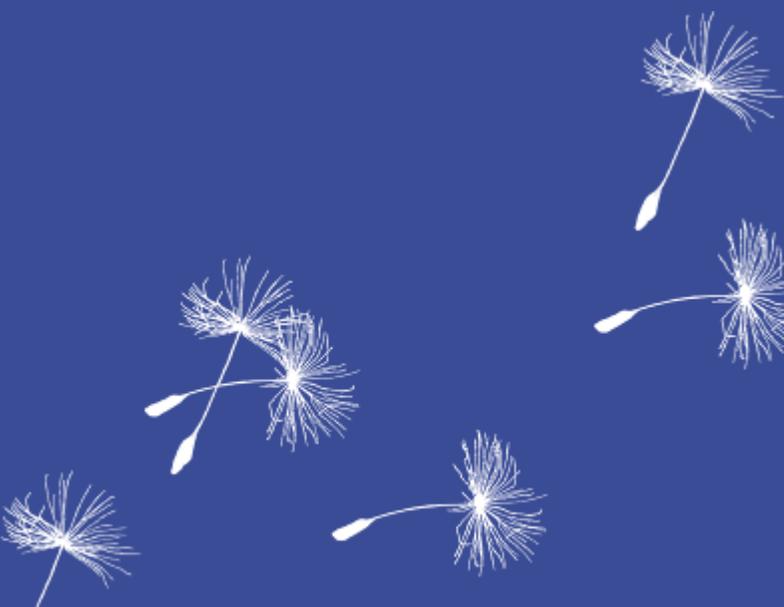


BROMLEY SAFEGUARDING ADULTS BOARD

Annual Report
2016 – 2017

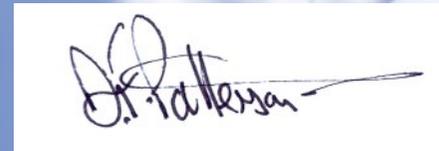


“Bromley is a place where preventing abuse and neglect is everybody’s business”

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

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Mr Doug Patterson, Chief Executive London Borough of Bromley

Dr Angela Bhan, Chief Officer NHS Bromley Clinical Commissioning Group

Chief Supt Chris Hafford, Bromley Borough Commander Metropolitan Police

FOREWORD FROM THE INDEPENDENT CHAIR

1.

As the new Independent Chair, I am delighted to present the Bromley Safeguarding Adults Board (BSAB) annual report 2016 -2017.

In June 2016, an Association of Directors of Adult Social Services (ADASS) Peer Review focussing on safeguarding adults took place with colleagues from our neighbouring boroughs looking at the work we did. In our 2015 -16 report we highlighted our intention to prioritise scamming, fire reduction and learning disabilities and I am pleased to say that we have made headway in all these areas. We have received positive feedback which stated that the work of the Board is effective in preventing abuse and ensuring that when concerns arise they are dealt with appropriately. In particular, we are working well and have achieved the following successes:

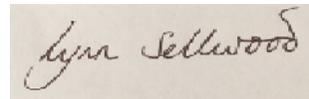
- Bromley MyLife Portal is becoming user friendly and it provides a tool for self-management
- Good partnership working relationships with Bromley Healthcare and the Third Sector partners
- Strong preventative work by Community Safety and Trading Standards
- Good safeguarding training and Continued Professional Development for staff

With input from our residents through a consultation exercise, the Board has produced a Safeguarding Adults Strategy 2016-2019 which will drive our work in the next three years and help us meet the challenge of keeping vulnerable people safe while also respecting their

right to make their own decisions. We will give priority to the following areas of work in the coming year:

1. **Raising Awareness** – we will speak with our community and keep people well informed about how to keep themselves safe
2. **Improving Care Standards** in care homes and domiciliary care providers and their safeguarding practice
3. **Making Safeguarding Personal** – we will continue to provide a safeguarding training programme for all professionals
4. **Improving Safeguarding Practice** in care settings where people with mental health problems live
5. **Learning from Audits and Safeguarding Adults Reviews (SAR)** – we will put into practice what we learn when things go wrong

The Board holds local partners accountable for their safeguarding duties and the work we plan to do next year will give more evidence of our improved safeguarding adults practice across our partner agencies. I would like to thank everyone involved in working so hard to enable the BSAB to achieve its objectives last year. I look forward to working closely with them in the coming year to further contribute to the development of excellent safeguarding practices in Bromley.



Lynn Sellwood, Independent Chair

2. EXECUTIVE SUMMARY

London Borough of Bromley (LBB) continues to grow with a population of over 326,000, one of the largest in London. Despite changes to the local population, our typical service user remains the same - over 75, suffering neglect or physical abuse in their own home by someone known to them. This is a picture that is consistent with the rest of the country. We have however seen a growth in younger service users from 18 – 64 who often have a learning disability.

The Board has continued to work hard to ensure that we are serving these vulnerable residents. At the end of last year we released our 2016 – 2019 Strategy, which outlines our work programme for the next three years, and we are working to implement this. The Care Act 2014 and six safeguarding principles continue to drive a lot of our work; most notably the Act widened the scope of abuse to include self-neglect, domestic violence and modern slavery. In response to this, we have already achieved key successes by establishing links with the hoarding panel, developing the Bromley Violence against Women and Girls (VAWG) Strategy and training programme, delivering the white ribbon campaign for domestic violence and arranging training on self-neglect and hoarding. Looking forward, we have chosen to prioritise these key areas for 2017/18.

During, 2016 – 2017 we put specific focus on scamming, fire reduction and learning disabilities. The Board and its partners have successfully worked with the London Fire Brigade (LFB) to undertake home fire safety visits, provided training on fraud and doorstep crime and monitored the Learning Disability Mortality Review (LeDeR).

We continue to offer a wide-ranging multi-agency training programme which engages both professionals and volunteers in a number of different sectors. One of the highlights of our year was our annual safeguarding conference, which focussed on the theme of 'Accessing Justice'. We were fortunate to have a number of highly-esteemed guests presenting at the conference, including Mr Paul Greenwood, Deputy District Attorney, County of San Diego and Dr Margaret Flynn, Chair of the National Independent Safeguarding Board in Wales. A variety of topics were covered from hate crime to elder abuse and the role of the Coroner and courts in safeguarding.

Going forward we will continue to focus on and implement important safeguarding processes. This includes 'Making Safeguarding Personal', which ensures that person centred outcomes are achieved for safeguarding and identifying cases that may require investigation by the SAR, to identify learning points that will drive better safeguarding practice.



3. NATIONAL CONTEXT

The Care Act became effective in April 2015, and the result has led to the movement towards a more personalised approach to adult social care. The Act recognises that individuals have different values and preferences and aims to put these at the centre of their care.

From a national perspective it continues to be a challenging time for social care, with the combination of a growing ageing population, people with long-term conditions and the economic climate putting a great demand on resources.

Abuse of the elderly continues to be a significant problem with Action on Elder Abuse estimating that over 500,000 older people are abused in the UK each year and Age UK estimating that 1.2 million vulnerable elderly people not receiving the care they require. The Channel Four Dispatches programme highlighted that abuse is still very much an issue within care homes, whilst ADASS noted that there needed to be more awareness around preventing abuse for elderly people with care and support needs. ADASS further emphasised that this was particularly true for elderly adults with learning disabilities.

The Care Act identified self-neglect, domestic abuse and modern day slavery as types of abuse and nationally there has been more recognition of these issues. The Modern Slavery Act 2015 received royal assent on 26 March 2015 and is designed to simplify offences into one Act as well as ensure that there are suitable punishments for perpetrators and help identify and support victims of slavery. In response, over 10 members of LBB staff attended the ADASS train the

trainer course on modern slavery. Similarly, the Social Care Institute for Excellence released a briefing in 2015 which highlighted the difficulties in dealing with cases of self-neglect, as it involves issues of capacity and own personal preferences. Consequently a number of national serious case reviews have occurred as the result of individual deaths from self-neglect. It is hoped that guidance under the Care Act in relation to self-neglect will help lend some clarity to this area.

Domestic violence continues to be a priority for the Board, with the Office of National Statistics reporting that 1.8 million people aged from 16 – 59 had reported to be the victim of domestic violence for the year ending March 2016. A Home Office Domestic Homicide Review Analysis 2015/16 also highlighted that there have been in excess of 400 domestic homicide reviews since April 2011. This emphasises the need for us to ensure that we have a clear strategy in place to address domestic abuse, which we have done.

3. LOCAL CONTEXT – THE BOROUGH IN WHICH WE WORK

- Bromley continues to grow and has reached over 326,000 in 2016 and is predicted to expand further over the next ten years. Bromley has the largest population of older people of all the London Boroughs [Source: Joint Strategic Needs Analysis Bromley, 2015]
- 4,000 people suffer from a mental health problem and will be known to Oxleas NHS Foundation Trust
- There is an ageing population and the proportion of older people (65+ & over) is expected to increase by 1% to 57,800
- Aside from those receiving support from Oxleas, 2,600 people have been identified by GPs as experiencing serious mental illness
- Bromley Council's Adult Care Initial Contact Service receives around 23,800 calls for help a year (457 calls a week)
- 1 in 6 people over the age of 80 have dementia in the UK. There are currently over 4,000 people living in Bromley with dementia (1% of the adult population)
- 31,000 people (10% of the population) are unpaid carers and 6,299 (20%) carers provide more than 50 hours of care a week
- 3,709 older people are receiving community based care – 590 are receiving support in a care homes
- There are 56 care homes in Bromley, 22 of which are nursing homes. One home closed in 2016/17
- Number of adults with learning disabilities is 4,728 and is due to increase by 5% in the next 5 years – 782 are receiving community-based services and 141 are receiving support in care homes





WHAT ISSUES WE ARE TACKLING TOGETHER?

4.

1. Doorstep Crime and Bogus Callers
2. Domestic Violence and Abuse / Elder Abuse
3. Self-neglect
4. Hoarding
5. Care Home Abuse
6. Abuse in People's Homes
7. Fire Safety in the Home

1. DOORSTEP CRIME AND BOGUS CALLERS

Anyone can be fooled by bogus callers or doorstep criminals. However, over 60s are often specifically targeted.

We work with the Trading Standards and Community Safety Team and the Metropolitan Police to provide information about how to secure your home and the property within and how to keep your home safe.

They explain what actions people should take if someone visits them and they suspect they are a doorstep criminal and learn how to protect their family, friends and neighbours.

Case Study A: Door-to-door scams

Two rogue tree surgeons were sentenced in June 2017 following guilty pleas to offences of fraud by misrepresentation. The men, who were not from the area, targeted older residents in the borough by delivering flyers which displayed false addresses and unregistered phone numbers. In all these cases, they set out to deceive the victims, who were all female and aged between 70 and 90, using sophisticated methods, deliberately setting out to hide their true identities.

Each victim responded to a flyer to have some gardening done. Several men then turned up at their homes, led by either of the two men and quoted prices for work. Once the work was completed the price was inflated to cover 'waste removal'.

Five victims were identified, some coming forward following an expose by BBC Watchdog's Rogue Trader programme. One victim, aged 90, was driven to her bank having been told the original cost of £400 had risen to £4,000, claiming they had removed several tonnes of waste which was completely false. In this case, the bank staff alerted trading standards who were able to attend the branch immediately and intercept any payment.

A further victim asked the men to cut back a conifer tree for which she was quoted £600. When the work was complete she was told 7 tonnes of waste had been removed and told the price had risen to £1,875. She was accompanied to her bank where she withdrew the cash. An expert later valued the work at £100.

An investigation by trading standards ultimately led to the conviction of the two ringleaders.

Case B: Domestic Violence and Abuse

“He (My abuser) was a friend of a neighbour, we met on a night out and we got talking. He would come round, we’d have a drink and it progressed into a relationship. Three months after that he first slapped me in the face and then was full of apologies afterwards. This was my first ever abusive relationship. My mum was unwell at the time; I probably wasn’t in a good place and he probably saw that.

He would get angry really quickly; he was always drunk and would tell me stories about his past to scare me.

I was getting to know him and then I realised I was scared of him, but a part of me was saying he’s not that bad. None of my friends liked him from the start; he had a big problem with my best friend.

When I moved into my new property he got more aggressive but there were still times when he made me feel really special.”

Sophie recalls many incidents of abuse.

“I cooked and he said something rude, so I said don’t talk to me like that and he stood over me and threw the hot plate of food at me and started kicking me.

One night he held me hostage in the bedroom, he threatened me with a broken bottle; he wouldn’t even let me go to the toilet. I’ve had broken ribs and a broken nose. I’ve had to sleep in the cupboard all night; I created a panic room in my cupboard and slept on my pile of clothes. I’d call the Police but then he would get out and then I’d get a beating. He would say you’re fat, you’re nothing and you are going to be nothing.”

“Every time I told him to leave it was like a trigger for more abuse.”

“He’d ask to borrow money and if I didn’t lend it to him, he’d slap me in the face and spit on me.”

“I knew I was a victim of abuse although I didn’t realise it was actually domestic abuse until after I spoke to a Victim Support Caseworker. It was like I had these dark clouds clouding my personality and my judgement. But the Victim Support Caseworker (Bromley Independent Domestic Violence Advocate — IDVA) helped me see things differently. She explained all my options and told me she’d be there every step of the way to support me. It was the Victim Support Caseworker who called the Police on my behalf to say I was ready to make a statement.”

“When the case went to court, the Victim Support Caseworker walked me through it and explained everything to me.” “He got a five year suspended sentence and five year restraining order to stay away from me, my friends, family, my home and workplace.”

“The Victim Support Caseworker helped save my life.”

