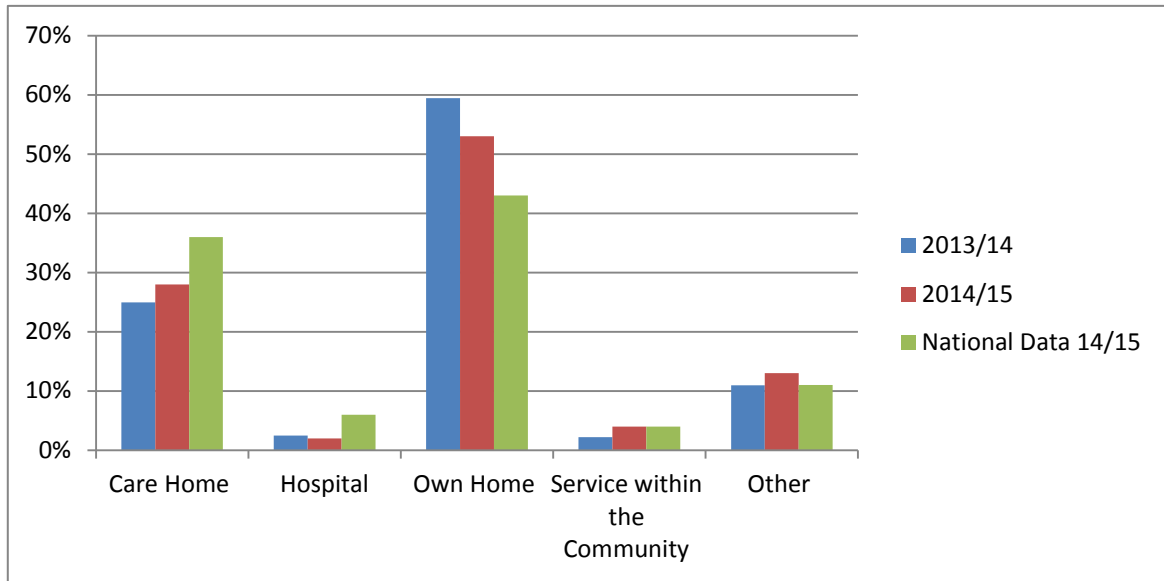


Table 3: Location of Abuse 2013-15

Location of Abuse	2013/14	%	2014/15	%	Trends
Care Home	91	26	108	28	↑
Own Home	217	59	204	53	↓
Service within the Community	8	2	12	4	↑
Hospital	9	2	6	2	↔
Other	40	11	50	13	↑
Total	365	100	380	100	

The prevalence of the location of abuse has remained unchanged since last year, with 54% of safeguarding incidents investigated taking place in the person's own home. This appears to be part of a downwards trend, with an increasing proportion taking place in a care home.

