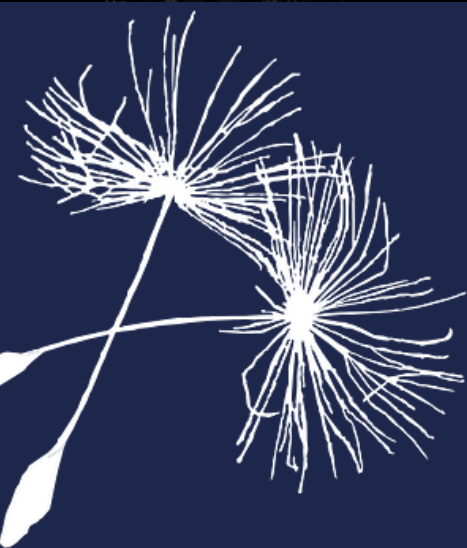


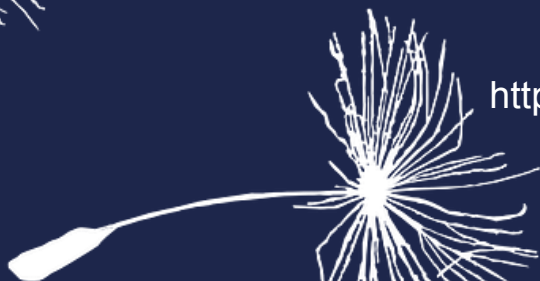
# Annual Report 2015-2016

**Bromley  
Safeguarding  
Adults Board**



**“Bromley is a place where preventing abuse  
and neglect is everybody’s business”**

<https://bromley.mylifeportal.co.uk/bsab>



## Foreword from the Independent Chair

As the Independent Chair of the Bromley Adults Safeguarding Board I am pleased and privileged to introduce our Annual Report for 2015-2016.

Safeguarding arrangements for adults in Bromley continues to be a key priority for the Board's partners. I am proud to have been part of the many achievements of the Board over the past year as it has continued to work on behalf of people at risk of harm and neglect during a year which has seen it taking on new responsibilities under the Care Act 2014 and respond to the complex and ever changing safeguarding agenda. There are areas where work is still needed and the future priorities of the Board which are incorporated in the Board's new Strategy will shape its work over the next three years.

A key part of the chair's role is to drive forward the continuous development of the Board and ensure local organisations work effectively together. The Board has responded to its new statutory duties and it has made great strides in delivering on these throughout the year.

I have been impressed by the strong partnership arrangements in Bromley and the consistent commitment shown to the work of the Board and its sub-groups. In particular there have been a number of innovative developments such as the close working relationship between the Council's Trading Standards, the London Fire Brigade and Victim Support our domestic abuse services provider. This has resulted in people being referred for home fire safety visits to reduce their risk from fires as well as more referrals to care management from local fire officers.

One of the highlights of the year is the Board's highly successful Annual Conference which enables local organisations and front-line staff to benefit from speakers and presenters from

national and regional organisations addressing key issues in safeguarding. This year's conference, 'Six Months after the Care Act', proved to be extremely well received by those in attendance.

Finally, and on behalf of the Board, I would like to thank all staff for their continued dedication to safeguarding adults in Bromley. It is not easy to work with families of those who have been abused. Whilst it is important to be proud of what has been achieved, we must take time to reflect on our own priorities for the coming year and ensure we are equipped to deal with these challenges. We must continue to improve our own practice and therefore improve the outcomes for those in our community who have been abused or who are at risk of abuse. We must also continue to consider new ways of working together to address the issues that are faced in Bromley.

I would like to acknowledge the commitment of all our partners who have helped us achieve a great deal in the past 12 months and who continue to contribute to improving the way we all work together to protect some of our most vulnerable people in society, our adults with care and support needs. In particular, the contribution of Lynne Powrie as Chair of the Policy, Protocols and Procedures Sub-Group for many years, has been greatly valued and her hard work will be missed as she has stepped down from that post.



**Annie Callanan**  
*Independent Chair*

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## Executive Summary

The Care Act 2014 moved the Safeguarding Adults Board onto a statutory footing. At a time of major organisational and legislative change the safeguarding adults agenda has never been more important.

Nationally, in light of a number of abuse scandals in recent years, there has been a focus on the quality of service delivery and monitoring, particularly for those adults who rely on others to help them in their daily lives. Therefore, the Board has responded by taking steps to assure itself that such incidents cannot be repeated for Bromley residents.

During the year it has continued with strong strategic leadership and operational arrangements which have enabled the Board member organisations to improve standards, evidence robust safeguarding arrangements and delivered sustained professional improvement.

The Board has focused on six priority areas during the year to ensure that it meets its duties under the Care Act 2014. Much of this work has taken place in partnership through its sub-groups.

A wide-ranging multi-agency training programme aimed at professionals and volunteers in the statutory, private, voluntary and independent sectors has been designed and delivered. This aims to ensure a greater understanding and awareness of safeguarding as well as improving practice by front-line officers and volunteers. The highly praised Safeguarding Conference, Six Months after the Care Act, the largest training event of the year, was attended by over 140 delegates from local health and social care providers.

All of the Board's safeguarding policies, protocols and procedures were reviewed to ensure that they are compliant with the Care Act 2014 and the London Multi-Agency Adult

Safeguarding Policy and Procedures. Where necessary new policies were developed during the year.

The Board completed its robust programme of quality assurance of safeguarding practice through audits and reviews of individual cases. A number of specific audits and reviews of individual agencies were also carried out. The Care Act Compliant Toolkit, which was a self assessment of partner organisations, was completed and from this developed an action plan with those partner organisations. Bromley Clinical Commissioning Group also took part in a 'Deep Dive', focused on safeguarding, during the year for CCGs within London. Additionally, Adult Social Care was the subject of a Peer Review on safeguarding. The results of both these external processes will be received during 2016-2017 and their recommendations will be implemented.

Making Safeguarding Personal continued to be a focus by ensuring that person centred outcomes are at the centre of safeguarding work.

As part of the Board's Communication Strategy its website was relaunched and targeted awareness campaigns carried out - visit <https://bromley.mylifeportal.co.uk/bsab>.

The Board completed the year by developing its new Strategy for 2016-2019.

Partnership working has driven some of the more successful projects such as the collaboration between the Council and the London Fire Brigade. This has resulted in more people being referred for home fire safety visits to reduce their risk from fires as well as more referrals to care management from local fire officers. Specifically work between Trading Standards, the London Fire Brigade and the local provider of domestic violence services has enabled staff to be able to recognise evidence of

abuse and signs of risk.

Information gathered by the Board has allowed themes and trends of abuse and risk to be identified. Work continues to reduce the number of incidents of abuse: the most common of which are neglect and failing to provide needed care as well as physical abuse. There has also been focused work around hoarding, fire safety, domestic violence and doorstep crime and scams in order to

safeguard individuals. Close collaboration between the Council, the police and local banks continues to resolve instances of financial abuse which, although not frequent, do have a large impact on individuals and families.



## National Context

The Care Act was passed by Parliament in May 2014 and became effective in April 2015. This is a major legislative change which has affected adult safeguarding and put it on a legal footing.

Nationally there is a growing population of elderly people. Many of these individuals can become increasingly isolated socially as they outlive family members and friends and increasing geographical mobility leaves them far away from younger family members. This has been highlighted by research and campaigns led by the Campaign to End Loneliness and Age UK. As this social isolation is often to be found together with increased levels of health and social care support needs it leaves them at an increased risk of harm and abuse, particularly neglect.

At the other end of the age spectrum many more people with learning disabilities and complex needs are living into adulthood. They can be vulnerable due to their long-term conditions and health and social care needs as evidenced by the abuse revealed at Winterbourne View, a private hospital where

physical and psychological abuse was revealed by the BBC's Panorama programme.

Nationally there has been increasing recognition of discriminatory abuse of the disabled, domestic abuse (particularly of the elderly) and modern day slavery as identified within the Care Act 2014.

In December 2015 the Mazars Review into the deaths of people with a learning disability and mental ill-health who had been receiving services from Southern Health NHS Foundation Trust during 2011 to 2015 was published. Prompted by the preventable death of Connor Sparrowhawk in July 2013 the review looked at the deaths of all people within these groups and identified themes, patterns or issues of concern. The report found that there was no effective systematic management and oversight of the reporting of deaths and the investigations that followed nor an approach to learning from these deaths. One of the main recommendations was that such deaths should be investigated properly throughout England.



## Local Context

In response to the national safeguarding context, Bromley is learning the lessons from other parts of the country. Regular monitoring is taking place with health colleagues for people in treatment centres and private hospitals in response to abuse uncovered at Winterbourne View. Following the Mazars Report the Board is also monitoring steps to ensure that deaths of people with learning disabilities and mental ill-health, who are in receipt of services from local health providers, are being investigated properly.

The Care Act (2014) brought adult safeguarding onto a statutory footing from 1 April 2015 and CCGs and other NHS partners now have a range of new duties and responsibilities which are being fulfilled locally. Safeguarding Adults Boards have also been placed on a statutory footing. 2015–2016 has been a year of ensuring that individual agencies and the Bromley Safeguarding Adults Board meet these statutory duties.

Within Bromley there is an increasing number of older people who are living longer as well as an increasing number of younger people with complex needs who are living into adulthood. These groups of people as well as those with mental ill-health, physical disabilities and sensory impairments are particularly at risk of abuse and harm due to their health and care needs. Whilst not all social care is provided through the Council, there were 1,027 people aged between 18-64 years and 2,819 people aged 65+ receiving long-term care during 2015-2016.

### Older People

Locally it is estimated that there are 57,200 older people, of whom 8,700 older people are aged 85+ and the proportion of older people in the population is expected to increase. As

these numbers increase so the number of people with health and social care needs who may be vulnerable to abuse will continue to increase. This will be particularly true of those aged 85 and over: Bromley is unique in London because it has the most people aged over 85. In addition to those who are frail and have physical ill-health there are over 4,000 people with dementia in Bromley: this number is expected to rise by over 400 particularly for those aged over 85. Those with this condition are often placed at even higher risk of abuse.

There are 67 nursing and residential care homes in Bromley and many vulnerable older people live in these homes. Bromley also has 300 people living in extra care housing which helps individuals to live independently for longer.

Ensuring that residents are not at risk of harm and abuse, whether intentional or due to poor practice and lack of training, is a major concern of the Board and is tracked by safeguarding officers from health and social care agencies which commission services from private and voluntary providers.

Older people within Bromley can be at risk of being neglected or receiving poor care, particularly if they are over 75 years, whilst those over 85 years may also be at risk of being physically abused.

For people living in their own homes being socially isolated, ie rarely interacting with family, friends or neighbours or having the opportunity to leave their own home, is an issue in Bromley. 158 people, answering the National Adult Social Care Survey for people receiving social care support, said they didn't have enough social contact with people or felt socially isolated.

Another risk that older people in Bromley are particularly vulnerable to is financial or material abuse, especially through doorstep crime or scams. Such instances can have a significant

impact on life savings or make their homes at potential risk of loss.

## Working age adults

As well as the types of abuse that affect people of all ages, people with health and support needs within this age group are also particularly at risk due to their disability or health condition.

- 4,700 adults with learning disabilities live in Bromley;
- Over 2,600 people in Bromley (almost 1% of the adult population) have been identified by GPs as experiencing serious mental illness;
- 4,500 adults have a serious physical disability;
- over 1,200 adults live with visual impairments;
- over 700 adults live with profound hearing impairments.

## Carers

Another group of residents who may be at risk of harm or abuse are the 31,000 unpaid carers in Bromley. This risk can come from the person they are caring for. Carers may also be at risk by neglecting their own health needs if support services are not available to enable carers to attend hospital/GP appointments. Of 271 carers surveyed in 2013, two-thirds said their health had been affected by their caring role and 76 said their health needs were not being met.

Some may also be causing harm or abuse. This will mostly be unintentional, due to lack of training to carry out caring tasks or as a consequence of the stress of their role.