2. DOMESTIC VIOLENCE AND ABUSE / ELDER ABUSE

Domestic violence and abuse is a complex and multi-faceted issue that touches many people’s lives in many ways.

Domestic violence is like no other crime insofar as the perpetrator has intimate and constant access to the victim.

Domestic violence and abuse is experienced by adults and children from all backgrounds, and many domestic incidents remain unreported. We encourage joint working between agencies to support victims/survivors of domestic violence and abuse against women and girls (VAWG).

We offer good quality interventions with hard to reach communities.

3. SELF-NEGLECT

There are many individuals, who are in contact with health and social services, that are at risk of being unable to care for themselves, for example manage their nutrition or personal care. In some cases this inability may have a detrimental effect on the individual's health and well-being.

We act where an individual's well-being is at risk because of their refusal to be assessed or intervened by stakeholder organisations and as a result they may be exposed to potential harm and/or exploitation.

4. HOARDING

Hoarding is the compulsive collecting of items leading to unmanageable levels of clutter. The individual hoarding items may be unable to throw away items, until such a point where they may pose a risk to themselves or others by doing so. Hoarding can affect all people, and there is no 'typical hoarder', although many people who do hoard may be considered vulnerable. We have ensured that we attend and provide input at hoarding meetings and we have also delivered training on hoarding to professionals.

Case Study C: Self-neglect

Roger, a 72-year-old pensioner not previously known to Adult Social Care lived alone in a rented housing association flat. He has three adult children. His contact with his children was limited. Roger suffered from epilepsy and a number of long-term health conditions. He was admitted to hospital prior to Christmas in 2015 following a fall.

Following discharge from hospital, he received a package of care at home. In January 2016, a District Nurse contacted Adult Social Services to clarify care arrangements, and raised concerns that Roger had grade 4 pressure sores and needed his bed sheets changing daily.

As a result of poor engagement, additional support was not offered to Roger as he was resistive to this. Neighbours made a complaint to Adult Social Care and reported that Roger was self-neglecting and that he had become verbally abusive. This was considered unusual as he had always maintained good personal care and was friendly. Neighbours also complained about a putrid smell coming from Roger's flat which was impacting the building and surrounding area. They stated that Roger was throwing food out of the window which attracted vermin in the communal area. Housing attempted to intervene as a result of neighbours' concerns. At the time it was noted that Roger had approximately 15 bags of rotting food in his flat.

Adult Social Services completed a mental capacity assessment and found that Roger's children were taken into care when they were young, one son visited occasionally. Roger stated that he did not want his children to be bothered about his care and he was identified as lacking insight into his situation and safeguarding concerns.

With support from Housing and Environmental Health following a meeting at the Hoarding Panel, the health risk was removed with a deep clear-up of the property. With his agreement, Roger was admitted to hospital for treatment and later returned home with a more comprehensive care package to maintain his independence. Roger's views and wishes to return home were fully respected and his desired outcome was achieved.

Case Study D: Poor quality care in a care home

Ms JC was 83 years old and had a long-standing diagnosis of dementia. She had resided in her current placement, which was an out of borough placement for a number of years. She had a good advocate /friend who had Lasting Power of Attorney (LPA) on behalf of Ms JC.

When it was initially determined that Ms JC needed 24-hour care and support, it was considered in Ms JC's best interest that she should be placed near her friend to enable their long-term friendship to be maintained.

In October 2016, Essex Social Services Safeguarding Team reported concerns to London Borough of Bromley regarding the quality of care in Ms JC's placement. They advised that they were considering placing an embargo on this care home.

Subsequently, the home closed and Ms JC moved to another home which was run by the same provider. In this safeguarding process, Ms JC and her advocate were closely involved in planning the move, while the care home was supported to develop a better care plan for transition to ensure that Ms JC received good quality of care.

Ms JC had good relationships with some of the care workers who also moved to work in the new care home. This enabled continuity of care and supported Ms JC's wishes and choice to move to a home run by the same company.

In this case example, two local authorities worked with the CQC and care home provider to provide training to their care staff to improve care quality and to develop a robust whistle blowing policy to safeguard adults at risk of abuse and neglect in a care home.

5. CARE HOME ABUSE

Most care homes provide a caring environment for residents. But, unfortunately things sometimes go wrong.

Care home abuse and neglect is a shocking experience for residents and their families. It is unacceptable for vulnerable residents to be subjected to abuse under any circumstances. Some residents are unable to speak up for themselves.

We work with Bromley Clinical Commissioning Group (BCCG), Care Quality Commission (CQC), LBB Contract Managers and providers to stop abuse and neglect, improve the quality of care and raise care standards.

We protect care home residents through Deprivation of Liberty Safeguards (DoLS).

Case Study E: Physical Abuse in a family setting

Claire has been known to Adult Care Services since 2010; she was diagnosed with Alzheimer's disease and was supported in the family home via a package of care. Her husband was also in receipt of care but he passed away suddenly in April 2016. Following this, Claire's son, Terry moved back to the family home to care for her.

In May 2016, a safeguarding concern was raised by the care provider who contacted Adult Social Services and reported that Claire's son had been verbally abusive towards his mother in the presence of care workers.

Following a further home visit, the District Nurse raised an allegation of physical abuse with Adult Social Services after Claire alleged that her son had slapped her face.

The safeguarding concern was dealt with in a timely manner, safeguarding procedures were followed and an appropriate support plan was implemented to protect Claire.

Initially Claire was taken to a place of safety while the investigation was undertaken. Both parties were involved in the process and Claire was supported by an Independent Advocate. Her views and wishes were fully explored and she was asked about her desired outcome for the safeguarding investigation. A carer's assessment was completed to establish the support that Terry needed to care for Claire and subsequently additional help was offered. Claire returned home with appropriate care and the risk of further abuse or harm was removed.

6. ABUSE IN PEOPLE'S HOMES

Abuse can happen in a family setting and it can take many forms, including financial, emotional, physical and sexual.

As we get older, some of us may need help with looking after our money, carrying out daily tasks and getting around. Abuse is when someone we trust causes us harm or distress.

We work together to ensure that all partner agencies and the local community raise awareness of what constitutes a safeguarding concern. We protect people through the Court of Protection.

7. FIRE SAFETY AT HOME

We work together to ensure anyone who may have increased fire risk is provided with appropriate protection.

We want to stop fires from happening and work with LFB to offer fire safety visits, carry out home risk assessments and advise on fire prevention items, such as smoke alarms and carbon monoxide detectors.

THE BOARD'S KEY ACHIEVEMENTS IN 2016-17

5.

REPORTING CONCERNS

- We provided information and advice on how to raise concerns over possible abuse or neglect through different mechanisms such as the Bromley's MyLife website and published leaflets
- We provided accessible information through the 'alerters' and 'what happens if you've been abused' guides. This has helped people understand types of abuse, how to stay safe and how to raise concerns about the safety and well-being of an adult
- The Care Management Team led one multi-agency enquiry into alleged care home abuse

PARTNERSHIP WORKING

- We are grateful to Carers Bromley for their support during 2016/17
- We developed a set of mandatory questions around fire safety, which care managers are required to ask during their initial assessment of an individual
- We made 63 referrals to LFB so that they could undertake HFSV to promote fire prevention and safety
- We received 2,132 concerns from the police, of which 83 were raised as a safeguarding alert
- We received 589 concerns from the LAS, 22 of these were raised as a safeguarding alert

ENGAGEMENT & COMMUNICATION

- We revised and updated our Communication Strategy
- We continued to engage with key strategic partners and increased our board membership to include Advocacy for All and the Alzheimer's Society
- We undertook consulted with service users and carers when developing our safeguarding strategy. We conducted an on-line survey, which 617 people responded to and held six focus groups which were attended by 63 people from different client groups
- 2,000 safeguarding adults leaflets were published and distributed

BSAB ANNUAL CONFERENCE

- We held the Bromley Safeguarding Adults Annual Conference 2016 with the theme of 'Accessing Justice' which was attended by over 100 delegates. We obtained feedback from attendees who reported 100% satisfaction in respect of the event's content and topics
- There were presentations from guest speakers as well as morning and afternoon workshop sessions. Topics included 'Making Safeguarding Personal', multi-agency working in self-neglect and pressure ulcer prevention and management
- All speakers' presentations can be found: <https://bromley.mylifeportal.co.uk/bsab/conference2016>

USERS' AND CARERS' FEEDBACK

- We developed a User's & Carers Individual Feedback Form to find out the impact on people experiencing safeguarding
- We also established a Service Users & Carers Engagement Group and have developed a terms of reference for the group

MULTI-AGENCY VULNERABILITY PANEL

- The Multi-Agency Vulnerability Panel was established by Bromley Healthcare. The purpose of the panel is to ensure that complex patients and their families are protected from harm and receive appropriate care, by the right professional. The panel will act to ensure that care is provided and reviewed where concerns have been raised by staff, families or patients, or where harm may have occurred and there is a need to prevent any further harm

TRAINING & DEVELOPMENT

- We commissioned a refreshed training programme which was in line with the National Competence Framework for Safeguarding Adults. The framework focuses on achieving desired outcomes for users and was offered to staff within adult social care and our partner organisations
- We arranged increased training sessions on topics such as hoarding and self-neglect
- Safeguarding training was provided to all Safeguarding Coordinators and Adult Managers. All staff within Adult Care Services completed a compulsory e-learning course on the Care Act 2014

AUDITS AND QUALITY ASSURANCE

- File Audits were undertaken where we reviewed individual case studies and lessons learnt from these
- Quality Assurance Framework was used to evaluate the quality of assessments and support plans for safeguarding adults and to examine the effectiveness of safeguarding arrangements across teams and BSAB partnership agencies

PEER REVIEW

- A peer review of the Adult Early Intervention Service was undertaken; this comprised of interviews and group sessions. Consequently, an action plan was developed identifying ways to improve the service, such as updating CareFirst forms and developing an online referral form for non-professionals

SAFEGUARDING ADULTS REVIEW

- We developed the referral process and governance arrangements for the SAR. Four applications have been submitted for consideration

MAKING SAFEGUARDING PERSONAL

- The Board completed and contributed to ADASS's National Survey of Making Safeguarding Personal
- We included 'Making Safeguarding Personal' questions in all our safeguarding process documents on CareFirst

INFORMATION SHARING STRATEGY

- BSAB Information Sharing Strategy and Agreement was established

Case study F: Financial Abuse

Mrs DW was an 85-year-old woman diagnosed with Alzheimer's disease. She used to live in their family home with her husband. They were home owners and have two adult children (son and daughter). The couple have been known to social services since 2014 when British Gas contacted social services raising fire safety concerns.

Following a home visit by a care manager, home care services were set up for Mr & Mrs DW to support them to remain safely in the family home. At that time it was noted that they did not have capacity to manage their finances.

In March 2016, a safeguarding alert was raised. Their daughter found that her parents' bank cards and a large amount of cash were missing. She contacted the police to report a crime. It was alleged that their son had taken the money from them.

Mrs DW was subsequently visited by an approved mental health practitioner as her condition had deteriorated and she was admitted to hospital. Following discharge from hospital, Mrs DW was placed in a residential home for people with dementia.

During the safeguarding process, the family dynamic was explored; the views and wishes of both Mr & Mrs DW were discussed. Their daughter applied for Court of Protection and became the Appointee for her parents. Since the couple was willing to hand over their money to their son, no charge was placed. A whole family approach was adopted in assessing the support needs of the couple and planning the future care for Mrs DW.

DURING 2016-2017, BROMLEY SAFEGUARDING ADULTS BOARD UNDERTOOK TASKS WHICH PROVIDED EVIDENCE THAT WORK HAS BEEN PROGRESSED TO MEET THE BOARD'S OBJECTIVES:

6.