Graph 2: Location of Abuse Comparison 2013-15



10.3 Types of Abuse

Chart 5: Types of abuse 2014/15

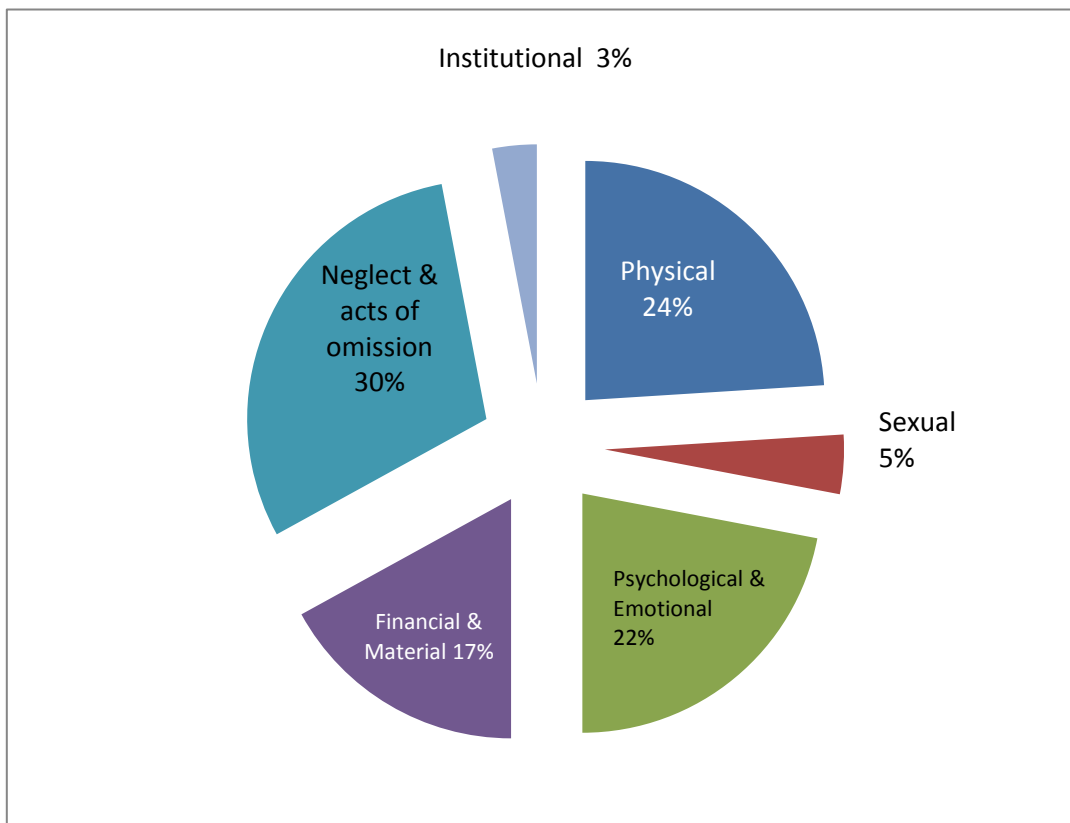


Chart 5 shows that this year the most prevalent type of abuse is neglect and acts of omission. This has changed since the previous year, when physical abuse was the most common type.