# Arrangements of the Bromley Safeguarding Adults Board

Arrangements of the Safeguarding Adults Board are in place to ensure local partnerships are effective. It does this by:

- assuring itself that local safeguarding arrangements are in place;
- assuring itself that safeguarding practice is person-centred and outcome-focused, that it is continuously improving and enhancing the quality of life of adults living and working in Bromley;
- working collaboratively to prevent abuse and neglect where possible;
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred.

The structure of the Board and its sub-groups

The Board is organised in the following way ([Appendix 1](#)):

**Bromley Safeguarding Adults Board:** the strategic multi-agency steering group, made up of senior officers of local partners, with statutory responsibility for the oversight and co-ordination of safeguarding activity.

**Executive:** a group of managers from partners which ensures that the Business Plan of the Board is achieved by partner agencies through the work activity of its sub-groups. Officers from partners are invited to sit on each sub-group.

**Performance Audit and Quality Sub-Group:** The sub-group is responsible for the production of effective management information and performance challenge to the Board. It ensures that quality assurance arrangements are in place across Adult Social Care and Health sector partners to gather information on: the safeguarding casework; service user feedback and data on the outcomes achieved for people using services.

**Training and Awareness Sub-Group:** The sub-group is responsible for the implementation of the Training Strategy including 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 Board's Business Plan. The sub-group is also responsible for delivering the Board's Communication Strategy.

## **Policy, Protocols and Procedures**

**Sub-Group:** The sub-group is responsible for ensuring there are up to date policies and procedures for practitioners and the Board to follow.

Funding of the Bromley Safeguarding Adults Board comes from the statutory partners and other members ([Appendix 2](#)).

Statutory members of the Board in Bromley are: London Borough of Bromley; Bromley Clinical Commissioning Group and the Metropolitan Police Service Bromley ([Appendix 3](#)).

## Priority Areas

The Board identified six priority areas for 2015-2016:

1. **Training:** ensuring safeguarding understanding and awareness and practice in the statutory, private, voluntary and independent sectors through developing and delivering a robust training programme in line with the Care Act 2014;
2. **Policies:** ensuring that all current and new Board and individual agency policies and procedures are Care Act compliant;
3. **Quality Assurance:** monitoring the service provided to the public by using a robust audit process and performance framework;
4. **Practice:** developing safeguarding practice by front-line professionals to ensure that it is person-centred and follows the principles of Making Safeguarding Personal (MSP);
5. **Communications:** building community awareness of safeguarding by delivering the Board's Communication Strategy;
6. **Partnership Working:** joint working between member agencies with individuals at high risk of harm.

## Board Activity, Achievements and Progress in 2015-2016

The Board's main achievements during 2015-2016 were:

- developing a 3 year strategy with statutory and voluntary sector partners;
- developing a communication strategy;
- holding a Development Day with partners to review the Board;
- revising the Board's training strategy and training programme;
- holding the Board's Annual Conference, a major training event, in October 2015 attended by over 140 people;
- supporting a comprehensive project which developed Board safeguarding policies and procedures compliant with the Care Act and London Multi-Agency Adult Safeguarding Policy and Procedures.

In addition, the Board has also undertaken a number of developments and projects to achieve its priorities during the year.

The Board commissioned additional e-learning programmes in Safeguarding Adults, Modern Day Slavery and Female Genital Mutilation.

Lunchtime learning sessions with expert speakers were introduced: one in particular was the Home Office presenting on Modern Day Slavery.

As part of quality assurance, safeguarding case work was audited and case studies evaluated with partner agencies.

The Board took part in designing Making Safeguarding Personal and evaluating the programme as part of the national network enabling access to good practice throughout the country.

The Board's website was reviewed and re-launched for both professionals and residents.

Sprinkler Project: Five people were identified as at high risk of fatality in the case of fire because of immobility due to disabilities. Four clients were Affinity Sutton tenants and, following

agreement with Affinity Sutton, two water misting systems were installed in two of the four premises in order to compare these with more traditional types of fire detection in the other two.

**Hoarding Panel Project:** The multi-agency Hoarding Panel was established to share information on complex cases. It also provided a training event for front-line staff involved with people affected by hoarding and chronic disorganisation.

Strategic and operational planning support and protection was improved for victims of domestic abuse through the Domestic Abuse Strategy Group and training for professionals on referring individuals to MARAC (Multi-Agency Risk Assessment Conference) was provided.

A Pressure Ulcer Passport was trialled which documents an individual's pressure ulcers so that root cause analysis is not repeated unnecessarily and resources are not wasted in this way.

**Care Home Project:** Bromley Clinical Commissioning Group commissioned Bromley Healthcare to work with three care homes to improve practices in relation to wound care management and develop practice and confidence through training and mentoring.

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

**Chair:** Ann Hamlet: Head of Safeguarding Adults, King's College Hospital NHS

Focus continued on auditing of safeguarding cases at all stages of the safeguarding process from initial to concluded enquiries considering the quality of multi-agency practitioners' work. 40 safeguarding case audits were carried out as well as 160 audits of generic care management cases: the latter to identify any safeguarding issues which had not been addressed.

The findings were that there had been an improvement in practice and that the adult at risk was central to the process and involved in decision making. Partnership working, combining skills and expertise was good. One example of learning was that there should be greater liaison between adult and children's services to highlight potential concerns about family carers.

Commissioned Services Intelligence Group (CSIG) reports to the group regularly on their work with representatives from commissioners, providers, partners and the Care Quality Commission (CQC) looking at concerns arising in domiciliary care, care home and private mental health providers which are regulated by the CQC.

Performance information for the Board arising out of data analysis is regularly scrutinised.

### **What we will do during 2016-2017:**

- Set quality standards for the Board;
- Evaluate the responses to the Care Act Compliance checklist to ensure good practice is being carried out throughout the borough;
- Undertake a Safeguarding Adults at Risk Audit Tool (SARAT) Challenge and Support Event for health providers and Bromley Council which will review these self-assessments and suggest improvements for each agency;
- Undertake case file audits of safeguarding cases within LBB and Oxleas NHS Foundation Trust;
- Review cases in order to identify best practice as well as gaps in practice and circulate this to partner organisations;
- Deliver the Business Plan resulting from the new Prevention Strategy.

## Policy, Protocols and Procedures Sub-Group

**Chair:** Lynne Powrie, Chief Executive, Carers Bromley

Focus was on completing the procedures in light of the Care Act 2014. The Safeguarding Adults in Bromley Multi-Agency Practitioner Toolkit was published with policies on:

- Advocacy for people at risk of harm
- Choking for people with dysphagia – the Hampshire policy was used while the local policy was being developed
- Managing Pressure Sores
- Female Genital Mutilation policy in partnership with the Bromley Children Safeguarding Board
- Modern Day Slavery policy
- Domestic Violence policy.

The safeguarding policies of the following organisations were reviewed

- The Priory
- Westmeria Healthcare Ltd

### What we will do during 2016-2017:

- Update the Board's policies (Practitioner Toolkit) on a regular basis as new policies are approved by the Editorial Board and ratified by the Sub-Group;
- Review new and updated policies, protocols and procedures of the Board and partner agencies;
- Develop a protocol for the Private/Voluntary/Independent sector regarding the quality assurance of their safeguarding policies;
- Deliver the Business Plan resulting from the new Prevention Strategy.

Communication Strategy:

- Review membership to deliver on the Communications Strategy Action Plan;

- Further develop the Board's website, including creating a member only area for Board papers;
- Ensure service user engagement and the values of Making Safeguarding Personal are at the centre of communications.

## Training and Awareness Sub-Group

**Chair:** Antoinette Thorne, Workforce Development Manager, LBB

Focus has been the development of the safeguarding training programme for health and social care staff. The Multi-Agency Safeguarding Adults Training Strategy for 2016-2019 has been developed and a revised training programme has been reviewed, evaluated and commissioned.

Other achievements are: revised the Alerters Guide with information to carers, families and community groups on how to access safeguarding advice and help; produced safeguarding posters for Care Homes; improved the Board's safeguarding website; published on line safeguarding policy and procedures and participated in local networking events.

### Training Activity

- 1,946 health and social care staff received training through a variety of means: facilitated training, lunchtime learning briefings and e-learning;
- Over 140 people attended the Board's Safeguarding Conference and received training from national organisations on a wide variety of subjects;
- 10 staff members were trained to deliver the Home Office Prevent training and there have been 12 sessions attended by 207 staff from the Council's Adult and Children's services, 7 foster carers and 77 from Education Services;
- 1,084 e-learning sessions were completed;

- 5 Best Interest Assessors refresher training places were funded.

#### **What we will do during 2016-2017:**

- Review the Board's group learning and development offer, revising the training strategy and competency framework to comply with Care Act 2014 requirements and Making Safeguarding Personal;
- Measure and report on the effectiveness of multi-agency safeguarding training and other training that helps make people feel safe;
- Develop a multi-agency Violence against Women and Girls (VAWG) training strategy for the Safeguarding Children and Adults Boards in partnership with Bromley Community Safety Partnership;
- Support the private/voluntary/independent sector to deliver safeguarding training to service users, families and carers;
- Support the implementation of the Bournemouth Competency Framework so all care management professionals can develop their competence in safeguarding adults. Formal training, including vocational or professional awards, will form a part of this development as well as informal day to day training.

#### **Training Activity and Feedback**

Satisfaction with all training sessions held in 2015-2016, based upon 457 evaluations, resulted in:

- 326 people rated their course as Excellent
- 114 people rated their course as Good
- 15 people rated their course as Satisfactory
- 2 people rated their course as Poor

#### **Comment on Level 1 Awareness and Alerting:**

"Will be better equipped when attending safeguarding meetings"

#### **Comment on Level 3 Managing Complex Cases:**

"Better understanding of safeguarding process and time scales, expectation under the Care Act 2014 around Safeguarding Adults."

#### **Actions as a result of the course – Level 5 Safeguarding Adults for Managers Role**

"I will read Bromley's Toolkit and then refresh periodically"

"I will be able to develop better links with other Safeguarding Managers as a result of this training"

"I will be able to update team's knowledge when I return to base"

Table 1: Training Sessions attended by partner organisations 2015-2016

Training Course	LBB	Private Voluntary	Oxleas	BHC	MPS	Other	Total
<b>Level 1</b>							
Awareness & Alerting *	53	104		2		3	162
<b>Level 2</b>							
Risk Assessment & Protection	18		9	1			28
Financial Abuse	11		2				13
Provider Manager's Role	1	43		1			45
Risk Assessment and Risk	11		1		1		13
Safeguarding and Care Act Training	10		3				13
Mediation Training – Best Interest	14		1	1		3	19
Mental Capacity Assessment in	36	8	8				52
<b>Level 3</b>							
Managing Complex Cases	16		9	1			26
Chairing Safeguarding Meetings	12						12
<b>Level 5</b>							
Safeguarding Adults for Managers	13		12				25
<b>Training sessions</b>							
Modern Day Slavery & Trafficking	16						16
Scams and Doorstep Crimes	31	24	1	1			57
Hoarding Behaviours	24	1	1			2	28
Domestic Abuse	14	3					17
MARAC	7	1	2				10
Adult Safeguarding Behind the	23	16		6		1	46
<b>Deprivation of Liberty Safeguards</b>							
Deprivation of Liberty Safeguards	8						8
Quality Assuring Mental Capacity Assessments	13		6				19
<b>Total</b>							
	<b>331</b>	<b>200</b>	<b>55</b>	<b>13</b>	<b>1</b>	<b>9</b>	<b>609</b>

\* E-learning courses also available October 2015

Further details about the Board's Annual Conference showing the range of subjects, speakers and presenters which made the conference such a success with attendees can be seen below.

## **Bromley Safeguarding Adults Conference – October 2015**

### **'Six Months after the Care Act'**

The Board organises a multi-agency training event annually.

The Conference was attended by over 140 delegates from partners and health and social care providers from the private and voluntary sector. An over 90% satisfaction rate was given by attendees.