OBJECTIVES	WORK PROGRESS
<p>Priority 1- Empowerment Supporting people to manage risk in their own lives and make decisions at each stage of the safeguarding process</p>	<ul style="list-style-type: none"> • Updated the Practitioner Toolkit of policies and procedures • Developing partnership learning framework with professionals to ensure that 'Making Safeguarding Personal' is embedded at the forefront of their practice
<p>Priority 2 – Prevention Support the development of and oversee preventative strategies that reduce abuse and neglect</p>	<ul style="list-style-type: none"> • Reducing the occurrence of fire-related harm through partnership working and targeted HFSVs
<p>Priority 3 – Proportionality Gain assurance that adults are safeguarded, there is a timely and proportionate response when abuse or neglect has occurred and that individuals are supported to have a choice</p>	<ul style="list-style-type: none"> • Raising awareness of safeguarding in the community through public campaigns, such as 'White Ribbon Campaign' – which highlighted domestic violence and abuse • Raising awareness of scamming and doorstep crime through the training of professionals and raising awareness of hate crime to community groups for people with learning disabilities
<p>Priority 4 – Protection Work with our partners by continuing to develop policies, procedures and collaborative working arrangements that support and represent those in greatest need</p>	<ul style="list-style-type: none"> • Monitoring the LeDeR which is an outcome of an Independent Review of deaths of people with a learning disability (Mazar's Review) at Southern Health NHS Foundation Trust

[Cont'd on next page]

OBJECTIVES**WORK PROGRESS****Priority 5 – Partnerships**

Work with our partners and develop joint working practices between and across organisations which promote co-ordinated, timely and effective responses for the individual at risk

- The Bromley Safeguarding Adults Strategy 2016-2019 was launched in June 2016 following consultation with service users, carers, professionals and residents of Bromley
- Created the 'Domestic Violence Against Women and Girls' training strategy for the Safeguarding Children's and Adult's Board
- Supporting the IRIS Project, which aims to promote awareness of domestic abuse in GP practices' within the borough

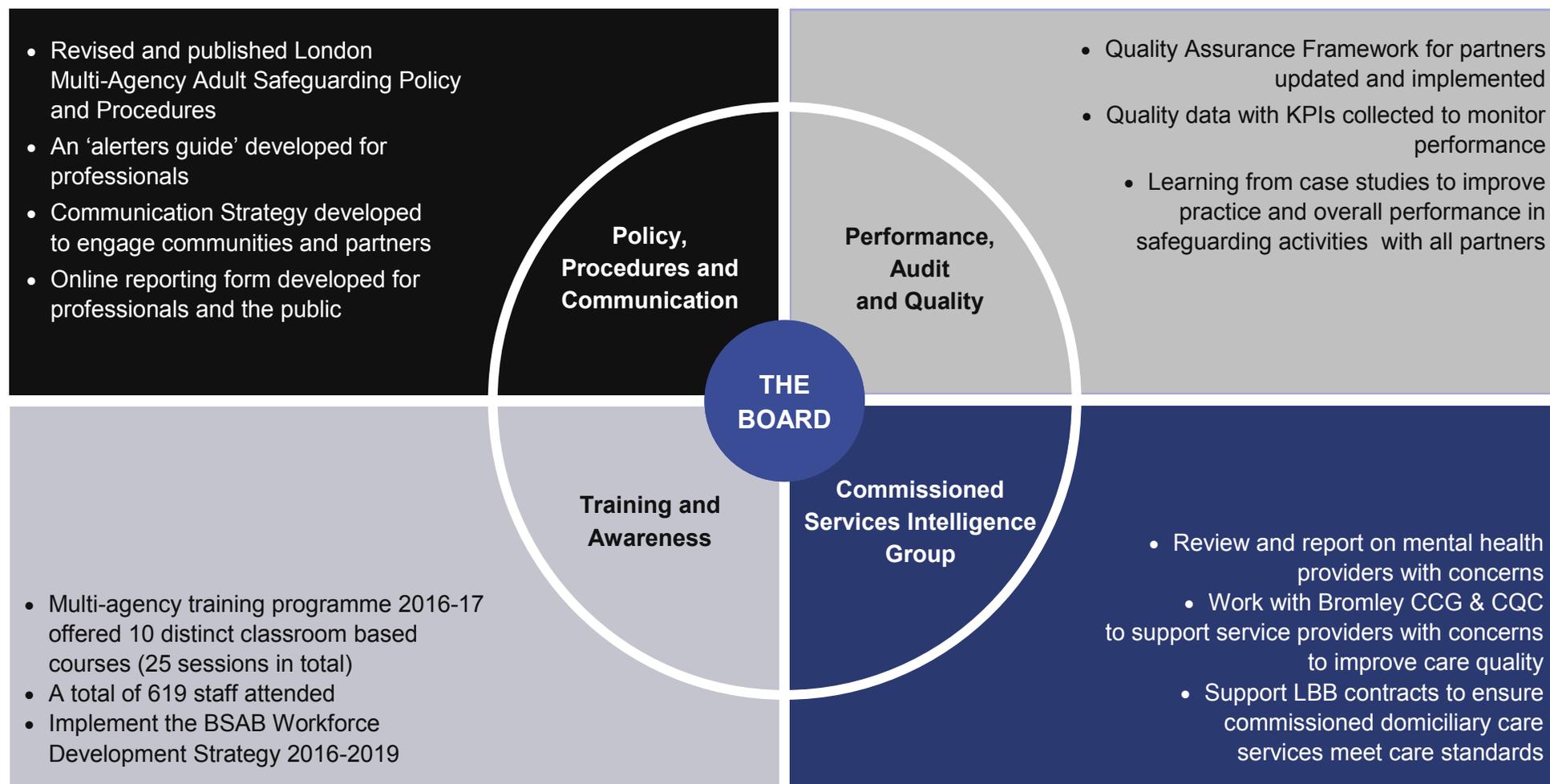
Priority 6 – Accountability

Work to ensure that the role of all agencies and staff is clear and explicit. Agencies across the partnership will recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements

- Worked with Healthwatch Bromley to develop a Service User Engagement Strategy
- Developed an information sharing protocol which identifies roles, responsibilities, authority and accountabilities for all partners

7. WHAT OUR SUB-GROUPS DID IN 2016-17

The Board, its sub-groups and all partner agencies have worked hard through 2016-2017 to ensure safeguarding adults continues to be top priority across the borough. Partners are committed to working together to keep people safe from abuse and improve our practice including making safeguarding work more personal. Key achievements made by each sub-group:



GOING FORWARD – WHAT DO WE PLAN TO DO IN THE COMING YEAR?

8.

Looking forward to 2017-2018, we will continue working with our partners to raise community awareness of adult abuse and neglect and how to respond to safeguarding concerns.

Board partners are committed to helping adults, their carers, the public and professionals to make Bromley a place where vulnerable adults can live safely. We will be focussing on the following areas:

STRATEGIC LEADERSHIP

- Developing the role of BSAB by consolidating our leadership responsibilities with our statutory and non– statutory partners
- Identifying opportunities to strengthen working relationships with the Safeguarding Children’s Board

RAISING AWARENESS

- Refining the Board’s Service User Engagement and Communication Strategy
- Improving awareness of adult safeguarding through a variety of channels
- Deliver a programme of visits out to community groups to promote the work of the board

IMPROVING SAFEGUARDING PRACTICE

- Commissioning training and professional development opportunities, which includes training of Best Interest Assessors that promote ‘Making Safeguarding Personal’ Mental Capacity Assessment
- Ensuring that the Multi-Agency Protection Plan is effectively engaged with

IMPROVING CARE STANDARDS

- Holding two Safeguarding Adults at Risk Audit Tool Challenge Events
- Consider four applications for SAR and undertake SARs as necessary, ensuring that learning is shared appropriately
- Helping local providers improve the quality of care and support delivered to our service users

MAKING SAFEGUARDING PERSONAL

- Improving our practice through case audits and staff practice forums
- Continue monitoring the Board and its partners' collective actions for 'Making Safeguarding Personal' to ensure that we are implementing this appropriately



WHAT HAVE OUR PARTNERS DONE TO SUPPORT THE BOARD'S WORK PLAN?

9.

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

London Borough of Bromley



London Borough of Bromley is the lead agency responsible for receiving all initial safeguarding concerns. They triage concerns and either undertake enquiries themselves or refer these to an appropriate agency to undertake further enquiries. The Adult Social Care Management Team is one of the key teams responsible for undertaking enquiries into allegations of abuse or neglect. Staff work with individuals and their families and/or representatives, as appropriate, to ensure that the risk of abuse is assessed, reduced or removed in accordance with the views of the individual and others supporting them.

The Strategic and Business Support Division is responsible for driving the strategy for adult safeguarding. It is important in ensuring that policy and procedures are developed, safeguarding teams are quality assured and appropriate training and development is offered to all the Board's Partners.

Key Achievements:

- Our Specialist Care Managers and Consultant Lead Practitioners supported staff to deal with safeguarding enquiries by providing continuing professional development and practice advice.
- We reviewed the frontline service, specifically the Adult Early Intervention Service to evaluate and improve the triage of safeguarding concerns and enquiries.
- Members of the Care Management Team worked closely with the Bromley Metropolitan police to investigate cases where the allegations of abuse and/or neglect were potentially of a criminal nature, Rosecroft Care Home being one such case.
- We continued to lead the Commissioned Services Intelligence Group (CSIG) meetings on a bi-monthly basis with representatives from commissioners, providers, partners and the Care Quality Commission (CQC) looking at concerns arising in domiciliary care, care homes and private mental health providers which are regulated by the CQC.
- We led the multi-agency Hoarding and Self-Neglect Panel which was established to share information on complex cases.

**WHICH PART-
NERS?**

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

**London Borough of
Bromley**



- We developed and published the Bromley Safeguarding Adults Strategy for 2016 – 2019, which outlined our vision and what the Board wants to achieve in the coming three years.
- We reviewed all the Board's safeguarding policies, protocols and procedures to ensure that they were compliant with the Care Act 2014 and the London Multi-Agency Adult Safeguarding Policy and Procedures. Any new or amended policies were presented to the Editorial Board for ratification and assurance that they meet legislative and national requirements.
- We supported the implementation of the Bournemouth Competency Framework which has allowed care management professionals to develop their competence in safeguarding adults.
- The Board's website was reviewed and re-launched for both professionals and residents.
- We revised our training strategy and developed a robust training programme which is in line with the requirements of the Care Act 2014. This training is suitable for our statutory, private, voluntary and independent sectors and has helped ensure best practice is being utilised by all our partners.

Safeguarding Adults work planned for 2017/18:

- To prioritise the areas of self-neglect, domestic violence and hoarding and improve the understanding and awareness of these issues.
- Our communications group will improve awareness of adult safeguarding by undertaking a programme of visits to promote the work of the board and using written communications such as a newsletter and leaflets.
- To review four cases under our SAR policy and to ensure that any other relevant cases are considered by the SAR to ensure that we are learning from practice.

Tricia Wennell, Head of Assessment and Case Management

Jenny Moran, Development Manager for Adult Safeguarding

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Violence Against Women and Girls

The council has a long history of committing to tackling domestic abuse. Eradicating domestic violence and abuse against women and girls (VAWG) has been and will continue to be a long-term commitment from LBB.



Key Achievements:

- Finances were secured from the Mayor's Office of Policing and Crime (MOPAC) to fund domestic violence services for the next two years. A procurement exercise was carried out and Bromley and Croydon Women's Aid have been commissioned to deliver VAWG services under the co-location model until 2019 with specialist Independent Domestic and Sexual Violence Advocates (IDSVA) across adult/children social care ensuring victims will now be able to disclose experiences of violence and abuse across services and access specialist support as early as possible.
- The Bromley VAWG Strategy was launched in November 2016. The strategy outlines the Council's strategic ambitions for 2016-2019 with specific reference to elderly and vulnerable victims of domestic abuse.
- The VAWG Forum and Strategic Group were launched in 2016. The Forum is an operational group that shares best practice, establishes referral pathways and raises awareness of new approaches to tackling VAWG. The VAWG strategic group leads on effective monitoring and scrutiny of partner agencies' domestic violence and VAWG service delivery, the group also establishes methods for organisational improvement and learning.
- There was a launch of the VAWG training and development programme 2016-2019 on behalf of both the safeguarding children and safeguarding adult's board. The programme is essential to enable staff to have an overview of the signs of domestic abuse, barriers to disclosure and how to create a safe environment for disclosure.
- The Safer Bromley Partnership identified domestic violence as one of the key themes in the community safety strategic assessment report 2016-2019.

Safeguarding Adults work planned for 2017/18:

- Manage the delivery of the LBB VAWG Strategy and revisit the strategy to ensure continued growth and development of services.
- Identify new opportunities for funding streams to develop our core services under the co-commissioning model.
- Continue to raise awareness of domestic abuse/VAWG and build strong partnerships with relevant agencies.

Victoria Roberts, DV/VAWG Strategic Partnership Manager

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Trading Standards and Community Safety Team

Trading Standards has a responsibility to keep vulnerable adults safe from financial and other forms of abuse. All crimes against the elderly are investigated, although identifying perpetrators is very rare, not least because they are forensic and surveillance aware, but also because of the nature of the crime and the vulnerability of the victim. However, protecting older adults who may be susceptible to fraud by rogue traders and mass marketing fraud remains a key priority for Bromley.



Key Achievements:

- We delivered awareness raising talks to 53 groups, and provided 58 training and advice events to partners to enable them to recognise the signs of mass market fraud and doorstep crime. In total, 2,913 people attended these sessions.
- We repeated the training and engagement sessions with the London Fire Brigade which were started last year, this time including senior LFB staff. Further training has also been provided to Bromley Police officers and we continued to run the half day training for social care practitioners.
- We received 229 calls to our rapid response number which included 48 calls from banks and 32 referrals from adult safeguarding teams. We also received 65 calls from local police officers. As a result of these calls, officers made 63 immediate visits to vulnerable residents, resulting in savings of £399,000. We were also made aware of incidents where consumers lost over £635,000, although this figure is likely to be much more due to relatively low reporting levels. There were 213 reports of mass marketing frauds reported to us in the past year.

Safeguarding Adults work planned for 2017/18:

- We will continue to raise awareness amongst high risks groups and training partners across the statutory and voluntary sector.
- We will progress our work disrupting the activities of rogue traders wherever possible.

Robert Vale, Head of Trading Standards and Community Safety

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Deprivation of Liberty Safeguards Team

DoLS

Deprivation of Liberty Safeguards



The Deprivation of Liberty Safeguards (DoLS), introduced as an amendment to the Mental Capacity Act (MCA) in April 2009, aim to prevent decision making which deprives people in care homes or hospitals of their liberty unless properly authorised and in their best interests. The local authority carries out assessments on people who are believed to lack the capacity to make decisions about their care arrangements. Where an individual lacks capacity, their liberty can be deprived under the safeguards and restrictions and restraints can be used in the individual's support. For cases where the individual is not in a care home or hospital any application to deprive an individual of liberty must be made to the Court of Protection.