Chart 6: Types of abuse against national data 2014/15

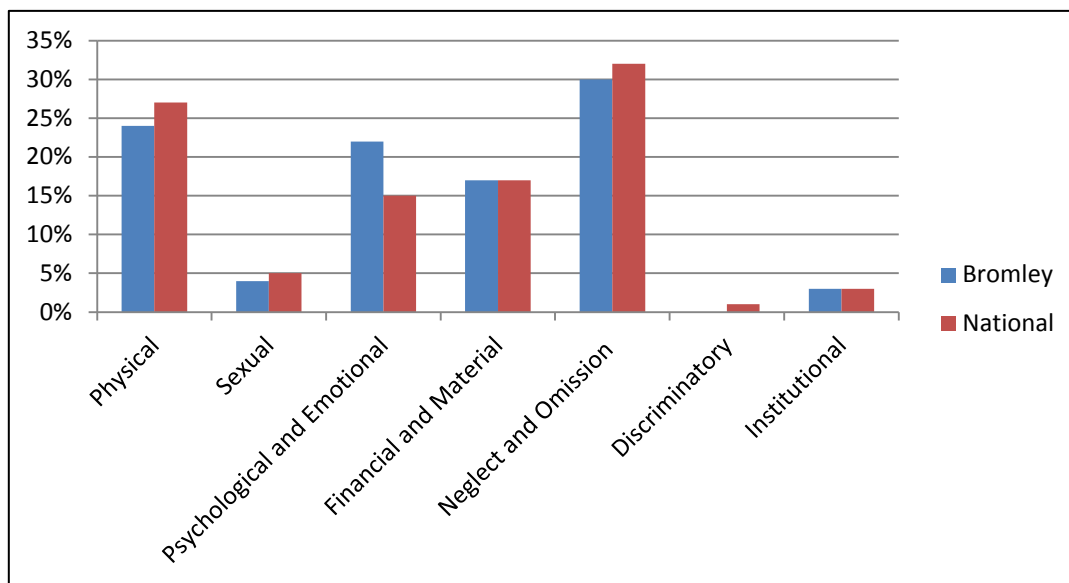
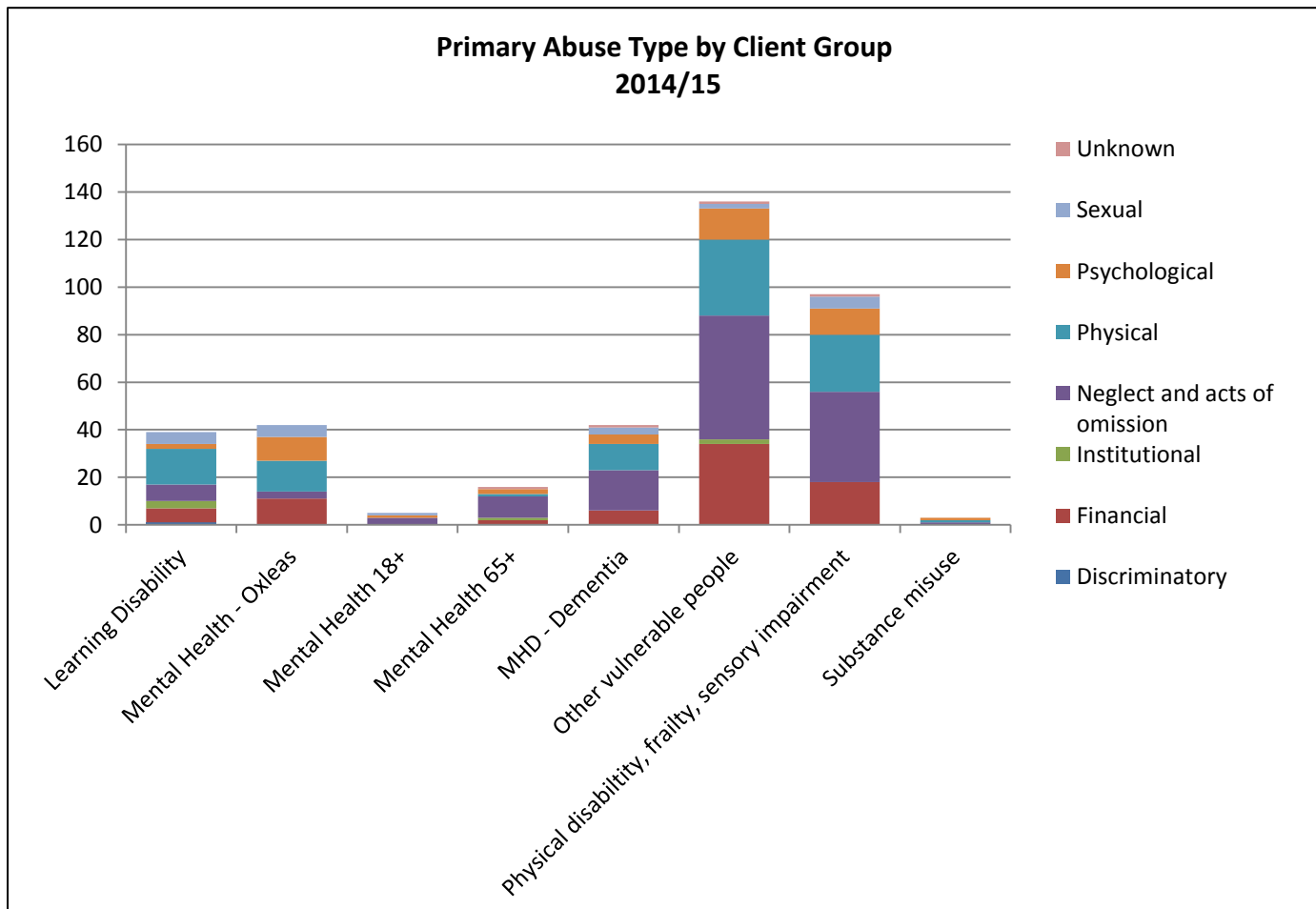


Chart 6 shows how the Bromley figures compare with the national data from 2014-15, as reported to the Health and Social Care Information Centre.

The types of abuse in Bromley cases almost mirror the national figures. The only anomaly is in the psychological and emotional category, which is somewhat higher in Bromley than nationally.

Chart 7: Types of abuse experience by each client group 2014/15

Within the people who experienced abuse, the largest category was Other Vulnerable People (i.e. people who did not fit into the other seven categories).