#### **The Conference focus was:**

- Organisational abuse and concerns for the individual and family members
  - Impact of the Care Act implementation April 2015
- Mental Capacity Act and Deprivation of Liberty Safeguards

#### **Speakers included:**

- Niall Fry, Department of Health speaking on the changes and updates to the Mental Capacity Act and Deprivation of Liberty Safeguards;
- David Connolly, Law Commission speaking on Deprivation of Liberty Safeguards – The Review;
  - Belinda Schwehr, Care & Law Health speaking on Multi Agency Safeguarding within the Care Act;
  - Liz Onslow and Susan Lowson, Parliamentary & Health Ombudsman speaking on Dying without Dignity;
    - Dan Scorer, Mencap speaking on Four Years on from Winterbourne View;
- Lesley Lincoln speaking on Orchard View: Living with the Trauma of Organisation Abuse – a Family's Story;
  - Lynne Phair, Expert Witness speaking on Prevention is Better than Cure.

#### **Workshops included:**

- Ombudsman and Disclosure and Barring Service – changes and updates given by Jan Cuthbert, Assistant Ombudsman and Lyn Gavin, Disclosure and Barring Service;
  - Multi-agency working under the Care Act – the role of the Police by Maria Gray, Central Safeguarding Team, MPS;
    - The role of the Court of Protection by Annabel Lee, 39 Essex Chambers;
- Domestic Abuse and Older People by Asat Owens and Monsura Mahmud, Solace Women's Aid;
- CQC, regulator for health and social care and the London Mental Health Inspection Team by Lee Alexander, CQC;
- What can we learn from Serious Case Reviews by Sam Bushby and Nicky Kentell, West Sussex County Council;
  - Dementia – Impact and consequences of our involvement by Brenda Bowe, Associate of Dementia Trainers;
  - Drug and Alcohol Use – Assessment, Treatment and Managing Risk by Jonathan Williams, Bromley Drug and Alcohol Service;
- Pressure Ulcers and Adult Safeguarding – Risk Factors, Prevention and Principles of Healing by Gill Harman, Bromley Healthcare;
  - Modern Day Slavery by Anne Read, Salvation Army.

# Safeguarding Adults Case Studies

To understand the impact that safeguarding work can have on individual lives three case studies, representing the work of Board partners, are included in this section. Personal details have been anonymised to retain confidentiality.

## Case Study 1

### Mrs Smith

Mrs Smith is a 91 year old widow living in her own house with her son and daughter living locally. Mrs Smith has advanced dementia with a history of depression and hypertension. She is immobile and needs assistance with all aspects of living and personal care. She lacks capacity and is at high risk of pressure sores.

Mrs Smith had been receiving four daytime visits from two care workers arranged by the family. Her daughter had previously agreed to arrange 24 hour care.

A safeguarding alert was received from the London Ambulance Service when Mrs Smith was taken to hospital following a fall from her chair causing a head injury when she was alone. This was despite her having been tied to the chair reportedly by a 'luggage strap'.

It was concluded that she had been subject to neglect and physical abuse by her son and daughter. If she suffered harm it would become a criminal matter and would be referred to the police. Additionally an application to the Court of Protection would be made if she was not given immediate 24 hour care: the family moved her into a nursing home the next day.

Mrs Smith has subsequently gained weight and is reported to be doing well.

## Case Study 2

### Mrs Todd

Mrs Todd is 65 years old living with her husband and adult daughter. She has cognitive impairment as well as physical disability. Mrs Todd does not have mental capacity to decide how her care needs are met.

She has a package of care of four visits per day to assist with personal care and all aspects of daily living.

A safeguarding referral was received after Mr Todd refused for her to be cared for downstairs as it was not safe for his wife to use the stairs in the property. She was prone to falls and had suffered a fracture from a previous fall. There were also concerns of her diet placing her at risk of choking. The concerns were that Mr Todd was not making decisions in his wife's best interest placing her at risk of neglect and harm and could be potentially life threatening.

An Independent Mental Capacity Act Advocate was appointed to represent Mrs Todd's best interests.

The use of safeguarding procedures, the involvement of the police and negotiation with the family led to Mrs Todd receiving appropriate care in accordance with professional advice. Mrs Todd continues to be successfully cared for at home.



## Case 3

### Mr Jones

In March 2013 a trader from Lincolnshire knocked on the door of a 78 year old man who lived alone in Orpington. The caller claimed to be a builder and offered his services.

Mr Jones wanted some work done on his property but he didn't have the money to pay for it. The trader said he could arrange a deal whereby he could effectively do the work for free. Mr Jones thought the deal meant he would not have to pay any money up front but the debt would be settled when he died or if he sold the property. He was pressured into signing an agreement which gave the house to the trader.

In September 2013 concerns were raised about the situation and the whereabouts of the resident as Mr Jones had been removed from the house and into a caravan in the north of the country. Trading standards, housing and adult social care officers rehoused him as his home was in no fit state for him to return to and legally it was no longer his property.

The trader was found guilty of fraud in January 2016 and was sentenced to 5 years imprisonment. The house, worth over £250,000 was returned to the victim. He chose to stay where he was re-housed as he says he feels safe and is now very settled.

Mr Jones' niece later wrote to thank the team saying "I cannot express how grateful we are as a family for everything you and your supporting teams have done. I have never had to deal with Bromley Council before this, but everyone and every department has been fantastic, from Housing and Adult Safeguarding to yourselves in Trading Standards and Legal. You are all a credit to your departments."



## Board Members' Reports

The agencies that make up the Bromley Safeguarding Adults Board are all committed to improving their ability to prevent harm as well as to identify and react to allegations of abuse towards the people they work with. Every year, we ask our partners to produce their Board partner statements which highlight their key achievements throughout the year and outline their plans for the coming year.

### London Borough of Bromley

As the lead agency the London Borough of Bromley is responsible for receiving all safeguarding initial enquiries and either investigating themselves or asking another agency to make enquiries, if they are best placed to do so. The Strategic and Business Support Division has provided support to the Board structure, maintained its website and produced its safeguarding literature. Additionally, the Council also provides support to safeguarding through quality assurance and statistical analysis. The Council's Learning and Development Team commissions and supports the Board's training programme.

### Care Management

The Care Management service is one of the key teams in the borough in regards to safeguarding as its staff will usually carry out enquiries into abuse or risk of abuse or harm. Working within the principles of Making Safeguarding Personal officers will work with individuals, their families and friends, as appropriate, to remove or reduce any identified risk.

#### Key Achievements: April 2015-March 2016

- Re-organised its front line service, the Adult Early Intervention Team, to receive safeguarding alerts and carry out preliminary

safeguarding work reducing the number of alerts being investigated unnecessarily;

- Ensured all forms within CareFirst, (Adult Social Care Information database), were updated in line with the revised London Multi-Agency Adult Safeguarding Policy and Procedures and the revised NHS Information Centre's Information and Guidance on the Safeguarding Adults Collection (SAC);
- Trained its care management staff in line with changes to safeguarding in line with the Care Act;
- Specialist Care Managers, Consultant Lead Practitioners, supported staff to deal with safeguarding investigations providing continuing professional development sessions to teams;
- Project managed the Editorial Board which was funded by the Council to update policies and procedures in line with the Care Act.

#### Safeguarding Adults work planned for 2016-2017

- Strengthen links between Bromley Safeguarding Adults Board and Bromley Safeguarding Children Board. A task and finish group will be set up to help support the completion of actions which will benefit the safety of children, young people and adults at risk;
- Assure the Board that partners are appropriately flagging domestic violence where there is an adult at risk, with appropriate outcomes recorded;
- Undertake further analysis on safeguarding notifications that increase the Board's understanding of trends and prevalence of abuse and neglect locally;
- Improve service user experience and engagement through a feedback form gathering their views;

- Promote greater awareness of safeguarding adults with people who use services, the public and partner organisations;
- Appoint a Principal Social Worker to oversee front line practice;
- Embed the National Safeguarding Bournemouth Competencies into a supervisory and appraisal framework.

**Tricia Wennell**

*Head of Assessment and Care Management*

## Trading Standards

A long term objective for trading standards is to raise the profile of scams and doorstep crime and its impact on older residents, which has historically been a grossly underreported crime. Nationally, the reporting levels are estimated at between 5% and 10%. Following the launch of an awareness campaign in November 2014, a significant increase in referrals of scams and doorstep crime incidents to trading standards from key partners were received.

### Key Achievements: January 2015-December 2015

- Delivered scam and doorstep crime awareness sessions to 2,896 people - an increase of just under 1,000 people compared to the previous year. This included:
  - scam and doorstep crime awareness information to 64 community groups, 26 more than in 2014;
  - half day training for safeguarding practitioners and partners, such as London Fire Brigade and Victim Support, to recognise the signs of scams and doorstep crime and encourage referrals. This training was given to 48 groups of professionals in partner organisations.
- Received 246 calls to the Rapid Response number to enable action to prevent or

disrupt crime from taking place, including 42 alerts from banks and 27 alerts from safeguarding partners. It is estimated that this saved residents £233,000;

- Received 227 reports of mass market frauds and scams perpetrated through letters, emails, texts and phone calls;
- Although prosecutions of offenders are rare due to the nature of the crime, victim vulnerability and issues of tracking down perpetrators, criminals are investigated.

### Safeguarding Adults work planned for 2016-2017

- Continue with the key priority of protecting vulnerable residents;
- Offer more adult safeguarding professionals training in scams and doorstep crime in all sectors to raise awareness of such crimes and how to make referrals;
- Develop training/awareness presentations for adults with learning disabilities and engage with all appropriate groups in the borough;
- Continue to review data to further identify the needs of Bromley residents in relationship to scams and doorstep crimes.

**Rob Vale**

*Head of Trading Standards*

## Domestic Violence and Adult Safeguarding

The Council commissions services to support adults in domestic violence situations through mitigating or removing the risk. There is a close working relationship with the police and other agencies, as appropriate.

### Key Achievements: April 2015-March 2016

- In response to legislative change in the Care Act 2014 the Violence Against Women and Girls (VAWG) Commissioner post was bought across to Education, Care and Health

Services in October 2015 with the intention to support Board partners to understand VAWG in the context of adult safeguarding;

- Delivered a series of lunchtime briefings on Domestic Violence for partner agencies;
- Improved recording processes for care management officers to record safeguarding concerns for domestic and sexual violence;
- Care management staff have received training by Victim Support, the provider of domestic violence services, on risk assessment and referral procedures for MARAC (Multi-Agency Risk Assessment Conference).

### Safeguarding Adults work planned for 2016-2017

- Develop the Bromley Community Safety Partnership Violence against Women and Girls Strategy, in partnership with the public sector, including Bromley Police, and the community and voluntary sector;
- Continue to raise awareness of domestic and sexual abuse across the partnership, improve pathways for both staff and service users who disclose experiencing and perpetrating domestic and/or sexual violence and establish an environment where both staff and service users are confident about making enquiries and making appropriate referrals for support;
- Develop and deliver a multi-agency VAWG

training strategy on behalf of both the Safeguarding Children and Safeguarding Adults Boards.

**Victoria Roberts**  
*Violence against Women and Girls  
 Interim Commissioner*

### Mental Capacity Act and Deprivation of Liberty Safeguards

The Board 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 always be made in a person's best interests. The Board works to promote the safeguards of the Mental Capacity Act and Deprivation of Liberty Safeguards throughout Bromley. This work is reported to the Board as part of governance arrangements.

In response to the Supreme Court ruling in 2014 to extend the remit of Deprivation of Liberty Safeguards beyond residential homes and hospitals, the Council set up a dedicated team of Best Interest Assessors to carry out the assessments evaluating these applications.

The table below shows how the ruling has impacted the number of DoLs applications in Bromley which have dramatically increased.

**Amit Malik**  
*Group Manager, Deprivation of  
 Liberty Safeguards Team*

Table 2: Deprivation of Liberty Safeguards (DoLs) Applications – 2013-2016

DoLs Applications Received	2013/14		2014/15		2015/16	
	No.	%	No.	%	No.	%
Referrals Received	14		388		1,180	
Granted	6	43%	351	90%	999	85%
Not Granted	8	57%	31	8%	91	8%
Withdrawn	-	-	6	2%	6	1%
Standard Authorisations	3	21%	383	99%	1,154	98%
Urgent Authorisations	11	79%	5	1%	26	2%

## **Bromley Clinical Commissioning Group (BCCG)**

BCCG commissions health services in Bromley. During 2015-2016 BCCG has demonstrated strong commitment and engagement with the Board by providing on-going CCG representation at all Board meetings. BCCG also works closely with its Board partners, including those whose services it commissions, to raise the profile of safeguarding and ensure that best practice is implemented in Bromley. BCCG also works closely with NHS England (London) and the Care Quality Commission on safeguarding concerns.