Key Achievements:

- The Council's DoLS team has, on average, carried out 25 assessments per week. In total, 1,061 DoLS assessments were conducted in 2016-2017. This is an increase from the previous financial year.
- The specification for MCA and DoLS training was completed and the contract was awarded accordingly. The training itinerary on the MCA and DoLS was finalised and is available online for booking.
- LBB has commissioned Best Interest Assessment training for deprivation of liberty safeguards with Bournemouth University. Nine colleagues from LBB have attended this training and two have qualified. Four colleagues have been put forward for the next cohort.
- LBB has made three applications to the Court of Protection to obtain personal welfare orders authorising deprivation of liberty for people who are not accommodated in care homes and/or hospitals.
- A letter for GPs has been formulated to obtain evidence for the purpose of court applications for DoLS orders.
- The DoLS team have attended a number of team meetings to discuss the application of DoLS outside care homes.

Safeguarding Adults work planned for 2017/18:

- The MCA and DoLS policy will be reviewed and updated and the training plan evaluated.
- The DoLS team will continue to move towards electronic DoLS assessments so information can be captured more accurately.
- The job description for Best Interest Assessors is being reviewed to look at the possibility of increasing the casual workers for Best Interest Assessments.

Amit Malik, Group Manager—Deprivation of Liberty Safeguards Team (Locum)

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

NHS Bromley Clinical Commissioning Group

As a statutory partner of Bromley Safeguarding Adults Board, Bromley CCG is committed to work collaboratively with all partner agencies to prevent abuse and neglect in the borough.



Key Achievements:

- We developed a Bromley CCG Integrated Safeguarding Strategy and the 'Children and Young People, Children Looked After and Adults at Risk'. The strategy incorporates work streams set by both the Children and Adults Safeguarding Boards.
- We have developed a Safeguarding Commissioning Framework and applied it in practice in several procurements. This enables Bromley CCG to strengthen its assurance processes for safeguarding in the commissioning and contract monitoring of health services.
- We are a member of several NHS England (London) Safeguarding Forum's Including Safeguarding Adults CCG Leads and Prevent Forum.
- We were the lead health representative implementing the Bromley Domestic Homicide Review action plan which arose from the murder of a Bromley woman by her partner.
- We worked with other CCGs and our commissioned NHS providers to develop a dashboard to collect safeguarding adults performance data.
- We have strengthened working arrangements with commissioned health providers safeguarding leads to ensure services give timely and proportionate response when abuse or neglect have occurred.
- We recruited a GP Champion to lead on supporting GPs with adult safeguarding.
- We recruited clinical GP support for Bromley's Identification and Referral to improve Safety (IRIS) Project – strengthening GP responses to domestic abuse. We have successfully achieved the target of reaching 25 GP practices. All of these practices are now under the IRIS 25 commissioned services, and have access to the IRIS referral pathway.
- We supported and monitored Bromley Healthcare's and Oxleas NHS Foundation Trust's audit of mental capacity assessment activity and compliance. We also support ongoing safeguarding practice within the Priory Hospital.

Safeguarding Adults work planned for 2017/18:

- Review and evaluate the effectiveness of the Community Services Procurement.

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WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

- To develop how we analyse and triangulate of the Bromley CCG health economy safeguarding performance data and to increase focus on its outcomes.
- To continue to embed the national, Pan-London and local safeguarding guidance.
- Ensure that there is safeguarding focus in future joint commissioning arrangements.
- Increase influence and impact of health agencies across partnerships and to provide challenge where appropriate.
- Improve the dissemination of learning from safeguarding reviews and how this impacts on healthcare practice.
- Ensure that providers respond appropriately to the increasing impact of 'Making Safeguarding Personal' in practice.
- Strengthen the safeguarding agenda within primary care.

Claire Lewin, Designated Nurse, Adult Safeguarding

Bromley Healthcare

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



Key Achievements:

- We had three CQC inspections throughout the year that rated safety as good and reported that safeguarding was embedded across the organisation. Staff reported that they knew who to contact for safeguarding advice and support, were up to date in their training and could locate the appropriate policies.
- We introduced vulnerability panels to support staff where there may be safeguarding concerns, the panels are chaired by the Director of Nursing and supported by the safer care team and safeguarding leads with a 'think family' approach. The panels have been successful when needing to escalate multi-agency concerns between providers as well as ensuring plans are in place to mitigate any further harm to patients or vulnerable carers.
- A domestic violence gap analysis resulted in a targeted action plan to improve staffs' confidence in all areas of domestic abuse. The Child and Adult Safeguarding Leads collaborated to deliver integrated domestic abuse and

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

violence training programmes for staff at all levels.

- A full review of domestic violence resources was undertaken and now includes specialist resources for victims and perpetrators of abuse.
- We ratified a range of adult safeguarding policies these include mental capacity, domestic abuse and deprivation of liberty.
- We have undertaken a self-audit and are ensuring that the recommendations following this are being implemented.
- Adult safeguarding training remains above 85% though we are developing a range of supervision models to embed safeguarding practice.
- We embedded learning events involving all staff from the front line to the executives. These occur within a range of forums, at our clinical and quality forums, groups and committees, MDTs, team meetings and at the Board.
- An external audit commissioned by the CCG demonstrated that there had been an increased level of understanding of mental capacity, though improvements were needed to be made in recording capacity. Bromley Healthcare has redesigned its templates to improve accuracy of documentation.
- Ensuring patient's wishes and what matters to them is a priority for Bromley Healthcare. Staff are now able to formally document their discussions with service users as a specific section has been created on the patient's records to ensure that we listen to the views of people who use our services in relation to their safeguarding needs.

Safeguarding Adults work planned for 2017/18:

- To review and improve the quality of capacity assessments.
- To identify how to reduce avoidable pressure ulcers and ensure that any learning is appropriately disseminated to staff.
- To address the issue of neglect by improving our understanding and ability to identify the problem at an early stage.

Natalie Warman, Director of Nursing, Therapies and Quality Assurance

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Oxleas NHS Foundation Trust

Oxleas is commissioned by LBB as 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:

- We have set up a mortality review group which reviews the deaths of all those under the care of the organisation; referrals to SAR groups can be made from this group. The Trust also has a regular embedding learning patient safety group where all action plans from serious incident investigations are presented and discussed.
- We have strengthened policies and procedures in relation to safeguarding adults over the last year. With additional staffing; it has been possible to raise awareness of safeguarding across the whole organisation. Staff visited in-patient and community services to talk about safeguarding and to deliver updated information including flow charts on safeguarding responsibilities and actions for staff.
- The Trust's safeguarding adults policy was updated following the implementation of the Care Act 2014.
- We have commenced a review of safeguarding training, working towards delivering training in line with the Intercollegiate Guidance (IG). This means we are currently able to provide training which correlates with level 1 and 2 in the proposed IG. We are also providing training which meets the requirements of some of the competences set out as level 3 (MCA, DoLS and Prevent competences).

Safeguarding Adults work planned for 2017/18:

- Continue to promote the use of safeguarding forms and develop a reporting system to be able to analyse the data in a more meaningful way at organisational, borough and team level.
- To work with the Patient Safety Team and the PALS and Complaints Team to ensure that safeguarding adult concerns are identified as part of any investigation.
- To review the current training provision and safeguarding adult resource in light of the Intercollegiate Guidance (once ratified).
- To ensure regular and appropriate representation from the new directorates to the SAB and subgroups.

Lisa Moylan, Head of Mental Health Legislation and Safeguarding Adults

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Kings College Hospital NHS Foundation Trust

King's College Hospital, NHS Foundation Trust (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.



King's College Hospital
NHS Foundation Trust

Key Achievements:

- To improve training compliance in safeguarding adults level 2-5 a new e-learning platform has been launched, which has been accessed by a range of healthcare professionals.
- We reviewed all our safeguarding policies to ensure that they are in-line with the Care Act 2014.
- Funding has been identified and approved for a support worker who will be tasked with monitoring DoLS referrals.
- Trust activity in safeguarding adults remains stable with a greater number of referrals in the last year converting to safeguarding adult concerns being reported to the local authority. There has also been a significant increase in the number of DoLS applications. This may be a result of greater understanding of safeguarding adults by staff and there being more staff that are able to manage safeguarding concerns.

Safeguarding Adults work planned for 2017/18:

- As part of a review of MCA practice in the Trust, a new policy and assessment documentation, to support the evidence MCA assessments, will be launched in the Autumn to ensure that staff are evidencing the application of the Act in practice.
- We have worked with NHS England to develop a training plan to ensure appropriate staff have access to Prevent level 3 (WRAP) training. The training will be launched across the Trust in September 2017.
- All our safeguarding policies have been reviewed and are being ratified, with the intention of being rolled out in the Autumn.

Paula Townsend, Corporate Director of Nursing



Case Study G: Mail Scams

Trading Standards were contacted by Social Services at the beginning of December because Iris, aged 70+, had called her relative and informed him that she only had a very small amount of money left in her bank account. He contacted Adult Social Services to report that she appeared to be a victim of scams.

A Trading Standards officer met with Iris and her relative and an analysis of her bank account revealed that she had spent almost £13,000 on scams and had donated over £6,000 to charities, from January 2015 to December 2016.

On visiting her home, her lounge and bedroom was found to be full of scam mail and the purchases she had made in order to enter the prize draws. Iris agreed that Trading Standards officers could clear her lounge and remove the scam letters and goods.

All Iris' mail was reviewed and officers found that she received a lot of correspondence from charities, with over 25 different charities having sent letters to her. Iris had donated to over 15 charities, 5 of them on a monthly basis and others less frequently, although several charities received more than 1 donation each month. She had also purchased creams, lotions, tablets, ornaments, clocks, cheap jewellery and often multiples of each item.

With the support of the officer, direct debits to charities from Iris' bank account were cancelled and she was given a cash card rather than debit card.

Trading Standards has been in contact with all the companies that Iris purchased goods from and all the charities she donated to. We asked for her details to be removed from their mailing lists and for no further correspondence to be sent to her. The majority of the companies and charities agreed to do so. Iris has been signed up with the mail preference service. This will reduce the amount of mail that Iris receives that leads her to believe she has won large cash prizes and encourages her to return a signed form with her personal and banking details.

Trading Standards officers continue to work with Iris to support her and encourage her not to reply to this mail. We made a referral to Age UK for Iris to receive befriending from volunteers and have raised concerns with the fundraising regulator about the style and content of letters sent by some charities.

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Metropolitan Police Service



The role of the Metropolitan Police Service (MPS) is to provide 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 violence and abuse and MAPPA (Multi-Agency Public Protection Arrangements) working with offenders in the community.

Key Achievements:

- The Community Safety Unit, which handles domestic violence and abuse and hate crime, has risen from 26th in the MPS to 5th in respect of detected cases. This is a result of increased resources and sustained focus.
- The borough has an excellent record in respect of domestic abuse homicide (zero) and matters requiring serious case review (zero). The borough was the first in the MPS to create a dedicated victim care team (Dauntless team) which is designed to a) safeguard vulnerable victims through joint working with partners & b) targeting offenders for any offence possible, 'achilles heel' tactics. This reduces risk and ensures swift interventions.
- We have developed an in-house mentoring / training team (RAISE). The first training provided was around domestic violence and abuse reporting standards and this resulted in an immediate and significant uplift.
- The Jigsaw team which manages local sex offenders continues to perform admirably. We now have a dedicated Detective Sergeant for this role and have increased training for local officers to understand the risks and management of offenders.
- We now have a dedicated Adults Safeguarding Co-ordinator, DC Rebecca Adams. DC Adams has identified over 300 vulnerable adults and is ensuring they receive a strong police response, while working outside of reporting times with partners to find long term solutions.

Safeguarding Adults work planned for 2017/18:

- We have recently increased the size of our Multi-Agency Safeguarding Hub team, who are the point of contact for professionals to report safeguarding concerns, to ensure effective sharing of information.
- We are one of only a few boroughs to have introduced a single point of contact for vulnerable adults.
- We will continue to utilise our 'Operation Dauntless' team for our CSU which seeks to nullify risk before reports occur and manage offenders outside of report times.

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WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

- We will be moving the CSE team and a gangs officer to the Civic Centre to boost communication and efficiency through partnership working with both the Adults and Children's Safeguarding Boards.

Acting DCI Charles Clare

London Fire Brigade Bromley (LFBB)

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



Key Achievements:

- We achieved the target of completing 3,168 HFSVs to vulnerable householders from April 2016 to March 2017. Fire crews actually managed to complete 3,434 HFSVs, an increase of 262 on 2015/16 figures.
- We made 65 safeguarding referrals to LBB and the Council made 63 referrals to LFBB for HFSVs. LFBB responded to 8 fire retardant bedding requests 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.
- We successfully facilitated a bid for MOPAC funding to purchase both fire-retardant bedding and misting systems for our residents deemed most at risk.
- Staff attended relevant training and engagement sessions run by LBB.

Safeguarding Adults work planned for 2017/18:

- We are putting together a 'checklist for person centred fire risk assessments', which will enable more efficient working with Board partners.
- We are planning on delivering 3,168 fire safety visits, of which 80% will be targeted towards individuals at most risk.
- MOPAC will be conducting an audit of our safeguarding adults' procedures. This will look at the referral processes currently in place and will offer recommendations on how to improve in this area, as appropriate.

Terry Gooding, Borough Commander

**WHICH
PARTNERS?**

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Healthwatch Bromley Healthwatch Bromley works to ensure that patients, service users and carers have a voice, and are able to influence the planning, delivery, monitoring and review of health and social care services.



Key Achievements:

- We have supported the Board's work in prevention by engaging with individuals, groups and communities across the borough through public events, visits, consultations, surveys, social media and our information and signposting service.
- We set up 15 'information hubs' in key venues across the borough to engage with patients/service users.
- We carried out five 'enter and view' visits to Ashglade, Burrows House, Foxbridge House, Sundridge Court and Green Parks House Care Homes and Extra Care Housing Schemes. We shared our reports with providers and commissioners.
- We completed a wide range of projects to identify people's experience of accessing and using health and social care services and published reports on our findings.