10.4 Case Conclusions

Table 4: Outcomes of Investigations Comparison 2013-15

Outcome	2013/14	%	2014/15	%	Trends
Fully Substantiated	98	27	92	24	↓
Partially Substantiated	32	9	30	8	↓
Inconclusive	60	16	67	18	↑
Not Substantiated	93	26	83	22	↓
Investigation ceased at individual's request*	30	8	26	7	↓
Not Investigated	52	14	82	21	↑
Totals	365	100	380	100	

**If it is in the public interest an investigation will still take place to ensure the wellbeing of any vulnerable adults.*

Chart 8: Outcomes of investigations 2014-2015

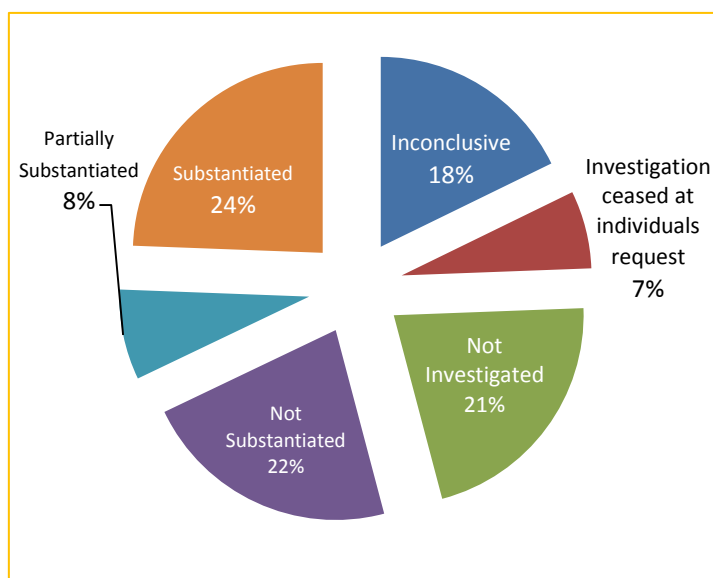
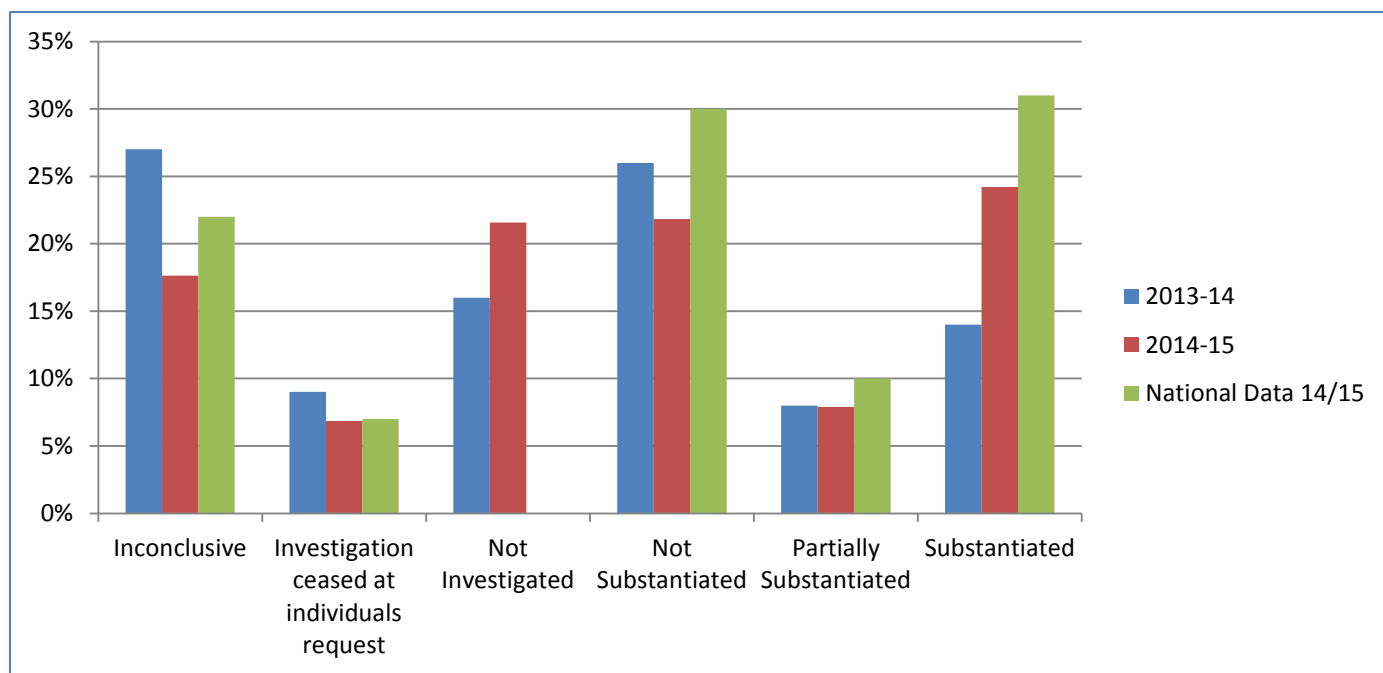


Chart 9: Outcome of Enquiries Comparison with National Data 2013-15



About a quarter of alerts had outcomes in each of the three categories of “Fully substantiated”, “Partially substantiated” and “Not investigated”. The first two of these have fallen since last year, whilst the third has increased substantially. This is possibly due to the threshold tool not having been applied appropriately and therefore cases were closed after preliminary enquiries.