### **Key Achievements: April 2015–March 2016**

- **Internal Structures:** BCCG has reviewed its internal structures, safeguarding policies and reporting systems to meet its duties under the Care Act;
- **Commissioning Role:** BCCG has reviewed its commissioning documentation and practice to ensure that safeguarding plays a key role in the performance of providers which is monitored regularly. A Safeguarding Dashboard of safeguarding performance by commissioned providers provides assurance on training and referrals as well as the ability to spot issues arising;
- **Domestic Abuse:** Provided additional funding to Victim Support for implementation of the IRIS programme (Identification and Referral to Improve Safety) for victims of Domestic Abuse;
- **Training:** Mental Capacity Act/Deprivation of Liberty Safeguards and Prevent training for BCCG and Primary Care staff including GPs as well as MCA/ DoLs awareness sessions for the public and staff working in the Community Services Provider;
- **Awareness Raising:** Producing and cascading a “Safeguarding Overview Booklet” and leaflets for Prevent, including key documents on the BCCG Intranet and

GP Practice Zone and developing an Mental Capacity Act awareness training tool for people with Learning Disabilities;

- **Nationally/Regionally:** Participation and successful outcome from NHS England’s Adult Safeguarding Deep Dive, established South East London Clinical Commissioning Group’s Designated Safeguarding Adults leads’ peer group supervision meetings and initiated peer group supervision for commissioned service providers’ named safeguarding adult leads.

### **Safeguarding Adults work planned for 2016-2017**

- Commissioned service providers will be monitored through their Safeguarding Adults Risk Assessment Tool (SARAT) action plans to provide assurance that risks are being monitored and services are safe;
- Arrangements that are in place to gain assurance from commissioned service providers about the Home Office Prevent and the Mental Capacity Act 2005 will be strengthened;
- Ensuring, via a Training Needs Analysis, that the existing safeguarding training programme for BCCG Staff is compliant with the new intercollegiate document for safeguarding adults aligned with the Board’s staff training competency framework;
- To work in partnership with key stakeholders to implement Bromley Domestic Homicide Review action plan;
- To ensure that systems and processes are in place to facilitate timely collection and analysis of safeguarding data;
- To follow through the actions identified from the recent NHSE safeguarding Deep Dive such as recruiting a Named GP Adult Safeguarding Lead as a member of the Board.

**Claire Lewin**  
*Designated Nurse, Adult Safeguarding*

## Metropolitan Police Service - Bromley

The role of the MPS is the prevention, identification, risk management and detection of criminal offences. As a statutory member of the Board, MPS is committed to working in partnership in an open and transparent way with its partners. This is achieved through partnership working in the following areas: Multi-Agency Safeguarding Hub, MARAC (Multi-Agency Risk Assessment Conference) for people at high risk of domestic abuse and MAPPA (Multi-Agency Public Protection Arrangements) working with offenders in the community.

### Key Achievements: April 2015–March 2016

- Implementation of the new MPS Missing Person Protocols leading to smoother initial response, more consistent risk assessment and improved resource allocation in the first critical 48 hours to support vulnerable adults;
- Ongoing joint discussions re meeting the Adult Social Care thresholds to reduce referrals and manage risk;
- Working with partners in risk assessment, prevention and disruption. There have been no murders, no domestic homicides or matters for a Serious Adults Review;
- Strengthened membership of MARAC (Multi-Agency Risk Assessment Conference) meetings.

### Safeguarding Adults work planned for 2016-2017

- More cohesion on case work with vulnerable adults;
- To continue work on MPS response to reports of missing persons;
- To review and monitor all hate crime;
- Implement a (Multi-Agency Risk Assessment Conference) MARAC steering panel;
- Review current referral protocols.

**Detective Chief Inspector Dave Yarranton,**  
*Metropolitan Police Service Bromley*

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

KCH is the acute health provider which, since 2013, has included the two hospitals in the borough, the Princess Royal University Hospital and Orpington Hospital.

### Key Achievements: April 2015–March 2016

- The Safeguarding Team was strengthened and access to safeguarding information across the Trust improved;
- Instituted an annual audit reviewing deaths of people with learning disabilities which considered the application of Mental Capacity Act;
- Improved the flow of information and assurance by re-establishing the Safeguarding Adults, Learning Disabilities and Mental Capacity Act Group to provide updates re ongoing cases and training compliance.

**Ann Hamlet**  
*Head of Safeguarding Adults*

## Oxleas NHS Foundation Trust

Oxleas is the main provider of specialist mental health care in Bromley as well as providing health care for people with learning disabilities. Oxleas provides representation to the Board and its sub-groups and contributes to the statistical information received by the Board.

### Key Achievements: April 2015–March 2016

- Ensured the Trust has Care Act compliant policies;
- A trust wide strategy for MARAC (Multi-Agency Risk Assessment Conference) referrals has been developed to support and assist practitioners in working with Domestic Violence and to improve the rate of referrals.

## **Safeguarding Adults work planned for 2016-2017**

- Improve the collection and recording of safeguarding actions and its statistical database. Work will be undertaken with Bromley, Bexley and Greenwich Councils to introduce improved methods of collecting this information whilst aligning forms for all boroughs. This will align information for the Board's statistical reports.

**Barbara Godfrey**

*Head of Social Care for Bromley (Adults)*

## **Bromley Healthcare (BHC)**

Bromley Healthcare is the community health care provider commissioned by Bromley Clinical Commissioning Group which provides a wide range of services across Bromley and it contributes to the work of the Board and its sub-groups through participation of relevant officers.

### **Key Achievements: April 2015–March 2016**

- Ratified its internal prevention of choking policy;
- Worked with partners to improve outcomes for people with pressure ulcers:
  - Provided support to a specific group of three care homes;
  - Provided training to staff through the Care Homes Training Consortium;
  - Trialled the Pressure Ulcer Protocol which had been produced by King's College Hospital and Bromley Healthcare to document the history of an individual's pressure ulcer which patients can take between providers so helping to prevent or remove pressure ulcers;
  - Implemented a Root Cause Analysis form for use when a pressure ulcer is deemed avoidable.

## **Safeguarding Adults work planned for 2016-2017**

- Audit programme to be completed between September and December 2016 including quality of mental capacity assessments and best interest decisions;
- Deliver a training programme on awareness, recognition and identification of domestic violence;
- Introduce improvements for safeguarding adults case supervision to community teams by the safeguarding lead;
- Ensuring the patient's wishes and what matters to them are clearly documented in the patient record.

**Natalie Warman**

*Director of Nursing, Therapies and Quality*

## **London Fire Brigade Bromley (LFBB)**

LFBB is committed to working to safeguard vulnerable people in the borough by working closely with partners to identify high risk individuals and then remove or reduce risk.

### **Key Achievements: April 2015–March 2016**

- LFBB were set a target to complete 2,880 Home Fire Safety Visits (HFSVs) for vulnerable householders in 2015/2016. Fire crews actually managed to complete 3,161 HFSVs, an increase of 158 (5%) on 2013/14 figures;
- LFBB worked closely with Bromley Council making 43 Safeguarding referrals. LFBB responded to 12 fire retardant bedding requests received from the Council for vulnerable residents;
- LFBB implemented a six monthly return from LBB housing providers reporting on fire safety issues to reduce fires in sheltered housing – this has been extended to include referrals to Trading Standards and Victim Support;

- LFBB supported the portable misting system project with the Council and Affinity Sutton;
- LFBB supported the Hoarding Panel;
- A joint working protocol was agreed with Trading Standards, MPS and Victim Support, a domestic violence services provider, to identify and safeguard victims of crime and vulnerable residents in Bromley. Rogue traders and scams, burglary and domestic violence awareness training was provided to station crews. Fire Safety training was delivered to Social Care, Trading Standards, MPS and Victim Support staff to identify vulnerable residents in the borough at risk from fire.

### **Safeguarding Adults work planned for 2016-2017**

- Maintain close partner links and the system of referring safeguarding concerns;
- Review referral processes and recording of high risk residents;
- Review processes to install additional fire protection in the most high risk premises in Bromley;
- Provide an on-going programme of Fire Safety awareness training to LBB Trading Standards, MPS and Victim Support personnel to identify vulnerable residents at risk from fire and refer to LFBB;
- LBB Trading Standards, MPS and Victim Support to provide on-going rogue traders/ scam, burglary and domestic violence awareness training to LFBB personnel to identify vulnerable residents at risk from fraud, crime and abuse.

**Daniel Cartwright**  
*Borough Commander*

## **Advocacy for All**

Advocacy for All provides a number of one to one advocacy services in Bromley. This includes providing Independent Mental Capacity Advocates, Community Advocacy for adults with learning disabilities or autism who do not receive services and support for self-advocacy. Advocacy for All works with Board partners to improve awareness of safeguarding, recognise abuse and empower people to report abuse among the learning disability community.

### **Key Achievements: April 2015–March 2016**

- Funding was secured from Awards for All and the 'People's Project' Big Lottery/ITV News competition to support the 'A Team' which is a group of people with a learning disability who are trained as trainers for other disabled young people and adults to ensure they are aware of and can recognise abuse. Free training is provided to people with a disability with costed sessions for professionals. People have felt comfortable and confident enough to disclose situations that have happened to them;
- Written an easy read 'Hate Crime' booklet.

### **Safeguarding Adults work planned for 2016-2017**

- Continue to raise awareness of Hate and Mate Crime. Bromley Sparks will participate with Green Goose Theatre, Bromley College and the Bromley Disability Hate Crime Group in April 2016 to explore the challenges that some members of the community face in terms of mate crime;
- Identify and share trends in safeguarding particularly among people with a learning disability.

**Vivienne Lester**  
*Chief Executive*



## Age UK Bromley and Greenwich

Age UK Bromley and Greenwich promotes the wellbeing of all older people in the community and is the leading voluntary sector provider of services for older. Age UK Bromley and Greenwich works with Board partners in the voluntary sector, Bromley Council and the police to promote safeguarding among older people in Bromley.

### Key Achievements: April 2015–March 2016

- Ensuring that all staff and volunteers are trained regularly in safeguarding and that safeguarding is part of all supervision;
- Senior staff attended the annual Safeguarding Conference.

### Safeguarding Adults work planned for 2016-2017

- As part of the new Dementia Support Hub, safeguarding will be a key factor in the support of people with dementia and their carers;
- We will continue to work with Trading Standards and the police to prevent older people being victims of scams, rogue builders and financial abuse.

**Maureen Falloon**  
*Chief Executive*

## Alzheimer's Society Bromley

Alzheimer's Society Bromley provides services for people with dementia and their carers. It is committed to working with local safeguarding partners, in line with multi-agency policy, to uphold the Care Act principle of partnership working and safeguarding people in Bromley.

### Key Achievements: April 2015–March 2016

- The Society supports employees and volunteers to ensure good quality safeguarding practice within the organisation and to respond in a proportionate and timely

way to safeguarding concerns.

### Safeguarding Adults work planned for 2016-2017

- Continue to implement the Society's Adult Safeguarding policy and procedures as outlined in the Locality Business Plan of the Bromley branch.

**Mashhood Ahmed**  
*Services Manager, Bromley*

## Bromley & Lewisham Mind

Bromley & Lewisham Mind works alongside people with mental health needs and dementia to improve their quality of life. As a member of the Board it works with partners to identify safeguarding issues and works with Bromley Council in providing information and reports relating to safeguarding issues.

### Key Achievements: April 2015–March 2016

- Developed new Mental Capacity Act and Deprivation of Liberty Safeguards Policy and provided training to MindCare Dementia Support staff in its application.

### Safeguarding Adults work planned for 2016-2017

- Review of Adult Safeguarding Policy and subsequent roll out to staff;
- Ensuring Adult Safeguarding awareness is embedded in new services from the outset, in particular the new Bromley Dementia Support Hub.

**Ben Taylor**  
*Chief Executive*

## Bromley Mencap

Bromley Mencap has a longstanding partnership with Bromley Safeguarding Adults Board providing services to disabled adults living in the borough as well as their carers and families.