Safeguarding Adults work planned for 2017/18:

- We will support the Board in their ambition for greater user engagement.
- Through our 'enter and view' programme we will seek to monitor services and identify safeguarding concerns.
- Through our Healthwatch hubs and in our communication activity we will raise awareness of safeguarding, especially around care being received in individual situations.

Margaret Whittington, Trustee and Board Member

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Advocacy for All



Advocacy for All provides a number of one to one and group 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:

- The A Team continued to train people with a learning disability so that they could become trainers on safeguarding issues.
- The A Team ran safeguarding awareness and how to keep safe sessions for people with a learning difficulty.
- A Safety in Numbers event was held, which brought together local people, community police, safeguarding leads, Women's Aid, Oxleas and other supporting agencies from across the borough.
- Three members shared their individual stories at the LBB stakeholder conference which helped raise awareness on social isolation.
- Members of our self-advocacy projects in Bromley took part in a joint project with Green Goose, Bromley College. This involved putting together an easy read book about mate crime, being filmed sharing individuals stories and being part of a mate crime event and presentation.

Safeguarding Adults work planned for 2017/18:

- To continue to market and deliver A Team training for people with disabilities and for professionals.
- To develop more opportunities for people with learning disabilities to join the A Team and become trainers.
- To set up focus groups with self-advocacy members on hate crime, mate crime, keeping safe and reducing isolation.

Jon Wheeler, Chief Executive Officer

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Age UK

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 people. 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:

- We continue to ensure that all staff and volunteers are trained regularly in safeguarding and that safeguarding is part of all supervision. All training days and team meetings had safeguarding included as a theme. Senior staff also attended the annual safeguarding conference.
- Safeguarding was an agenda item on all staff meetings to ensure that important issues could be addressed and discussed.
- We maintained robust reporting mechanisms and relationships with the Local Authority by reporting safeguarding matters promptly and accurately, whilst keeping the best interests of the client at the fore at all time and maintaining appropriate and effective outcomes. Last year we made three referrals and raised two alerts.
- Upholding an organisational ethos of preventing abuse by supporting carers and being a leading organisation for quality care services by offering a gold standard for person centred care, empowerment and support of vulnerable adults.

Safeguarding Adults work planned for 2017/18:

- To continue to imbed safeguarding through the Care Navigation Service in their work with the integrated care networks.
- More bespoke training will be available to look at instances of abuse within vulnerable groups such as frail older people, people with from dementia, adults with learning disability and to support carers who can be at risk of due to lack of appropriate support within their caring role.
- Line managers will keep safeguarding as a key agenda item in supervision and will monitor any client concerns raised as well as advise staff when a referral may be required. Staff will receive regular safeguarding adults training updates and will be actively encouraged and supported to raise concerns with their peers.

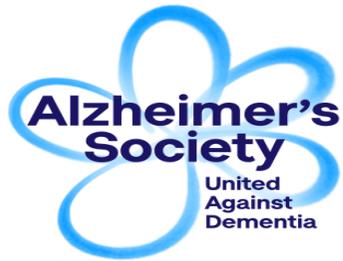
Mark Ellison, Chief Executive

WHICH PARTNERS?

WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

Alzheimer's Society Bromley

The Alzheimer's Society aim is to transform the landscape of dementia and ensure that those affected by dementia are appropriately supported and assisted to live in their community.



Key Achievements:

- We have implemented our Internal Safeguarding Framework, which sets out a minimum competency for all staff and volunteers in relation to their role. This allows staff and volunteers to demonstrate that they are competent in safeguarding by providing evidence of skills, knowledge and understanding of safeguarding within their role.

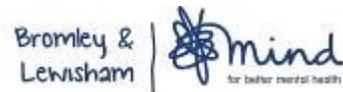
Safeguarding Adults work planned for 2017/18:

- To ensure that the Internal Safeguarding Framework is implemented throughout the organisation and that every member of staff is reviewed within the year.

Mashhood Ahmed, Services Manager—Bromley– Bexley—Greenwich

Bromley and Lewisham Mind

Bromley & Lewisham Mind provide community based mental health services together with dementia support services including dementia support centres, respite support in the home and advice & guidance for those recently diagnosed through the Bromley Dementia Support Hub. We also provide a range of dementia training for healthcare professionals and family carers.



Key Achievements:

- We monitored all incidents through our Quality and Performance Committee. During 2016-17, the Committee received reports of 17 safeguarding issues, primarily within our dementia services. These concerns were reported to LBB's safeguarding team who worked with Mind staff to ensure appropriate action was taken and follow-up monitoring implemented. None of the concerns involved Bromley and Lewisham Mind staff.
- Our Safeguarding Vulnerable Adults Policy was reviewed in 2016 in conjunction with specialists from Bromley CCG to ensure it fits with all local and national expectations and protocols. The new policy has been implemented and highlighted to all staff.

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WHAT HAS BEEN DONE TO SUPPORT THE BOARD'S WORK PLAN?

-
- We have undertaken a review and updated our policies around MCA and DoLS. These changes have been clearly communicated in guidance to staff.
 - We provided in-house training to ensure that staff are aware of the different types of abuse, the common behaviours and effects of abuse and being proactive in recognising early warning signs of abuse. The training also covered their responsibilities as outlined in the organisational policies and local/national guidance.

Safeguarding Adults work planned for 2017/18:

- In the forthcoming year we will be ensuring that all staff have relevant and up to date training around safeguarding.
- We will monitor and raise awareness of potential or on-going safeguarding issues during our monthly team meetings and at discussions during caseload supervisions.

Dominic Parkinson, Head of Services



Case Study I: Hate Crime

Paul was a 29-year-old man with mild learning disability. Paul was described as withdrawn and he had not been engaging with daily activities for some time. He did not interact much with others in the house and he became more socially isolated. Information gathered from the staff at his supported living placement and his family indicated that Paul did not have a structured day time programme and he spent a lot of time in his room and slept all day.

A safeguarding concern was raised after Paul's support worker allegedly shouted and head-butted him after he set off the fire alarm in his bedroom. Paul made the allegation to his father who reported it to the home manager. There were no visible marks observed, though Paul complained of a headache and attended his GP for examination.

Paul made further allegations that whenever he went out with his support worker, he was mocked by a group of youths at the shopping centre. Paul said that his support worker knew these young people but had done nothing about it; this support worker asked Paul to buy drinks and give money to these youths to stop them making fun of him.

Paul's family (father and sister) expressed concerns that his placement was not appropriately meeting his care and support needs. Paul had been placed at his placement for more than two years; however there was little improvement in his behaviour and hardly any development of his independent living skills.

Paul was able to express his worries at the time and referred himself to the local mental health and learning disabilities services. He was concerned about his memory and felt that the medication he was taking might be the cause of it.

Paul had lost all motivation, self-esteem and living skills over the past 2 years. Following the safeguarding enquiry /investigation with all agencies involved, including the police, local mental health team and GP, it was recommended Paul to move to an alternative placement as soon as possible to keep him safe and stop him from being targeted by the local youths. Paul moved back to a supported living scheme in Bromley early this year. He is now much happier and attending adult classes and socialising in Mencap and making new friends.

APPENDIX I. SAFEGUARDING ACTIVITY AND TRENDS (2016/17)

The data presented in this section was collected by the Council's Performance and Information Team in Adult Social Care and meets the requirements of the NHS Digital Safeguarding Adults Collection (SAC) who are the national provider of information for commissioners, analysts and clinicians in health and social care.

For the purpose of this report, we are comparing concerns and enquiries. A concern occurs when a safeguarding issue is first raised with Adult Social Care. The concern is reviewed and risk assessed, if it is considered sufficiently serious it will progress to an enquiry for full investigation and formal intervention. If not, it is dealt with via another route, such as being referred to care management.

In 2016/17 the Initial Response Functions in Bromley Adult Care Services received 2,132 police reports (known as merlins); 83 were raised as safeguarding concerns. The LAS raised 589 alerts leading to 22 safeguarding concerns, whilst there were 65 referrals from LFB. This is a cumulative total of 2,784 safeguarding alerts.

There were 804 safeguarding adults concerns raised, leading to 422 enquiries. This is a 30% decrease in the number of safeguarding concerns raised when compared to the previous financial year (2015/16). Of the concerns raised, 52% progressed to enquiry. In total, 679 individuals were involved in safeguarding concerns and 360 individuals had their concerns progress to an enquiry. A total of 388 individuals had enquiries concluded.

Over half of the concluded enquiries related to alleged abuse in the home, of these, 65% were allegedly committed by someone who knew the individual. This is a slight increase from 2015/16, and moves away from a trend of decline over the past three years. In contrast there has been a decrease of abuse that is alleged to have occurred in a care home.

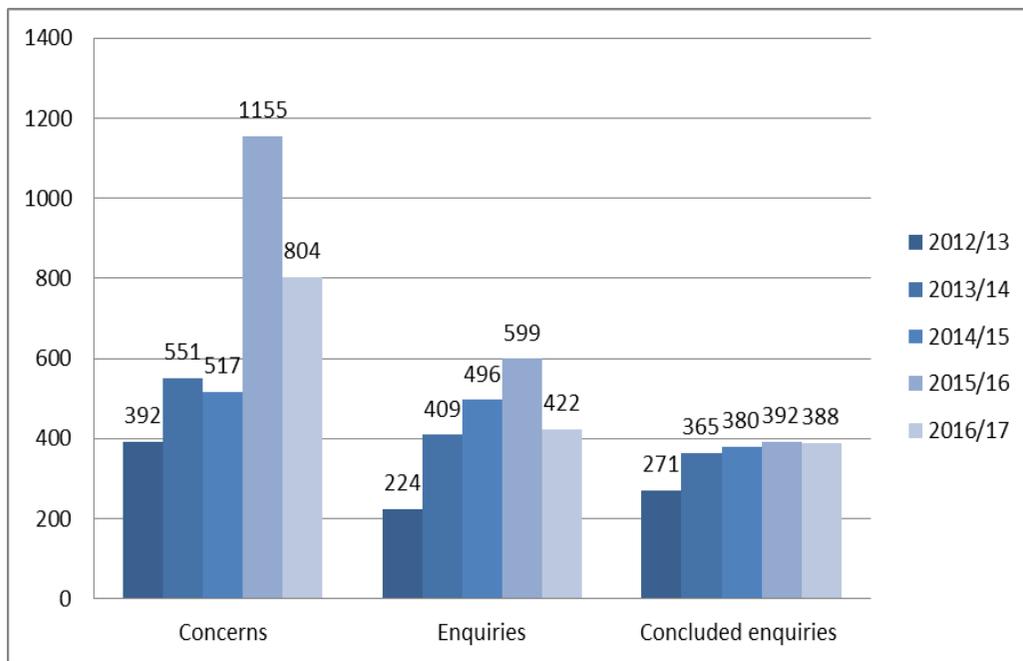
Neglect and acts of omission and physical abuse remain the most prevalent forms of alleged abuse. These types of abuse were particularly notable for individuals aged from 85 – 94. The recognition of additional types of abuse within the data collection may have impacted figures, with, for example, self-neglect identified in 6% of the total abuse for enquiries.

Just over one third of concluded enquiries were either fully or partially substantiated, which is a slight decrease from the previous year. There was a small increase in cases that were not investigated or substantiated; these cases were audited and the reasons for concluding were deemed appropriate, for example the concern was transferred to a different organisation to investigate or the threshold for abuse was not met.

DURING 2016/17

- **804 Concerns**
- **422 Enquiries Raised**

Chart 1: Number of safeguarding concerns raised with London Borough of Bromley Adult Social Care



2014/15 2015/16 2016/17

Percentage Of Concerns Progressing To Enquiries

96% 52% 52%

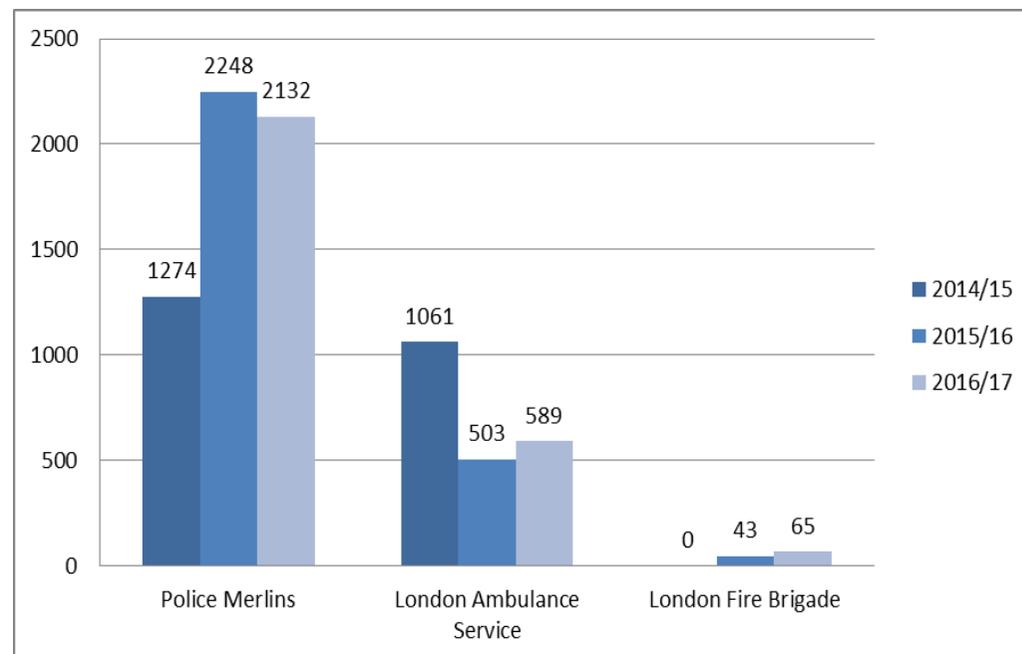
Comments:

The graph compares concerns and enquiries in 2015/16 to alerts and referrals in previous years, in line with changes to the Care Act 2014.