Table 5: Outcomes Of Investigations (Case Conclusions) 2014-2015

Type Of Outcome	Relationship of Person Alleged to have caused harm			Total
	Social Care Support or Paid/Contracted	Other - Unknown/Stranger	Other - Known to Individual	
Inconclusive	26	10	31	67
Investigation ceased at individuals request	2	3	21	26
Not Investigated	16	17	49	82
Not Substantiated	43	7	33	83
Partially Substantiated	8	5	17	30
Substantiated	28	14	50	92
Total	123	57	200	380

About one third of allegations against Social Care Support or Paid/Contracted staff are not substantiated; while about one quarter are substantiated, and very slightly fewer are inconclusive. In those cases where the alleged perpetrator is known to the client, a similar proportion (25%) is substantiated, a higher number (25%) of cases are not investigated and the “Not substantiated” category falls to 16%.

10.5 People alleged to have caused harm (PACH)

The most common combinations are in their own home by a person known to them (over a third), or by a paid/contracted person in a care home (nearly a fifth).

Table 6: Location of Abuse - Relationship of the PACH to the victim 2014/15

Location of abuse	Relationship of the PACH to the victim			Total
	Paid/Contracted person, or Social Services support	PACH unknown to the victim (i.e. stranger)	PACH known to the victim	
Care Home	71	10	27	108
Hospital	3	1	2	6
Other	8	15	27	50
Own Home	36	30	138	204
Service	5	0	7	12
Total	123	56	201	380

The most prevalent combination of relationship and type of abuse was Neglect and Act of Omission by a Paid/Contracted Person (nearly a fifth); followed by Physical Abuse by someone known to the person (some 15%).

Table 7: Abuse Type - Relationship of the PACH to the victim 2014/15

Type of abuse	Relationship of the PACH to the victim			Total
	Paid/Contracted person, or Social Services support	PACH unknown to the victim (i.e. stranger)	PACH known to the victim	
Discriminatory	1	0	0	1
Financial	8	22	47	77
Institutional	6	0	0	6
Neglect and acts of omission	70	12	48	130
Physical	31	7	59	97
Psychological	7	5	32	44
Sexual	0	6	15	21
Unknown	0	4	0	4
Total	123	56	201	380

The most common action from a completed investigation for the person who experienced harm was increased monitoring (in 14% of outcomes), followed by Community Care Assessment & Services (11% of outcomes).

Table 8: Outcome of completed investigation for the person who has experienced harm

Outcomes of Completed investigations	2011-2012	2012-2013	2013-2014	2014/15
Increased Monitoring	86	66	54	78
Vulnerable Adult removed from property or service	6	10	0	0
Community Care Assessment & Services	39	48	33	61
Civil Action	0	1	0	0
Application to Court of Protection	1	4	3	3
Application to change appointee-ship	4	1	2	3
Referral to advocacy scheme	6	4	3	7
Referral to counselling/training	3	10	7	14
Moved to increase/different care	21	38	25	44
Management of access to finances	10	7	1	16
Guardianship/use of Mental Health Act	4	0	5	11
Review of Self-Directed Support	2	4	0	0
Restriction/management of access to alleged PACH	19	13	13	18
Referral to MARAC	1	0	3	0
Other	24	25	40	66
No Further Action	106	310	162	233