### Key Achievements: April 2015–March 2016

- Delivered disability awareness training, which covers safeguarding, to 21 employers/ local businesses;
- Continued to work with the Borough-wide consortium on Disability Hate Crime to raise awareness of this type of abuse.

### Safeguarding Adults work planned for 2016-2017

- Campaigning with employers and service providers to raise the level of Disability Awareness across the Borough including safeguarding;
- The Welfare Benefits Service will raise awareness of financial abuse amongst its disabled clients. Last year clients were helped on 13 occasions to avoid unscrupulous “friends” extracting money from them;
- The monthly drop-in service will hold regular sessions around safeguarding and budgeting to ensure disabled adults have an awareness of these issues;
- The Day Opportunities Programme will deliver a series of activities and sessions around keeping safe;
- The Carers’ Lunch Club will provide guest speakers on rogue traders and how to avoid them. In the past 23 people have been encouraged and assisted to subscribe to the Telephone Preference Service to ensure they don’t fall victim to unscrupulous cold calling.

**Eddie Lynch**  
*Chief Executive*

## Carers Bromley

Carers Bromley supports over 5,000 carers in their caring role. Carers Bromley continues to make regular safeguarding referrals and have ensured its policies and procedures are current and up-to-date. It always aims to offer a multi-agency approach, focussing on trying to problem solve where possible. Carers Bromley ensures staff are trained regularly and that the organisational focus on safeguarding remains a priority.

Part of its work is enabling 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.

**Lynne Powrie**  
*Chief Executive*

## Healthwatch Bromley

Healthwatch Bromley is an independent champion for service users and holds commissioners and providers to account for how well they engage with the public. Healthwatch Bromley has engaged with individuals, groups and communities across the Borough through public events, visits, consultations, surveys and social media and shares its findings with the Board as appropriate.

### Key Achievements: April 2015–March 2016

- All staff and volunteers have undertaken adult safeguarding training and are able to recognise signs of harm or risk when working with the public, especially during Enter and View visits;
- Enter and View visits were made to six Extra Care Housing Schemes and reports were made to commissioners, providers and CQC.

**Margaret Whittington**  
*Trustee*

## Looking Ahead...

During 2016-2017 the Board will continue a number of actions started in 2015-2016:

- Finalising the Practitioner Toolkit of policies and procedures and further developing the Board website for use by partners, professionals and residents;
- Launching its Strategy 2016-2019 following consultation with service users, carers, professionals and residents of Bromley on its principles and aims;
- Continuing to quality assure partners by holding a Challenge and Support Event for the Council's and health providers' Safeguarding Adults at Risk Audit Tool (SARAT);
- Continuing to work with professionals to ensure that Making Safeguarding Personal is at the fore-front of their practice.

In addition, the Board will undertake the following actions:

- Monitoring the Learning Disability Mortality review which is an outcome of the Mazars review into Southern Health NHS Foundation Trust;
- Focus on the risk of harm of older people from domestic violence;
- Raise awareness of safeguarding in the community through a series of publicity campaigns;
- Continue to raise the risk of scamming and doorstep crime through training of professionals and focus awareness raising on community groups for people with learning disabilities;
- Continue to reduce the occurrence of fire-related harm through partnership working and targeted Home Safety Visits.



## Safeguarding Adults Reviews

The Care Act 2014 introduced statutory Safeguarding Adults Reviews (previously known as Serious Case Reviews) and gives Boards the flexibility to choose a proportionate methodology.

The purpose of a SAR must be to learn lessons and improve practice and inter-agency working. It defines the circumstances under which a Board must conduct a SAR as "there is reasonable cause for concern about how the Board, members of it or others worked together to safeguard the adult and death or serious harm arose from actual or suspected abuse." It expects agencies to cooperate with the review but also gives Boards the power to require information from relevant agencies.

The Board may also commission a SAR in other circumstances where it feels it would be useful, including learning from "near misses" and situations where the arrangements worked especially well

There were no Safeguarding Adult Reviews during 2015-16.



## Safeguarding Activity and Trends

This section details a range of data to demonstrate safeguarding activity in Bromley from many agencies. The majority of data included is collected by the Council's Performance and Information Team as the lead agency for safeguarding adults, but also includes data from other agencies to demonstrate their commitment to safeguarding adults.

All data is scrutinised and used to inform prevention work and reviews of guidance and policy. Bromley's data collection meets the requirements of the Health and Social Care Information Centre (HSCIC) Safeguarding Adults Collection. HSCIC is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

In this year's data the client group categories have been changed to more closely reflect those used locally.

'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).

A 'concluded enquiry' is one where the investigation has been completed in 2015-2016, although the safeguarding investigation may have begun in 2014-2015.

In 2015-16 there was a significant increase in the number of alerts received with the number doubling from 517 to 1,155 which may be a consequence of the Care Act 2014, an increase in police 'Merlins' or better recording procedures. The number of alerts that became referrals has increased over the previous year, but, as a percentage of the number of alerts received, it has decreased which raises

questions about the quality of the alerts being received.

Just over half of concluded enquiries related to abuse occurring in a person's own home. Just over half were alleged to have been carried out by someone known to the person. The most common combinations are in the victim's own home by a person known to them (a third), or by a care worker in a care home or the victim's own home (nearly a fifth in each case).

The prevalence of the location of alleged abuse has remained unchanged since last year, with 53% of safeguarding incidents investigated taking place in the person's own home. However, this appears to be part of a downwards trend over three years. An increasing proportion of alleged abuse is taking place in a care home. Nearly a third of concluded enquiries are related to abuse taking place in care homes.

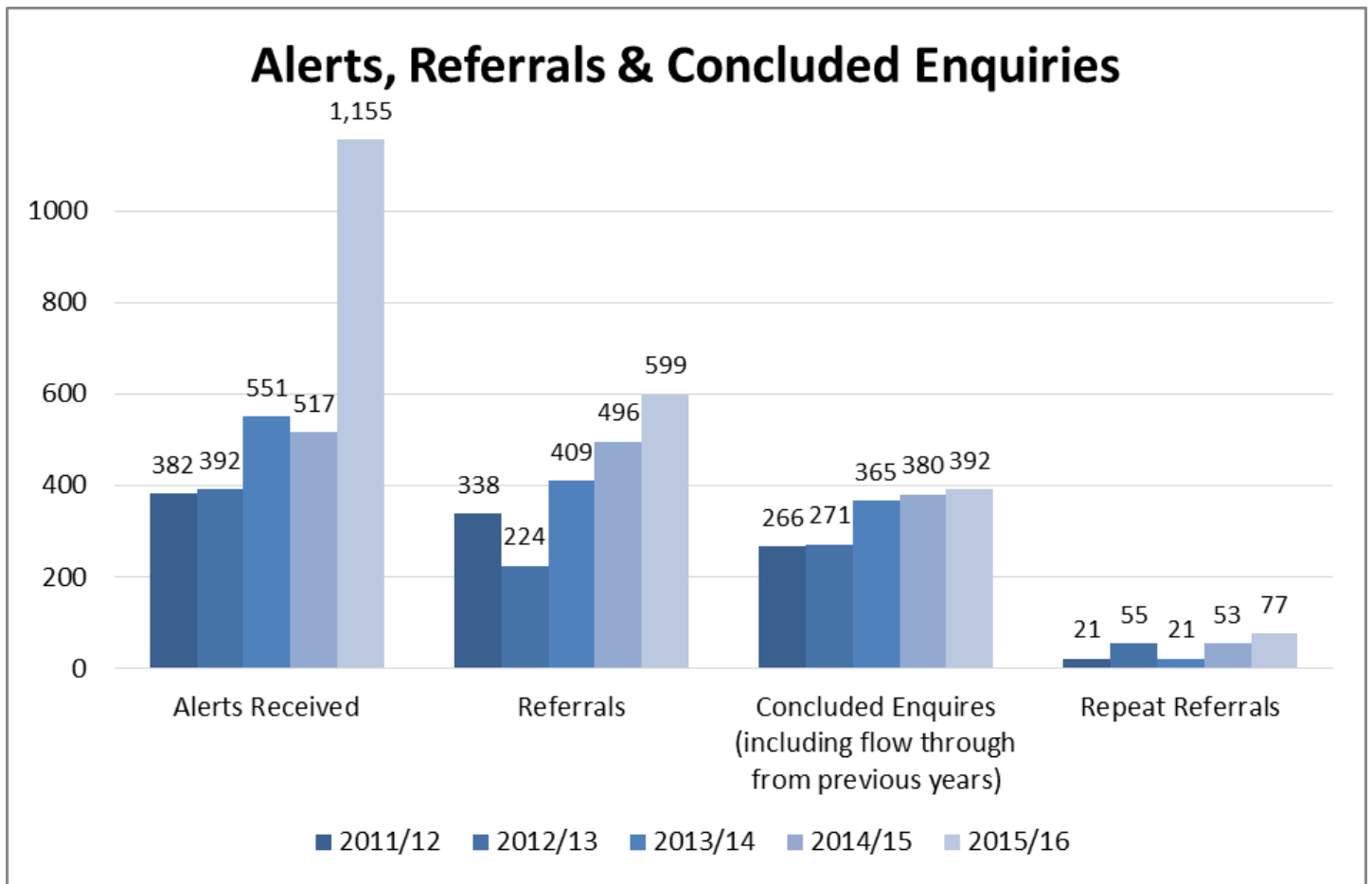
Neglect and failing to provide needed care (referred to as 'acts of omission') as well as physical abuse are the most prevalent types of abuse.

About a third of completed enquiries have the outcome of 'Fully substantiated', whilst a fifth had an outcome of 'Not substantiated' and 'Not investigated'. The percentage of 'Not Substantiated' concluded enquiries shows a fall of 6% over three years. There has been an overall rise in the percentage of cases 'Not being investigated' of 5%. 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 care workers are 'Fully substantiated', whilst a quarter are 'Not substantiated' and just under a fifth are 'Inconclusive'. In those cases where the alleged perpetrator is known to the client, just under a third are 'Fully substantiated' and a fifth

## Alerts, Referrals and Concluded Enquiries

Chart 1: Comparison of Alerts, Referrals and Concluded Enquiries 2011-16



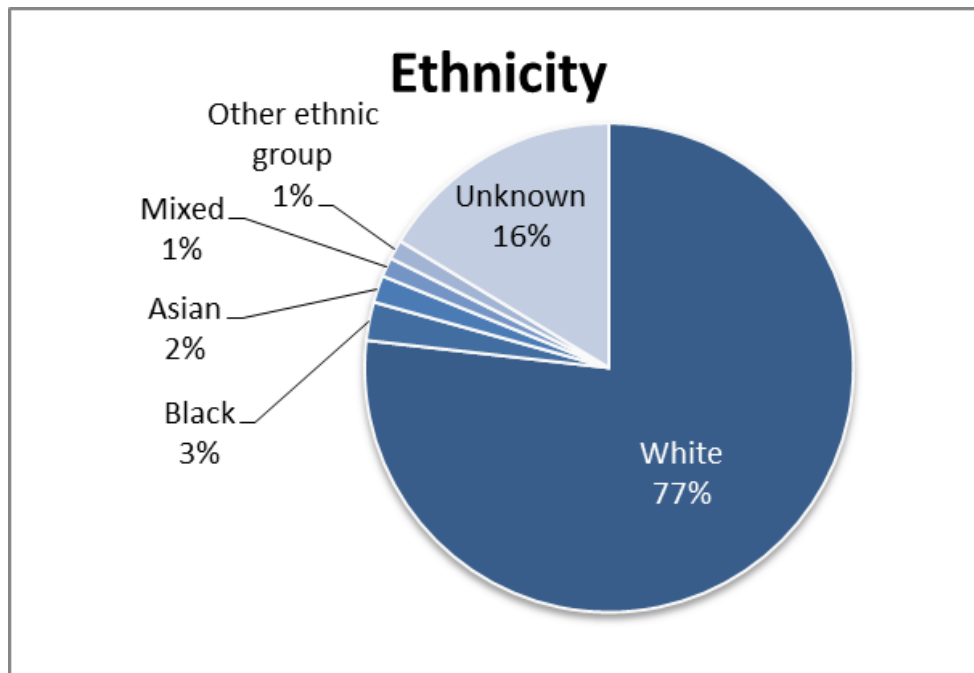
This year has seen a substantial increase in the number of alerts received during 2015-2016 which has more than doubled since 2014-2015. During this year there has been an increase in the number of Police 'Merlin' alerts. These alerts are made when police officers come in contact with a vulnerable adult and there are concerns for their safety. Such alerts are now being recorded more efficiently. The number of referrals has also increased to 599, an increase of 103 over the previous year, presumably as a consequence of the increase in alerts.