A 'closed enquiry' refers to an enquiry that has been completed in 2016-17, although the safeguarding investigation may have begun in 2015-16.

Of the reported concerns, 52% progressed to enquiry, which is the same as the previous year. In total 388 enquiries were concluded for 2016/17, which represents a 1% decrease from 2015/16.

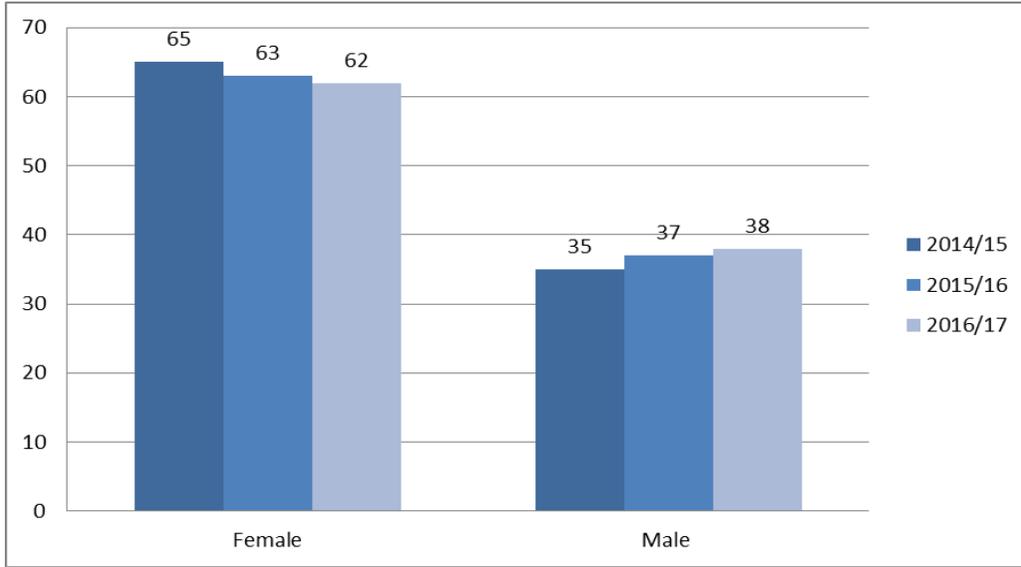
Chart 2: Number of blue light referrals made to the London Borough of Bromley



The chart shows that whilst there was a steep rise in police merlins from 2014/15 to 2015/16, this has decreased slightly this year. This change was expected as the police receive more training around safeguarding and what warrants referral. There have been steady increases in referrals from the London Ambulance Service and London Fire Brigade over the past year.

ENQUIRIES RAISED DURING 2016/17

Chart 3: Gender of individuals involved in safeguarding concerns and enquiries (%)

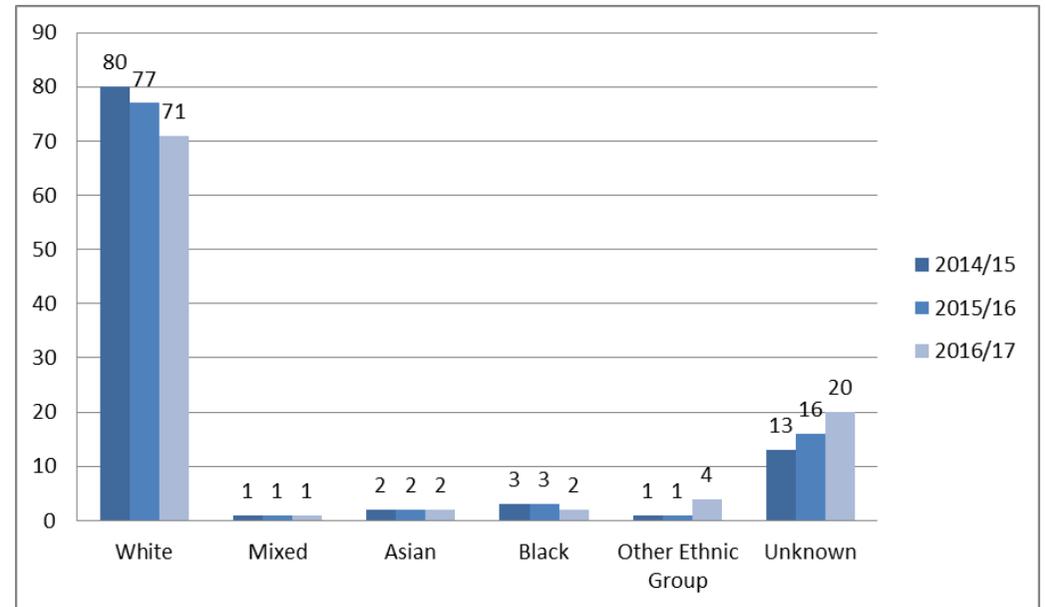


The chart shows 62% of alleged abuse was committed against females which is slightly higher than the national average of 60% but consistent with the population of Bromley. [Source: NHS Digital, 2016]

GLA Projections suggests that, 58% of people over the age of 65 living in Bromley are female and 42% of people over 65 are male. For people aged 85 and over, the projections show that 68% are female and 32% are male.

The increase in the number of males involved in safeguarding enquiries may be linked to the consistent upward trend of male engagement with adult social care services, with this increasing steadily over the past three years.

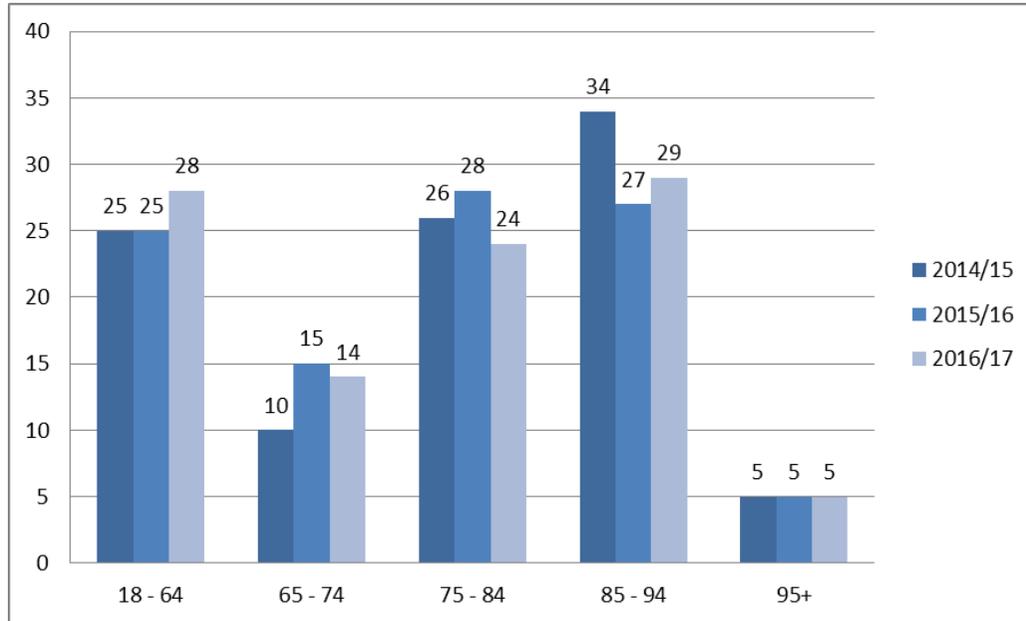
Chart 4: Ethnicity of individuals involved in safeguarding enquiries (%)



The latest (2016) GLA population projections estimate that 77% of Bromley’s population is White British and 19% is made up of Black and Minority Ethnic (BME) groups.

The figures show that the majority of individuals involved in safeguarding enquires are White British, whilst individuals from a BME background make up 9%. This represents a small increase in BME service users and a small decline in white service users. There has been a further increase of individuals whose ethnicity has not been declared, this may account for the slight differences between the individuals involved in safeguarding and Bromley’s population.

Chart 5: Age of individuals involved in safeguarding enquiries (%)



The chart shows that over 70% of our safeguarding enquiries concerned individuals over the age of 65. Bromley has a larger proportion of people aged over 65 living in the area, with 23% of residents over 65 compared to a national average of 17% in 2014. The data is consistent with national averages for adult safeguarding, with NHS Digital reporting that more concerns were raised in respect of individuals over 85.

Table 1: Age of individual cross referenced with client group

	Age Band					Total	%
	18-64	65-74	75-84	85-94	95+		
Learning Disability	36	2	1	0	1	40	11
Mental Health 18 - 64	28	1*	0	0	1	30	8
Mental Health 65+	3*	7	18	15	2	45	13
MHD - Dementia	1	8	16	33	1	59	16
PDSI*	9	13	16	19	6	63	18
Other Vulnerable People	22	19	34	37	7	119	33
Substance Misuse	3	1	0	0	0	4	1
Total	102	51	85	104	18	360	100

Based on Enquiries Only within dataset for SAC Table SG1a, as this information is not recorded at Concern stage

* Denote where service user may have transitioned into another group during the enquiry

*Physical disability & sensory impairment

The largest client group was those who are vulnerable for other reasons making up 33% of enquiries. Those with mental health issues made up the second largest group, with a cumulative total 21% of clients in this group, closely followed by those with a physical disability and sensory impairment at 18%.

Individuals under 65 were more likely to be classified as having a learning disability (35%) or mental health issue (27%). In contrast, those in the 65 – 74 and 75 – 84 groups were more likely to be classified as being vulnerable for another reason outside those listed, with 37% and 40% respectively. There were a high proportion of people in the 85 – 94 group diagnosed with dementia. There were a number of individual’s across all age ranges that were vulnerable due to PDSI; however this was very prevalent in people over the age of 95, with 33% of individual’s in this group.

Table 2: Individuals who have had an enquiry during 16/17 (By age and primary abuse)

	Age Band					Total	
	18-64	65-74	75-84	85-94	95 +		
Discriminatory	0	0	0	1	0	1	0
Domestic Abuse	8	3	2	1	0	14	4
Financial	16	10	18	13	3	60	17
Institutional	0	0	1	1	0	2	0.5
Neglect and Acts of Omission	27	15	34	49	8	133	37
Physical	20	8	12	24	5	69	19
Psychological	8	4	5	7	0	24	7
Self-Neglect	12	9	11	5	0	37	10
Sexual	8	1	2	3	1	15	4
Sexual Exploitation	1	0	0	0	1	2	0.5
Unknown	2	1	0	0	0	3	1
Total	102	51	85	104	18	360	100

Based on **Enquiries Only** within dataset for SAC Table SG1a, as this information is not recorded at Concern stage

The scope of abuse has increased to include domestic abuse, sexual exploitation and modern slavery. The most common form of alleged abuse is neglect or acts of omission, with this being listed as the primary form of abuse for 37% of individual's with new enquiries. Of this, 37% of the neglect or acts of omission involved adults aged 85 – 94, which in turn made up 14% of the total individuals with new enquiries. The second most common form of abuse was physical which accounted for 19% of individuals.

CASES CONCLUDED DURING 2016/17

Table 3: Source of risk cross referenced with the location of risk

	Source of Risk					Overall Trend
	Service Provider	Known to individual	Unknown to individual	Total	%	
Own Home	34	141	40	215	56	↑
Community	3	5	5	13	3	↑
Care Home	39	21	42	102	26	↓
Hospital	3	5	15	23	6	↑
Other	6	24	5	35	9	↓
Total	85	196	107	388		

50% of alleged abuse was carried out by someone who was known to the victim, whilst 28% was by an individual unknown to the individual and 22% manifested with the service provider.

In line with previous years, abuse is most likely to occur in the home (56% of concluded enquiries) by someone known to the individual (36% of total concluded enquiries). This is in contrast with the national average 43% for concluded enquiries. Abuse in care homes remained the second highest location of abuse, at 26%, a small decrease from the previous year's figures. This is lower than the national average of 36%. Where abuse did occur in a care home the source of risk was typically unknown to the individual or stemmed from the service provider. There has been a rising trend of abuse allegedly occurring in hospitals, which has risen by 283% since 2014/15.