** multiple entries allowed*

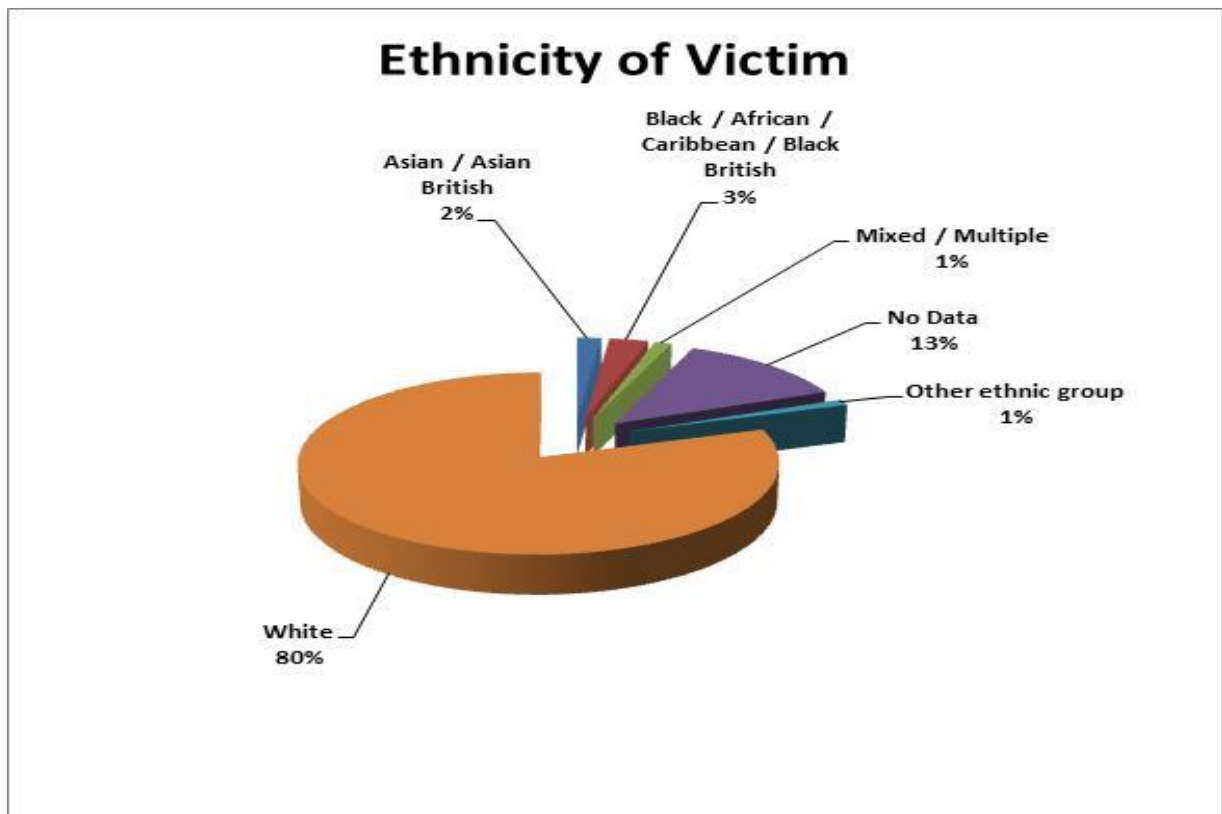
Table 9: Outcome for Person Alleged to have caused harm 2014/15

Outcome for Person Alleged to have caused harm	
Exoneration	3
Action by Care Quality Commission (for registered care providers)	15
Action by London Borough Bromley Contract Compliance Team (against care providers in Bromley)	9
Action by Commissioning/Placing authority (for care providers in other Boroughs)	6
Criminal Prosecution	6
Police Action	14
Referral to Independent Safeguarding Authority (for paid carers)	3
Referral to registration body (for registered professionals such as GPs, Nurses)	4
Removal of the PACH from the Property/Service	6
Action under Mental Health Act	12
Carer's Assessment Offered	17
Community Care Assessment and Service	15
Counselling/Support/training/treatment provided	19
Continued monitoring	50
Management Action - Disciplinary, Supervision etc.	22
Management of access to Vulnerable Adult	14
No Further Action	233
Not Known / Not Recorded	31
<i>* multiple entries allowed</i>	

Table 9 below shows outcomes for the person alleged to have caused harm. There was a wide range of actions, the most common being continued monitoring.

10.6 Ethnicity of people who experienced abuse in 2014/15

Chart 10: Ethnicity of Referrals 2014/15



We know from the Bromley Joint Strategic Needs Analysis (an annual report carried out by Public Health, showing the needs of the local population), that 83% residents in Bromley are from a white ethnicity. The data above is therefore consistent with the local demographic.