Concluded enquiries for 2015-2016 stands at 392, a slight increase on the number from the previous year (380).

## Concluded Enquiries

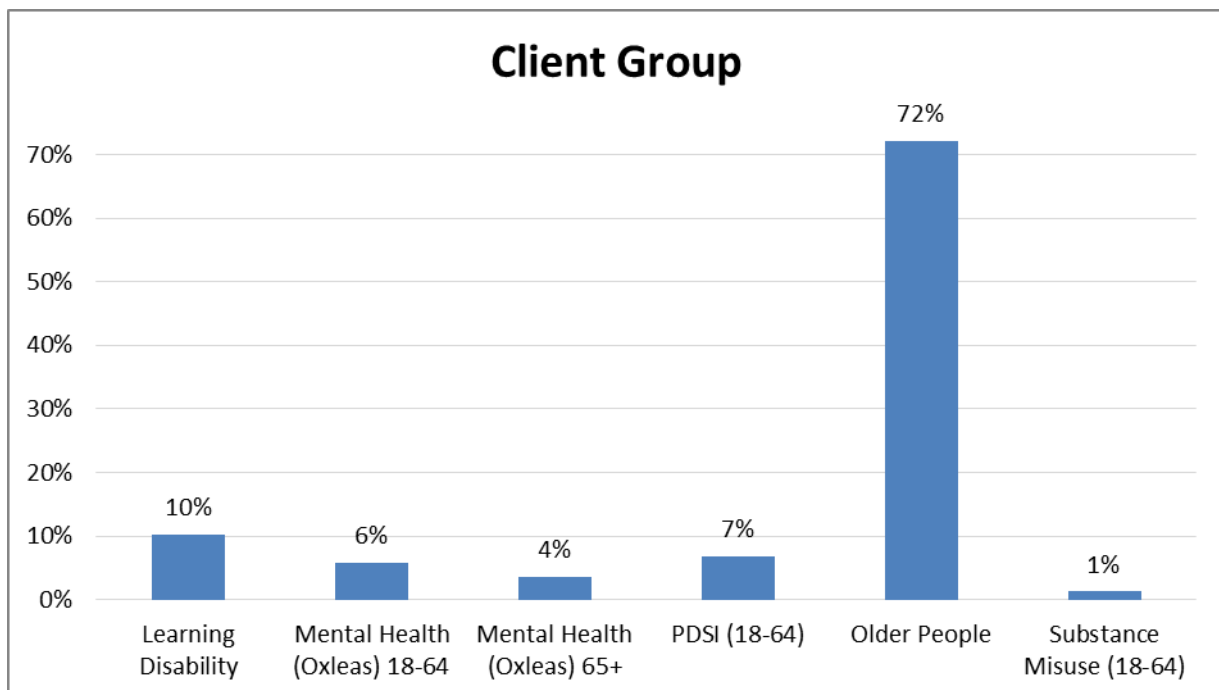
Concluded enquiries reported in this section are those enquiries completed in 2015-2016. They may have been carried over from 2014-2015 or newly begun in 2015-2016.

Chart 2: Concluded Enquiries by Ethnicity 2015-2016



In line with the overall ethnicity in Bromley, the largest number of individuals for whom a concluded enquiry has been carried out are white (77%). This compares to 80% in the previous year. This fall may be due to the increase in individuals for whom there is no recorded ethnicity from 3% in 2014-2015 to 16% in 2015-2016.

Chart 3: Concluded Enquiries by Client Group 2015-2016



The chart above shows quite clearly that the largest percentage of concluded enquiries is for older people (72%). The second highest, people with learning disabilities, is considerably lower at 10%.

Table 3: Concluded Enquiries – Source of Referrals by Age 2015-2016

Source of Referrals	Age Range Of Adults Subject To Abuse		No of Completed Referrals
	18-64	65+	
Care Quality Commission	0	11	11
Day Care Staff	1	4	5
Domiciliary Staff	3	17	20
Education/Training/Workplace Establishment	1	0	1
Family Member	6	27	33
Friend/Neighbour	2	7	9
Housing (including supporting people)	8	5	13
Mental Health Staff	14	12	26
Other (including probation, anonymous, contract staff, MAPPA*, MARAC**)	5	20	25
Other (Social Care Professional)	15	32	47
Police	5	18	23
Primary Health/Community Health Staff	11	63	74
Residential Care Staff***	5	44	49
Secondary Health Staff	3	9	12
Self-Referral	5	3	8
Social Worker/Care Manager	7	27	34
Unknown	0	2	2
<b>Total</b>	<b>91</b>	<b>301</b>	<b>392</b>

\* MAPPA – Multi-Agency Public Protection Arrangements

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

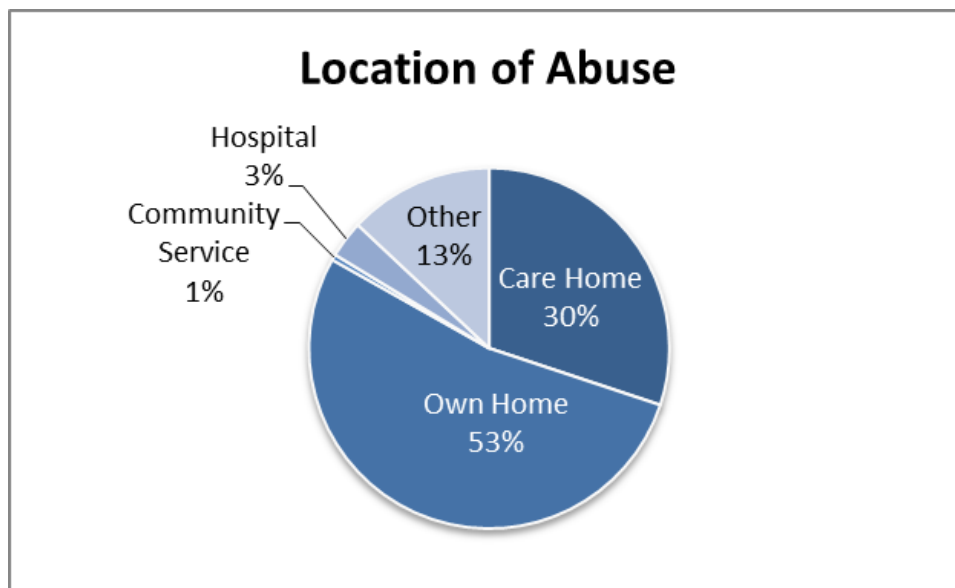
\*\*\* Residential Care Staff are those working with people who may be in care homes, residential homes or live in supported living ie their own home where staff are present to support them with everyday tasks.

Table 3 shows that there was a wide variety of sources for referrals of concluded enquiries with the greatest number coming from primary and community health professionals (77). This was followed by those from residential care home staff (49) and referrals from other social care professionals (47). Referrals from residential care home staff include concerns about incidents happening before a person entered a care home, between people living in the same home or by visitors as well as incidents caused by staff themselves.



## Location of Abuse

Chart 4: Location of Abuse 2015-2016



This chart indicates that for concluded enquiries over half of alleged abuse takes place in a person's own home (53%), whilst 30% are in care homes.

## Type of Abuse

Chart 5: Type of Abuse 2015-2016

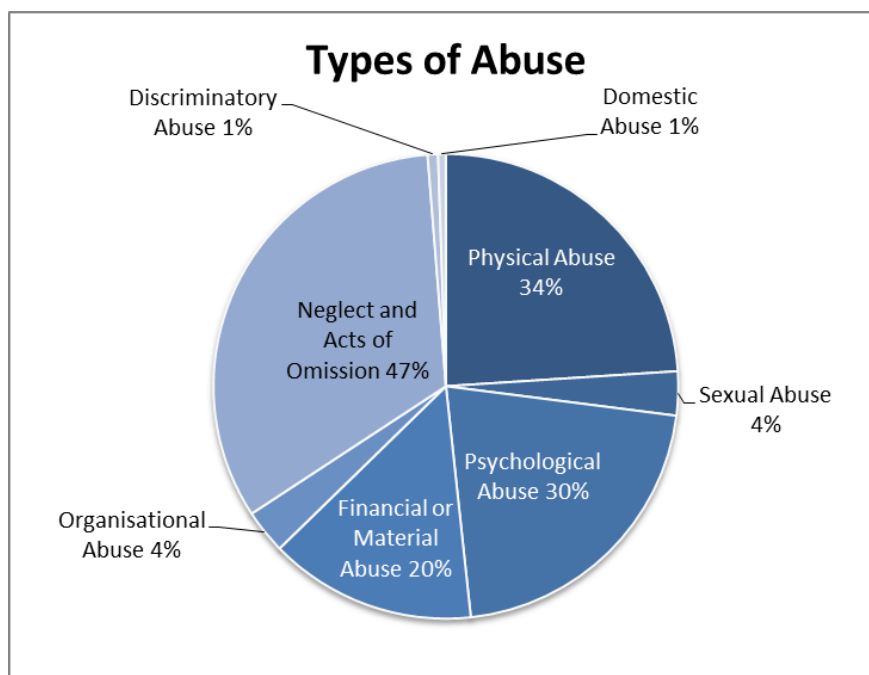
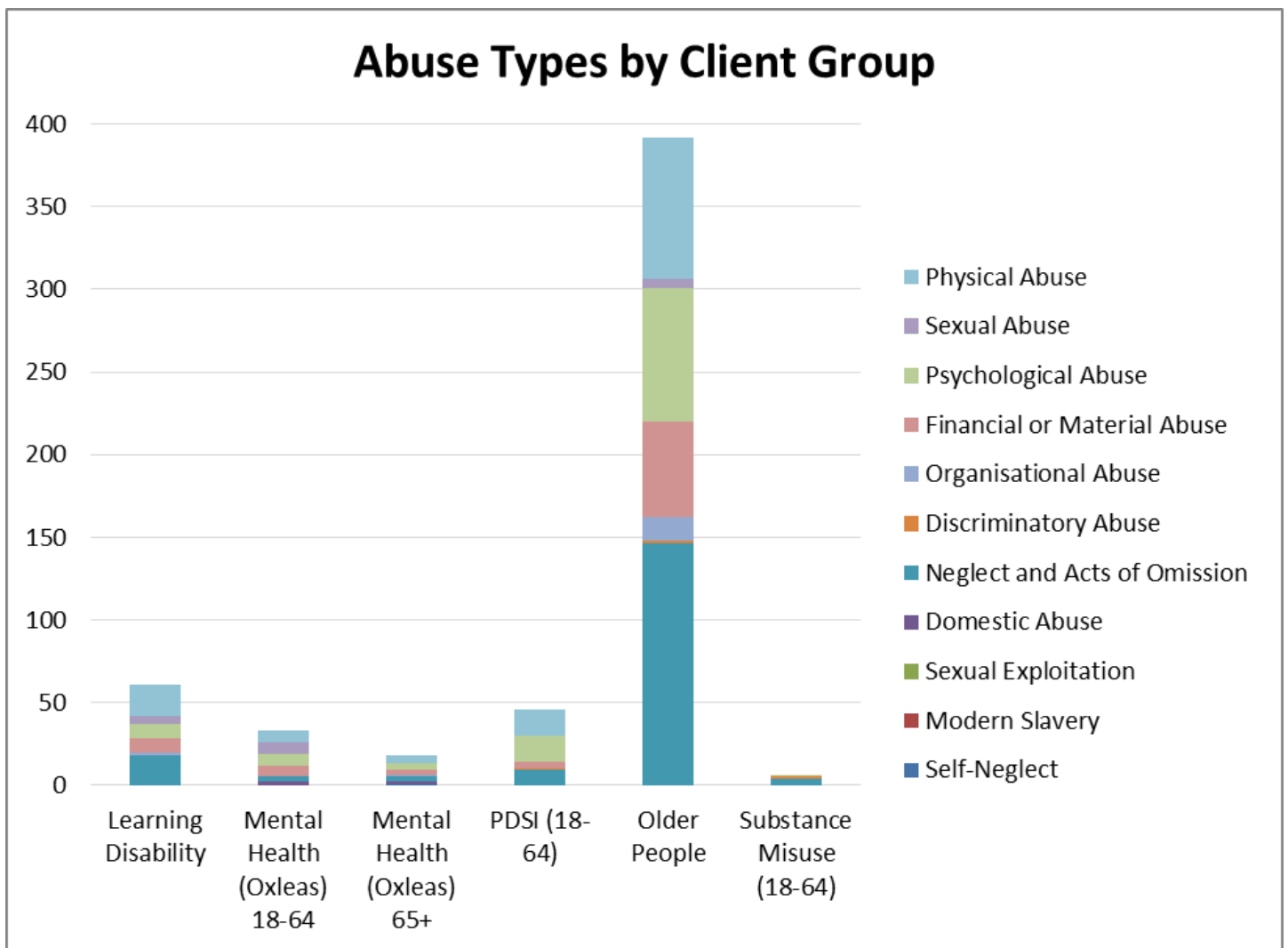


Chart 5 shows the different types of abuse that have been recorded for the concluded enquiries. As there may be more than one type of abuse for each concluded enquiry, figures add up to more than 100%. It shows that nearly half (47%) of people are alleged to be experiencing neglect and acts of omission. This continues the trend that was seen last year when it overtook physical abuse as the most prevalent type of abuse. The second highest is physical abuse (34%) followed by psychological abuse (30%). The other main type of abuse seen in these cases is financial or material abuse (20%).