Chart 6: Location of abuse (%)

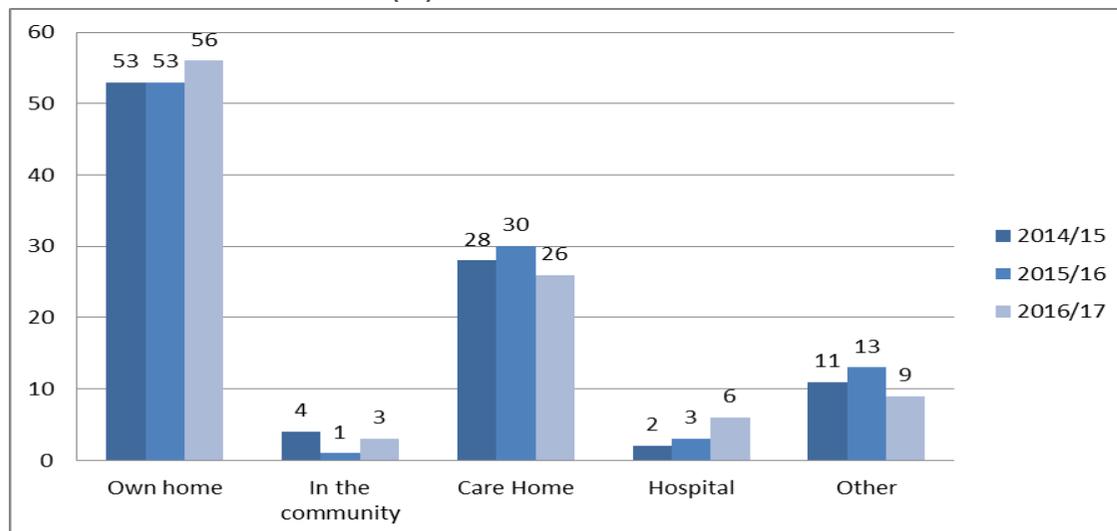
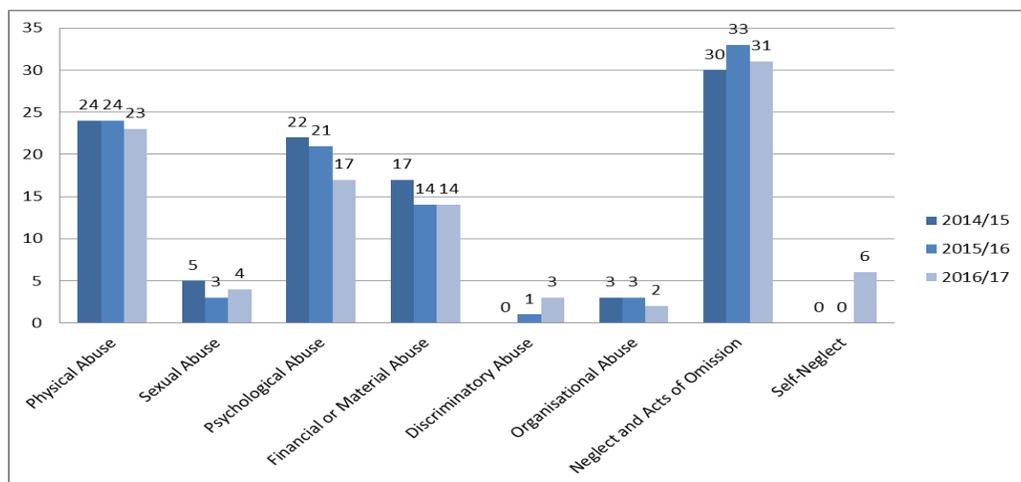


Table 4 & Chart 7: Types of abuse identified cross referenced with source of risk (counts and %)

	Source of risk				
	Service Provider	Known to individual	Unknown to individual	Total	%
Physical Abuse	20	54	44	118	23
Sexual Abuse	1	10	8	19	4
Psychological Abuse	13	51	26	90	17
Financial or Material Abuse	9	51	16	76	14
Discriminatory Abuse	1	1	15	17	3
Organisational Abuse	4	1	4	9	2
Neglect and Acts of Omission	55	58	48	161	31
Domestic Abuse	0	0	0	0	0
Sexual Exploitation	0	1	1	2	0
Modern Slavery	0	0	0	0	0
Self-Neglect	NA	30	NA	30	6
Total	103	257	162	522	100

Note: This includes cases where there are multiple abuse forms of abuse

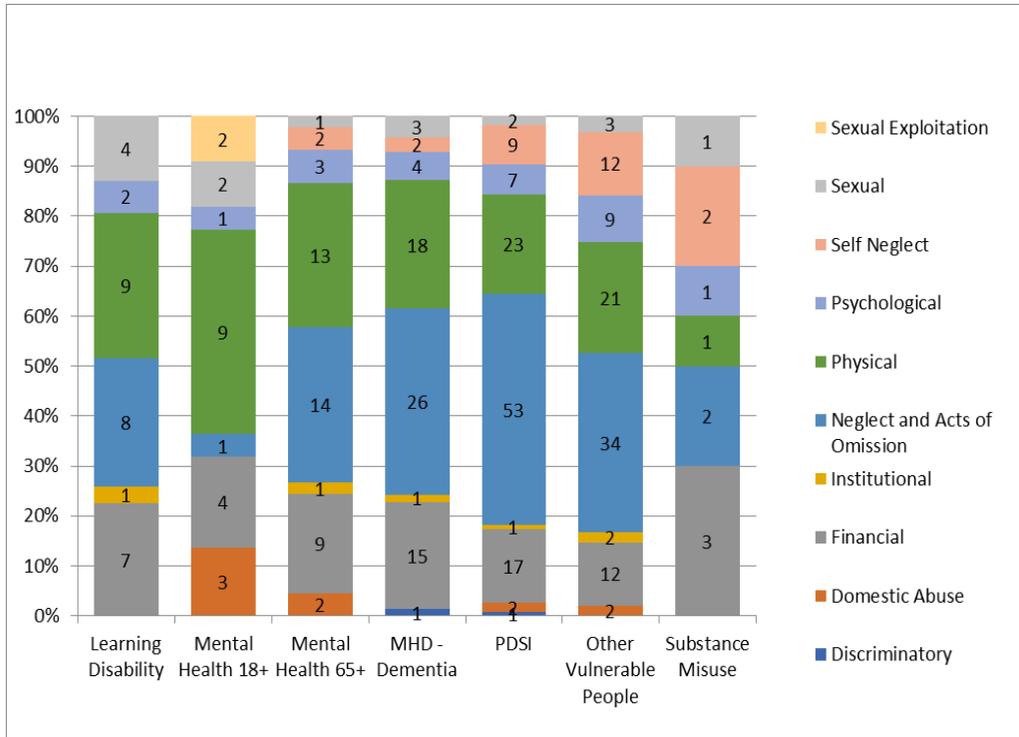


Discriminatory abuse has been recognised since 2015, whilst Self-Neglect has been recognised since 2016. Concluded cases for domestic violence, sexual exploitation and modern slavery were not included as these were all under 1%,

Neglect and acts of omission make up the most common form of abuse at 31% followed physical abuse at 23%. This is consistent with national averages, which have found that neglect and acts of omission (34%) and physical abuse (26%) were the most common forms of abuse. It is however likely that domestic abuse was captured under physical abuse. Going forward, improvements in data recording is likely to see increased domestic violence figures. Trends show a general decrease in psychological and financial abuse since 2014/15, whilst a number of people have been categorised as self-neglecting since its inclusion as a form of abuse.

In 49% of cases the abuse was alleged to have been committed by someone known to the individual. In proportion, this was particularly true where financial, psychological or sexual abuse was alleged to have occurred.

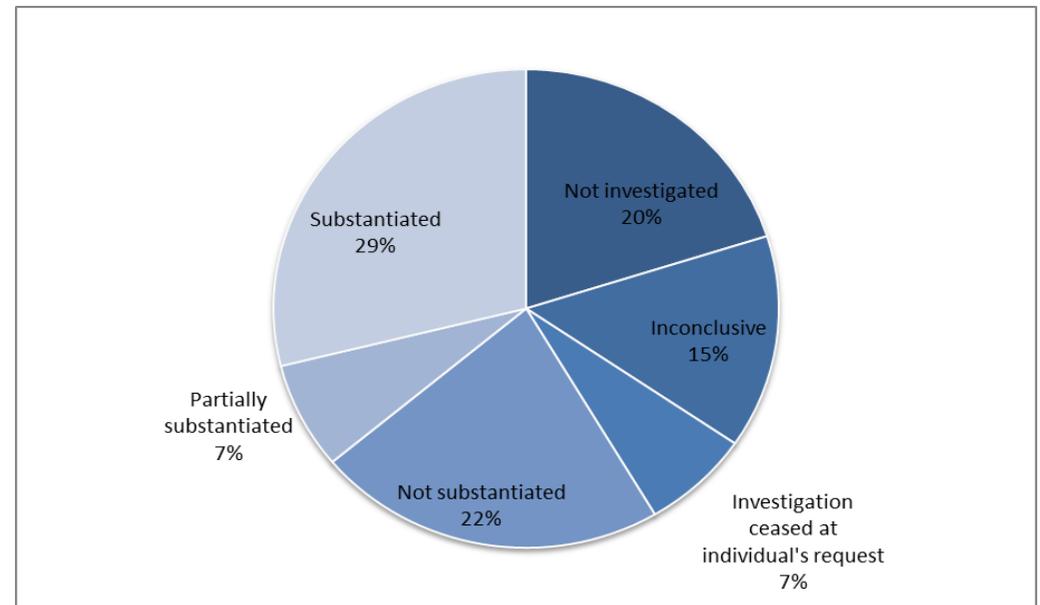
Chart 8: Primary abuse cross referenced with client group (%)



Please note that this includes solely primary abuse and not all logged instances of abuse

The chart shows that neglect and acts of omission are the most common form of abuse for over half the user groups, elderly groups and those with PDSI were at particular risk of this form of abuse. Individuals with mental health issues (18+) and learning disabilities were at most risk of physical abuse whilst those with substance misuse issues were exposed to financial abuse. Proportionately those from 18 – 64 were at most risk of sexual abuse and exploitation than any other group.

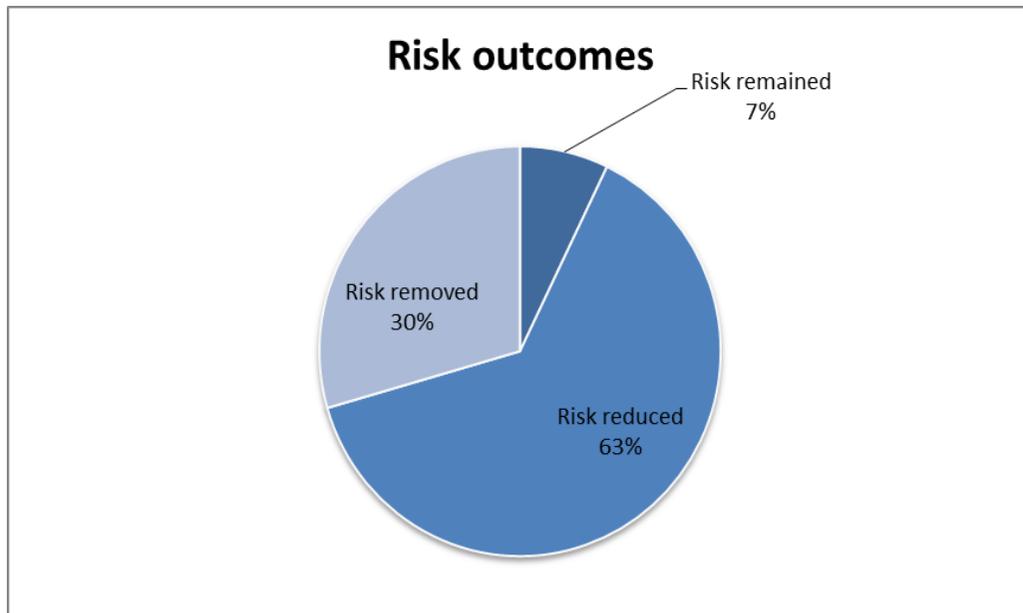
Chart 9: Enquiry outcomes (%)



The chart indicates that allegations of abuse were substantiated (proven) in 29% of cases, which marks a very small decrease from the previous year. An additional 7% were partially substantiated. There were small increases in the amount of enquiries that were either not investigated or not substantiated.

The amount of investigations that ceased at the individual's request remained broadly consistent with previous years at 7%.

Chart 10: Risk outcomes for concluded enquiries (%)



In 93% of cases where abuse was proven the risk was either removed or reduced. In the remaining 7% of cases the risk remained which is slightly lower than the national average of 8%.

Table 5: Outcomes for individuals allegedly experiencing harm

Victim Outcomes For All Concluded Enquiries During - 2016/17 (By Primary Type Of Abuse)												
	Discrimina- tory	Domestic Abuse	Financial	Institutional	Neglect and Acts of Omis- sion	Physical	Psychologi- cal	Self Ne- glect	Sexual	Sexual Exploita- tion	Total	Overall Trends
Application to Court of Protection	0	0	1	0	1	0	0	0	0	0	2	↑
Community Care Assessment and Services	1	2	6	0	9	7	3	8	2	0	38	↑
Guardianship/Use of Mental Health Act	0	0	1	0	0	0	0	0	0	0	1	↓
Increased Monitoring	1	1	9	2	29	19	2	5	1	0	69	↑
Management of access to finances	0	0	4	0	0	0	1	0	0	0	5	↓
Moved to increase / Different Care	0	0	2	1	22	5	1	3	1	0	35	↑
No Further Action	0	3	37	1	52	41	6	9	12	2	163	↓
Other	0	2	5	2	22	17	11	2	0	0	61	↓
Referral to advocacy scheme	0	0	0	0	0	0	1	0	0	0	1	↔
Referral to Counselling /Training	0	0	0	0	1	0	0	0	0	0	1	↓
Restriction/management of access to alleged perpetrator	0	1	2	0	2	5	2	0	0	0	12	↔
Total	2	9	67	6	138	94	27	27	16	2	388	

Concluded Cases only, **NOT** individuals. Please note that this **only** includes primary outcomes for alleged perpetrator. There may be some cases where multiple outcomes have been logged; this is not included.