10.7 'Blue Light' Data 2014/15

The local police and London Ambulance Service send referrals to London Borough Bromley whenever they find a person who may require support to meet their needs, or where potential abuse has been recognised. Although very few referrals meet the threshold to be opened as a safeguarding, every referral is followed up by the relevant teams.

Chart 11: London Ambulance Service Referrals 2011-2015

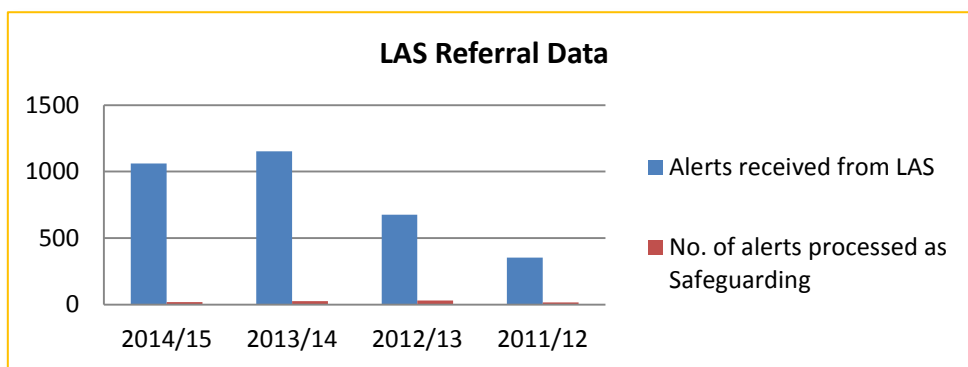


Table 10: London Ambulance Service Referrals 2011-2015

	2011/12	2012/13	2013/14	2014/15
Alerts received from LAS	353	677	1152	1061
No. of alerts processed as Safeguarding	16	32	27	18
Percentage of alerts processed as safeguarding	4.53%	4.73%	2.34%	1.70%

Chart 12: Metropolitan Police Service Referrals 2011-2015

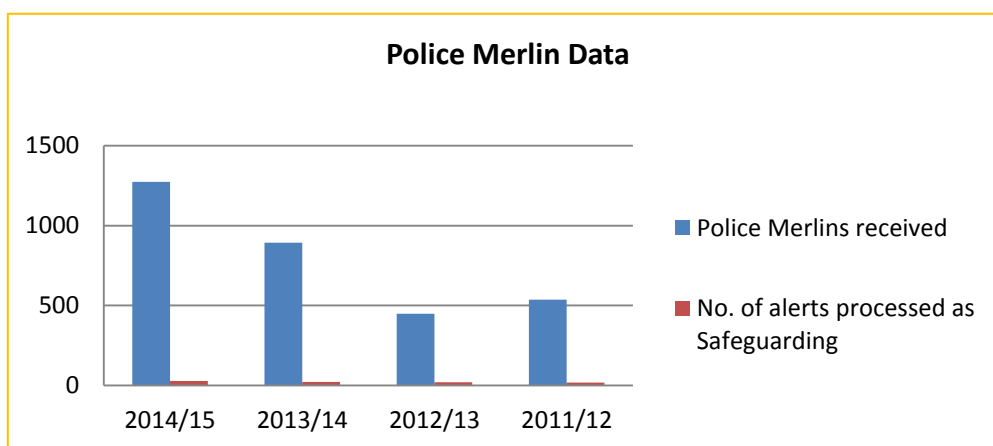


Table 11: Metropolitan Police Service Referrals 2011-2015

	2011/12	2012/13	2013/14	2014/15
Merlin referrals received from Police	536	449	893	1274
No. of alerts processed as Safeguarding	18	20	22	28
Percentage of alerts processed as safeguarding	3.36%	4.45%	2.46%	2.20%

The number of police notifications (Merlin referrals) received from the police has increased significantly over the past three years.