Other categories of abuse, such as modern day slavery, sexual exploitation and self-neglect have been omitted from the chart as they are registering 0%.

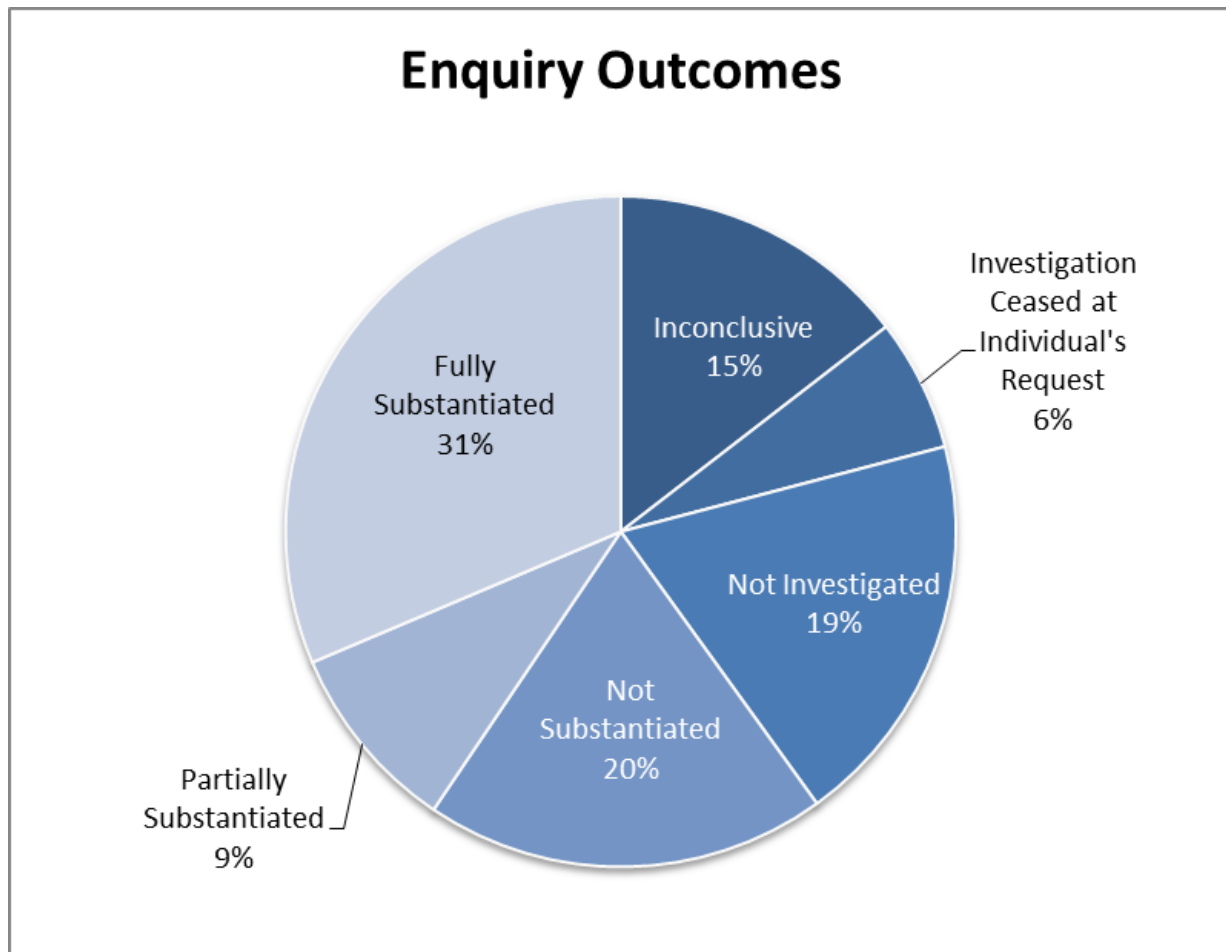
Chart 6: Types of Abuse Experienced by Client Group 2015-2016



From Chart 6 it can be seen that the types of abuse that older people are allegedly subject to are in line with the overall picture. For other client group types there is some variation on this. For people with learning disabilities physical abuse just outweighs neglect and acts of omission. People with physical disabilities and/or sensory impairments have physical and psychological abuse equally as the highest category.

## Outcomes of Concluded Enquiries

Chart 7: Enquiry Outcomes 2015-2016



31% of concluded enquiries had an outcome of fully substantiated which continues the overall trend of this category rising over the past two years from 27% in 2013–2014. An additional 9% were partially substantiated in line with previous years. The percentage of those in the not substantiated category has been falling over the past two years and is now down to 20%. However those that have been categorised as not investigated is 19%: this shows an increase since 2013-2014 of 5%.

Person experiencing harm

Table 4: Outcome of Concluded Enquiries for person experiencing harm

Outcomes of Completed investigations	2013/14		2014/15		2015/16		Overall Trends in %
	No.	%	No.	%	No.	%	
Increased Monitoring	54	15	78	21	59	15	→
Community Care Assessment & Services	33	9	61	16	32	8	↓
Application to Court of Protection	3	1	3	1	0	0	↓
Application to change appointee-ship	2	1	3	1	2	1	→
Referral to advocacy scheme	3	1	7	2	0	0	↓
Referral to counselling/training	7	2	14	4	9	2	→
Moved to increase/different care	25	7	44	12	43	11	↑
Management of access to finances	1	0	16	4	20	5	↑
Guardianship/use of Mental Health Act	5	1	11	3	5	1	→
Restriction/management of access to alleged PACH	13	4	18	5	15	4	→
Referral to MARAC	3	1	0	0	0	0	↓
Other	40	11	66	17	93	24	↑
No Further Action	162	44	233	61	261	67	↑
<b>Total Concluded Enquiries</b>	<b>365</b>		<b>380</b>		<b>392</b>		

Table 4 shows both the number and percentage of totals as trends are being compared by percentage. There may be more than one outcome for each concluded enquiry. Where there have been specified outcomes for the person who has experienced harm the most common continue to be 'increased monitoring' over the past three years, followed by 'moved to increased/different care' and 'community care assessment and services'.

Over the past three years there are two categories which have increased overall by more than 3%, these are 'moved to increased/different care' and 'management of access to finances'.

'Other' types of outcome have also been increasing over the past three years. Possibly there are other outcomes which could be categorised individually.

## Person alleged to have caused harm

Chart 8: Person alleged to have caused harm 2015-2016



Only 14% of alleged abuse was carried out by someone unknown to the victim. In a third of cases (32%) the abuse was alleged to have been carried out by a professional providing social care, whilst over half (54%) was someone that the victim knew who was not providing care.

Table 5: Person alleged to have caused harm by location of risk 2015-2016

Person alleged to have caused harm	Care Home	Own Home	Community Service	Hospital	Other	Total
Social Care Worker	60	55	1	2	7	<b>125</b>
Other - Known to Individual	37	130	1	8	34	<b>210</b>
Other - Unknown to Individual	21	23	0	3	10	<b>57</b>
<b>Total</b>	118	208	2	13	51	392

The largest combination of person causing harm and location occurs in abuse taking place in the person's home by someone known to them who is not a social care worker – there are 130 individuals in this category. This is followed by harm by a social care professional in both care homes and in the person's own home.

Table 6: Person alleged to have caused harm by type of abuse 2015-2016

Person alleged to have caused harm	Physical Abuse	Sexual Abuse	Psychological Abuse	Financial or Material abuse	Organisational Abuse	Neglect and Acts of Omission	Discriminatory Abuse	Total Cases
Social Care Workers	33	1	23	14	9	84	1	125
Other - Known to Individual	84	12	79	45	4	80	2	210
Other - Unknown to Individual	16	4	16	21	4	19	1	57
<b>Total</b>	133	17	118	80	17	183	4	392

Table 6 shows that the most common type of abuse alleged to have been caused by a social care worker is 'neglect and acts of omission'. There may be more than one type of abuse recorded for each concluded enquiry. For other people known to the victim the types of abuse most commonly alleged are 'physical', 'neglect and acts of omission' and 'psychological' abuse. The most common type of abuse which is alleged to be carried out by strangers is 'financial or material abuse'.

Table 7: Outcomes of concluded enquiries for person alleged to have caused harm – 2014-2016

Outcome for Person Alleged to have caused harm	2014/15		2015/16		Overall Trends
	No.	%	No.	%	
Exoneration	3	1	3	1	→
Action by Care Quality Commission (for registered care providers)	15	4	14	4	→
Action by London Borough Bromley Contract Compliance Team (against care providers in Bromley)	9	2	10	3	↑
Action by Commissioning/Placing authority (for care providers in other Boroughs)	6	2	3	1	↓
Criminal Prosecution	6	2	4	1	↓
Police Action	14	4	19	5	↑
Referral to Independent Safeguarding Authority (for paid carers)	3	1	5	1	→
Referral to registration body (for registered professionals such as GPs, Nurses)	4	1	5	1	→
Removal of the PACH from the Property/Service	6	2	14	4	↑
Action under Mental Health Act	12	3	5	1	↓
Carer's Assessment Offered	17	4	14	4	→
Community Care Assessment and Service	15	4	13	3	↓
Counselling/Support/training/treatment provided	19	5	21	5	→
Continued monitoring	50	13	62	16	↑
Management Action - Disciplinary, Supervision etc.	22	6	31	8	↑
Management of access to Vulnerable Adult	14	4	15	4	→
No Further Action	233	61	265	68	↑
Not Known / Not Recorded	31	8	0	0	-
<b>Total</b>	<b>380</b>		<b>392</b>		

Table 7 shows both the number and percentage of totals as trends are being compared by percentage. More than one outcome may be recorded for each concluded enquiry. For the person alleged to have caused harm the most common outcome continues to be 'continued monitoring', which has increased over the previous year. All other specified categories have not changed significantly. In over two-thirds of cases (68%) there has been no further action.

## Domestic Abuse – Cases reported for over 65's in 2014-2015

The following information shows that 150 domestic abuse cases where the victim was over 65 years were recorded by the MPS in Bromley during 2014-2015. Older victims of domestic violence experience abuse for twice as long as those aged 61 and under and nearly half have a disability.

It shows that the most reported crime is that of Violence against the Person (75%) followed by Criminal Damage (14%). Approximately two-thirds of cases involve people aged 65-74 years (101) and women (91).