APPENDIX 1 - Budget Plan 2014/2015

Description	Budget	Expenditure	Variance
Training Expenses	£42,990	£26,953.85	-£16,036.15
Training Equipment & Materials	£1,500	£832.50	-£667.50
Printing & Stationery	£2,500	£185.02	-£2,314.98
Other Office Expenses	£11,500	£0.00	-£11,500.00
Other Hired & Contracted Services	£10,500	£5,370.00	-£5,130.00
Agency/Consultancy Fees	£8,000	£7,900.00	-£100.00
Conference Expenses	£6,000	£683.90	-£5,316.10
Grants & Subscriptions	£100	£52.00	-£48.00
Publicity	£2,500	£150.00	-£2,350.00
Miscellaneous Expenses	£6,780	£5,590.90	-£1,189.10
Total planned expenditure	£92,370	£47,718.17	-£44,651.83
Balance Brought Forward from 13/14	£53,300	£47,303.82	-£5,996.18
Contribution from Health	£20,000	£35,000	£15,000.00
Contribution from Metropolitan Police Service	£5,000	£5,000	£0.00
Contributions from Other LBB Departments	£12,870	£5,000	-£7,870.00
Fees/Charges for Conference	£1,200	£1,720	£520.00
Total Planned Income	£92,370	£94,023.82	£1,653.82
Balance Carried Forward to 15/16	£46,305.65		

APPENDIX 2 – Board Membership 2014/2015

Member	Position	Organisation
Helen Davies	Independent Chair	
Terry Parkin	Director, Education Care & Health Services	London Borough Bromley
Stephen John	Interim Assistant Director Adult Care, Education Care & Health Services	London Borough Bromley
Sonia Colwill	Director of Governance, Quality and Patient Safety	Bromley CCG
Charles Clare	Acting Detective Chief Inspector, Metropolitan Police, Bromley Division	Metropolitan Police
Daniel Cartwright	Bromley Borough Commander	London Fire Brigade
Cllr Robert Evans	Portfolio Holder, Care Services	London Borough Bromley
Cllr David Jeffreys	Councillor, Vice-Chair Care Services PDS Committee	London Borough Bromley
Conal Percy	Community Involvement Officer	London Ambulance Service
Claire Lewin	Lead Nurse Adult Safeguarding	Bromley Clinical Commissioning Group
Ann Hamlet	Adult Safeguarding Lead	Kings College Hospital NHS Foundation Trust
Dr Cath Jenson	Joint Clinical Director	Bromley Healthcare
Amanda Mayo	Lead Nurse Adult Safeguarding	Bromley Healthcare
Barbara Godfrey	Head of Social Care	Oxleas NHS Foundation Trust
Helen Jones	Service Manager for Older Adults	Oxleas NHS Foundation Trust
Segun Oladokun	Head of Inspection, London South Care Quality Commission	Care Quality Commission
Barry May	Coroner's Office Manager	Her Majesty's Coroner
Derec Craig	Senior Service Delivery Manager, Victim Support, Bexley, Bromley, Greenwich and Lewisham	Victim Support
Maureen Falloon	Chief Executive Age UK Bromley & Greenwich	Bromley Council on Ageing
Eddie Lynch	Chief Executive	Bromley Mencap
Vivienne Lester	Chief Executive	Advocacy for All

Jerry Hughes	Chief Executive	Burgess Autistic Trust
Brebner Anderson	Disability Voice Bromley	Representing PDSI service users
Lynne Powrie	Carers Bromley	Chief Executive
Fleur Hughes	Carewatch	Domiciliary Care Forum
Sue McGrady	Nash College	Care Home Provider Forum
Izabela Szluinska	Antokol Nursing Home	Care Home Provider Forum
Susan Clinton	Representing Registered Social Landlords	Affinity Sutton
Gary Stephen	Clinical Services BMI Healthcare	Representing Acute Independent Sector Hospitals
Margaret Whittington	Board Member	Bromley Healthwatch
Claire Elcombe-Webber	Domestic Abuse Strategy Co-ordinator	London Borough Bromley
Rob Vale	Head of Trading Standards and Community Safety	London Borough Bromley
Sara Bowrey	Assistant Director, Housing Needs	London Borough Bromley
Jim McGowan	Head of Environmental Protection	London Borough Bromley
Peter Sibley	Anti-Social Behaviour Co-ordinator	London Borough Bromley
Aileen Stamate	Quality Assurance Manager	London Borough Bromley
Devika Govender	Adult Safeguarding Manager	London Borough Bromley
Antoinette Thorne	Chair of Training and Awareness Sub-Group	London Borough Bromley
Tricia Wennell	Head of Assessment and Care Management	London Borough Bromley
Paula Morrison	Assistant Director, Public Health	London Borough Bromley
Ruth Warren	BSAB Co-ordinator	London Borough Bromley
Lisa Luxford	Complaints & Adult Safeguarding Administrator	London Borough Bromley