Table 8: Types of Domestic Abuse by Age Group and Gender of the Victim

Type of Crime	Age Group						Gender				Total	
	65-74		75-84		85+		Male		Female			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Burglary	0	0	1	3	0	0	1	2	0	0	1	1
Criminal Damage	16	16	5	13	0	0	12	20	9	10	21	14
Robbery	0	0	1	3	0	0	0	0	1	1	1	1
Sexual Offences	0	0	0	0	1	9	0	0	1	1	1	1
Theft and Handling	7	7	5	13	2	18	4	7	10	11	14	9
Violence Against the	78	77	26	68	8	73	42	71	70	77	112	75
<b>Total</b>	<b>101</b>		<b>38</b>		<b>11</b>		<b>59</b>		<b>91</b>		<b>150</b>	<b>100</b>

## Blue Light Data

The local police, London Ambulance Service and London Fire Brigade 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 enquiry, every referral is followed up by the relevant teams.

Table 9: London Ambulance Service Referrals 2011 - 2016

	2011/12	2012/13	2013/14	2014/15	2015/16
Alerts Received from LAS	353	677	1,152	1,061	503
Alerts Processed as Safeguarding	16	32	27	18	9
Percentage of Alerts Processed as Safeguarding	4.53%	4.73%	2.34%	1.70%	2%

It can be seen that there has been a fluctuation in the number of alerts received from the LAS with a peak between 2013-2015, which reduced again in 2015-2016. This is due to specific work undertaken by the London Boroughs in conjunction with the LAS. However, the percentage of alerts processed as safeguarding over the past three years has remained steady around 2%. This is a decrease on the percentage of alerts processed as safeguarding from 2011-2012 and 2012-2013.



Table 10: Metropolitan Police Service Referrals 2011 - 2016

	2011/12	2012/13	2013/14	2014/15	2015/16
Merlins Received from Police	536	449	893	1,274	2,248
Merlins Processed as Safeguarding	18	20	22	28	17
Percentage of Merlins Processed as Safeguarding	3.36%	4.45%	2.46%	2.20%	1%
Referrals sent from LBB to police public protection	-	-	65	74	39
Percentage of referrals responded to within 3 days	-	-	94%	87%	91%

There has been a significant increase in police referrals over the past four years with over four times as many in 2015-2016 than there were in 2011-2012. These 'Merlin' alerts are made when police officers come in contact with a vulnerable adult and there are concerns for their safety. This system of alerts is the result of a London-wide initiative led by Bromley. However the percentage of referrals which are safeguarding issues has decreased over this time period to 1%.

The number of referrals from the Council to the police has decreased over the past year from the previous two years.

Table 11: London Fire Brigade Referrals 2013-2016

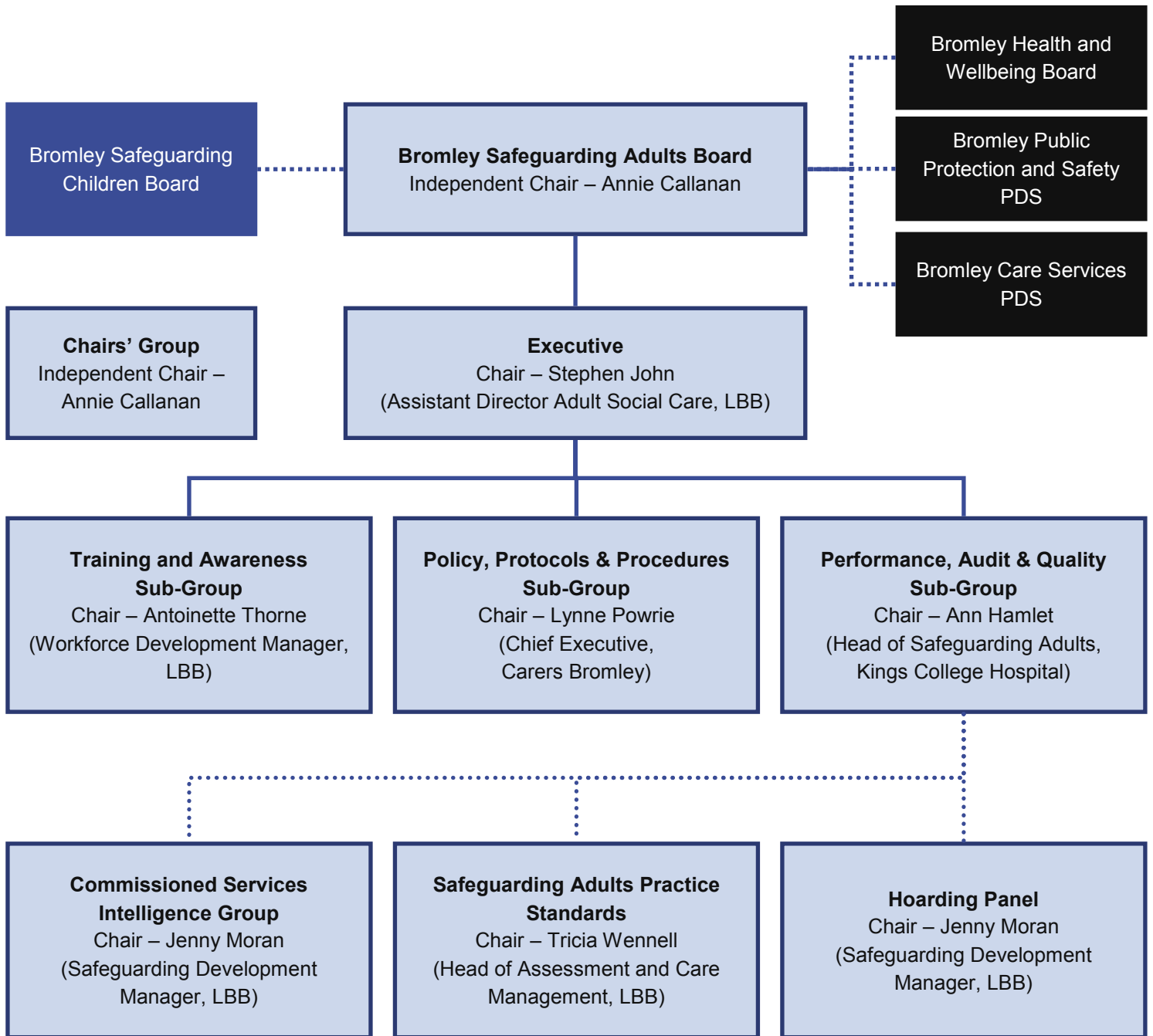
	2013/14	2014/15	2015/16
Home Fire Safety Visits	2,290	3,003	3,161
Home Fire Safety Initiative referrals sent from LBB to LFB	81	125	87
Safeguarding Referrals received from LFB	20	-	43

The London Fire Brigade has worked to increase the number of Home Fire Safety Visits over the past two years as a preventative measure to reduce the number of fires, and possible fatalities, in Bromley. Front-line staff in the Council make referrals to the Fire Brigade if they assess that there may be a fire risk to their clients.

Officers continue to make safeguarding referrals to the Council for individuals they come in contact with and this number has doubled over the past three years. No data is available for 2014/2015.

# Appendices

## Appendix 1 – Board Structure – March 2016



## Appendix 2 - Funding Arrangements

Description	Budget	Expenditure	Variance
Temporary/Agency Staff	0	8,362.15	8,362.15
Training Expenses	31,420	28,526.50	-2,893.50
Training Equipment & Materials	1,500	85.24	-1,414.76
Printing & Stationery	2,500	0.00	-2,500.00
Other Office Expenses	6,000	144.00	-5,856.00
Other Hired & Contracted Services	10,500	10,185.00	-315.00
Agency/Consultancy Fees	8,000	0.00	-8,000.00
Conference Expenses	6,000	4,001.44	-1,998.56
Grants & Subscriptions	100	0.00	-100.00
Publicity	2,500	1,103.88	-1,396.12
Miscellaneous Expenses	20,280	451.29	-19,828.71
<b>Total Planned Expenditure</b>	<b>£88,800</b>	<b>£52,859.50</b>	<b>-£35,940.50</b>
Balance Brought Forward from 13/14	46,300	46,305.65	5.65
Home Office Grant - Community Safety Fund	0	5,000.00	5,000.00
Contribution from Health	20,000	21,000.00	1,000.00
Contribution from Metropolitan Police Service	5,000	5,000.00	0.00
Contributions from Other LBB Departments	12,000	37,000.00	25,000.00
Fees/Charges for Conference	1,500	2,470.00	970.00
Miscellaneous Income	4,000	4,000.00	0.00
<b>Total Planned Income</b>	<b>£88,800</b>	<b>£120,775.65</b>	<b>£31,975.65</b>
<b>Balance Carried Forward to 16/17</b>		<b>£67,916.15</b>	

## Appendix 3 - Membership of the Board

<b>Bromley Safeguarding Adults Board</b>		
<b>Name</b>	<b>Organisation</b>	<b>Job Title</b>
Annie Callanan		Independent Chair
<b>LEAD STATUTORY PARTNERS</b>		
Stephen John	London Borough of Bromley	Primary Social Worker Asst Director – Adult Social Care
Sonia Colwill	Bromley Clinical Commissioning Group	Director of Governance, Quality and Patient Safety
Dave Yarranton	Metropolitan Police Service	Detective Chief Inspector
<b>STATUTORY PARTNER MEMBERS</b>		
Claire Lewin	Bromley Clinical Commissioning Group	Designated Nurse, Adult Safeguarding
Aileen Stamate	London Borough of Bromley	Quality Assurance Manager
Jenny Moran	London Borough of Bromley	Adult Safeguarding Development Manager
Antoinette Thorne	London Borough of Bromley	Workforce Development Manager
Tricia Wennell	London Borough of Bromley	Head of Assessment and Care Management
Paula Morrison	London Borough of Bromley	Assistant Director, Public Health
Rob Vale	London Borough of Bromley	Head of Trading Standards & Community Safety
Sara Bowrey	London Borough of Bromley	Head of Housing Needs
Claire Elcombe-Webber	London Borough of Bromley	Domestic Abuse Strategy Co-ordinator
<b>PARTNER MEMBERS</b>		
Ann Hamlet	Kings College Hospital NHS Foundation Trust	Head of Safeguarding Adults
Natalie Warman	Bromley Healthcare	Director of Nursing, Therapies and Quality Assurance
Amanda Mayo	Bromley Healthcare	Lead Nurse Adult Safeguarding
Daniel Cartwright	London Fire Brigade	Bromley Borough Fire Commander
Peter Curtin	London Fire Brigade	Station Manager, Bromley Fire Station
Darren Farmer	London Ambulance Service	Local Safeguarding Lead
Barbara Godfrey	Oxleas NHS Foundation Trust	Head of Social Care
Helen Jones	Oxleas NHS Foundation Trust	Service Manager for Older Adults
Segun Oladokun	Care Quality Commission	Head of Inspection, London South Care Quality Commission
Cllr Robert Evans	London Borough of Bromley	Portfolio Holder, Care Services
Cllr David Jefferys	London Borough of Bromley	Chair, Health and Wellbeing Board

Cont'd on next page

**VOLUNTARY SECTOR MEMBERS**

Derec Craig	Victim Support	Senior Service Delivery Manager
Maureen Falloon	Age UK Bromley & Greenwich	Chief Executive
Eddie Lynch	Bromley Mencap	Chief Executive
Lynne Powrie	Carers Bromley	Chief Executive
Dominic Parkinson	Bromley and Lewisham Mind	Adult Services Manager
Elaine Gardiner	Kent Association for the Blind	Service Team Leader
Margaret Whittington	Bromley Healthwatch	Trustee - Healthwatch Board

**PRIVATE SECTOR MEMBERS**

Rosemarie Duncan	Caremark	Representative - Domiciliary Care Forum
Izabela Szluinska	Antokol Care Home	Representative - Care Home Provider Forum
Ann Hinds	Ashcroft Nursing Home	Representative - Care Home Provider Forum
Susan Clinton	Affinity Sutton	Representing Registered Social Landlords
Ruth Sheridan	St Christopher's Hospice	Director of Supportive Care
TBC	Local Medical Council	Representing General Practitioners
Gary Stephen	BMI Healthcare	Director of Clinical Services



## **Bromley Safeguarding Adults Board**

Civic Centre, Stockwell Close, Bromley, BR1 3UH

<https://bromley.mylifeportal.co.uk/bsab>