There were 163 enquiries where no further action was taken, typically where an enquiry was not investigated further or an allegation was not substantiated, particularly for alleged sexual abuse (75% of cases) and self-neglect (1/3 of cases). These cases have been audited and the outcomes considered appropriate. Outside this, the most common form of action was to increase monitoring; this was particularly true for cases where neglect or acts of omission had occurred. This is an increase upon previous years and may be in line with the value that the least restrictive option should be implemented. In a number of cases community care assessment and services were utilised or the individual accessed either increased or different care typically where neglect or self-neglect was prevalent. There were two instances where an application was made to the court of protection, a slight increase in the previous year and one case where the use of the Mental Health Act was employed.

Table 6: Outcomes for person alleged to have caused harm

Perpetrator Outcomes For All Concluded Enquiries During - 2016/17 (By Primary Type Of Abuse)												
	Discriminatory	Domestic Abuse	Financial	Institutional	Neglect and Acts of Omission	Physical	Psychological	Self-Neglect	Sexual	Sexual Exploitation	Total	Overall Trends
Action by Care Quality Commission (registered body)	0	0	0	0	8	1	0	0	0	0	9	↓
Action by Commissioning/Placing authority	0	0	1	0	3	0	0	0	0	0	4	↑
Action by Contract Compliance	0	0	0	0	3	0	0	0	0	0	3	↓
Action under Mental Health Act	0	0	0	0	0	0	1	0	0	0	1	↓
Carer's Assessment Offered	0	0	2	0	9	3	4	1	0	0	19	↑
Community Care Assessment and Service	0	2	1	0	2	1	0	3	0	0	9	↔
Continued monitoring	1	1	3	3	35	21	3	5	1	0	73	↑
Counselling/Support/training/treatment	0	0	0	0	7	3	2	0	0	0	12	↓
Criminal Prosecution	0	1	0	0	0	0	1	0	0	0	2	↔
Exoneration	0	0	0	0	4	0	0	0	0	0	4	↑
Management Action - Disciplinary, Supervision etc	0	0	2	1	6	4	1	0	1	0	15	↓
Management of access to Vulnerable Adult	0	0	1	0	1	2	0	0	2	0	6	↓
No Further Action	0	5	52	2	58	51	12	18	9	2	209	↑
Police Action	1	0	4	0	0	6	3	0	3	0	17	↔
Referral to DBS	0	0	0	0	1	0	0	0	0	0	1	↓
Referral to registration body	0	0	0	0	1	0	0	0	0	0	1	↓
Removal from Property/Service	0	0	1	0	0	2	0	0	0	0	3	↓
Total	2	9	67	6	138	94	27	27	16	2	388	

Concluded Cases only, **NOT** individuals. Please note that this **only** includes primary outcomes for alleged perpetrator. There may be some cases where multiple outcomes have been logged; this is not included.

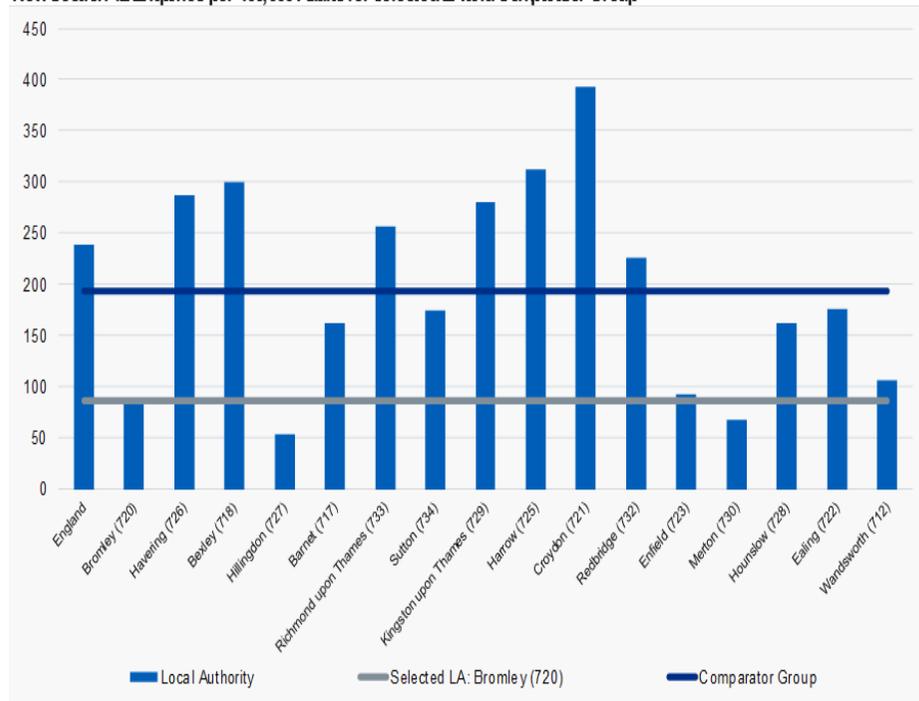
There is a high instance of cases where no further action was taken, especially in respect to neglect and acts of omission and alleged physical abuse. Cases were audited and it was found that in many of the cases where no further action was taken another organisation had led with an investigation instead, for example Oxleas. There were a number of cases where the client wanted no further action taken against the perpetrator or a protection plan was enforced. Another common method of recourse was monitoring followed by the opportunity to undergo a carer's assessment. There were 17 enquiries where police action was taken in respect of the perpetrator, these were for instances of discriminatory, financial, physical, psychological and sexual abuse. There were also two cases which led to criminal prosecutions, where domestic and psychological abuse had occurred.

LONDON BOROUGH OF BROMLEY’S PERFORMANCE IN RELATION TO COMPARATOR COUNCILS

Below are charts for the comparator councils in London and each region. These charts show the number of Section 42 Enquiries per 100,000 adults for the comparator councils and each region. Since different councils have different populations this makes the data easier to compare. Bromley is one of three London boroughs received lowest number of enquiries.

Chart and Table 1: Enquiries per 100,000 adults

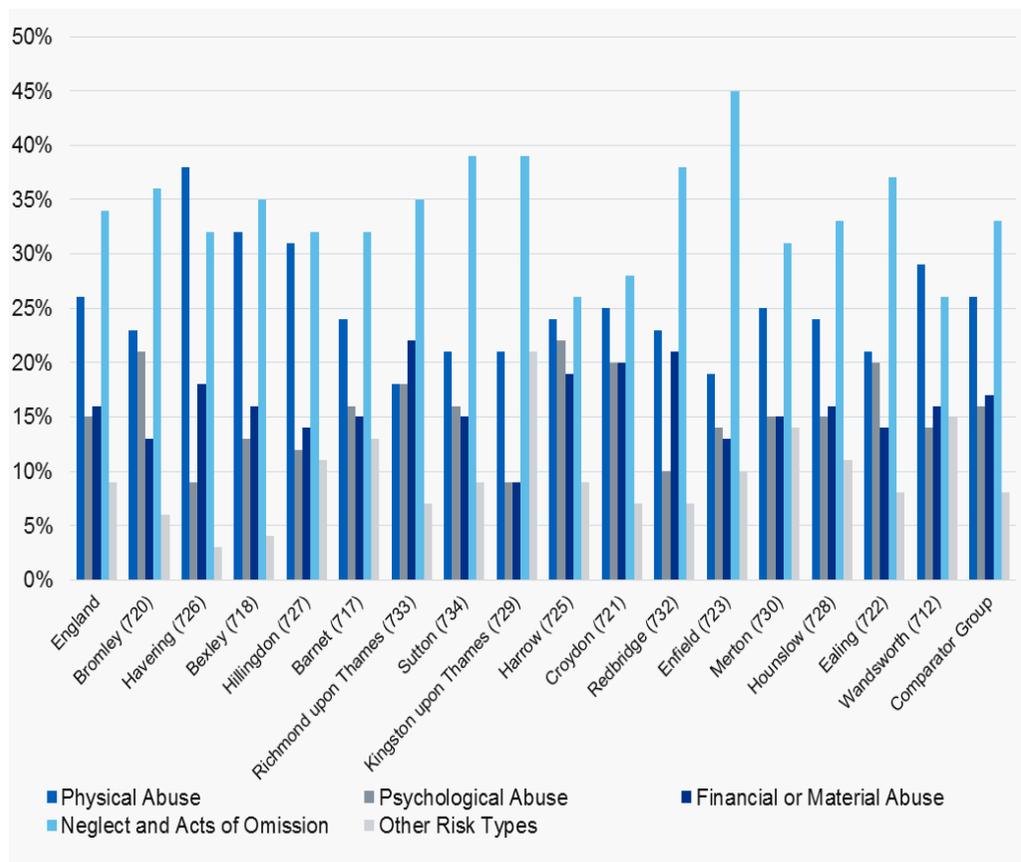
New Section 42 Enquiries per 100,000 Adults for selected LA and Comparator Group



Local Authority	SECTION 42 ENQUIRIES PER 100,000
ENGLAND	239
Bromley	86
Havering	288
Bexley	300
Hillingdon	54
Barnet	162
Richmond upon Thames	257
Sutton	175
Kingston upon Thames	281
Harrow	312
Croydon	393
Redbridge	226
Enfield	93
Merton	68
Hounslow	162
Ealing	176
Wandsworth	106
Comparator Group	193

Chart and Table 2: Type of risk

These charts show the proportion of each type of risk for concluded enquiries for comparator councils.

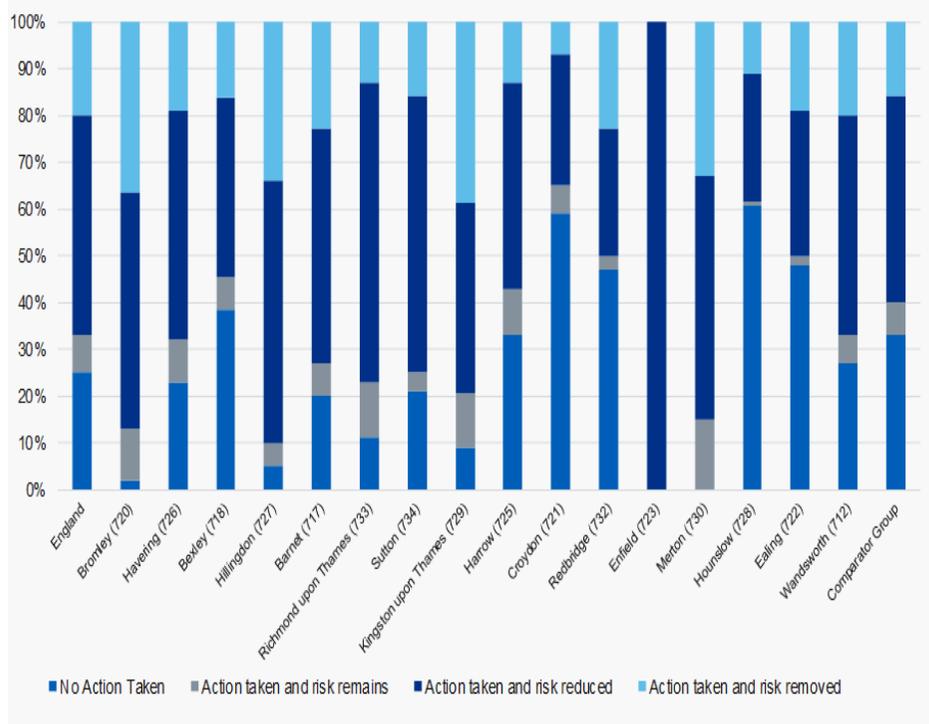


The data indicates that there were slightly higher number (or percentages) of physical, psychological abuse and neglect reported in Bromley when compared with other London boroughs.

Local Authority	TYPE OF ABUSE (%)				
	Physical	Psycho-logical	Financial or Material	Neglect or Acts of Omission	Other types of risk
ENGLAND	26	15	16	34	9
Bromley	23	21	13	36	6
Havering	38	9	18	32	3
Bexley	32	13	16	35	4
Hillingdon	31	12	14	32	11
Barnet	24	16	15	32	13
Richmond upon Thames	18	18	22	35	7
Sutton	21	16	15	39	9
Kingston upon Thames	21	9	9	39	21
Harrow	24	22	19	26	9
Croydon	25	20	20	28	7
Redbridge	23	10	21	38	7
Enfield	19	14	13	45	10
Merton	25	15	15	31	14
Hounslow	24	15	16	33	11
Ealing	21	20	14	37	8
Wandsworth	29	14	16	26	15
Comparator Group	26	16	17	33	8

Chart and Table 3: Actions and results of enquiries

Action and Result for Selected LA and Comparator Group



Data Source: SACTable SG2c

There were 2% of enquiries without action taken in Bromley; this was one of the lowest percentages when compared to the comparator group (33%).

Local Authority	ACTION TAKEN (%)			
	No action taken	Action taken and risk remains	Action taken and risk reduced	Action taken and risk removed
ENGLAND	25	8	47	20
Bromley	2	11	50	36
Havering	23	9	49	19
Bexley	38	7	38	16
Hillingdon	5	5	56	34
Barnet	20	7	50	23
Richmond upon Thames	11	12	64	13
Sutton	21	4	59	16
Kingston upon Thames	9	12	41	39
Harrow	33	10	44	13
Croydon	59	6	28	7
Redbridge	47	3	27	23
Enfield	0	0	100	0
Merton	0	15	52	33
Hounslow	60	1	27	11
Ealing	48	2	31	19
Wandsworth	27	6	47	20
Comparator Group	33	7	44	16

The Board's Funding and Expenditure

How did we spend our money?

The Executive Group is responsible for setting the annual budget and monitoring spend of the Board.

The BSAB delegates responsibility for its financial management to the Executive Group and the London Borough of Bromley administers expenditure in line with its financial regulations and commissioning procedures.

2016/17 Expenditure

Name	Budget (£)	Actual (£)
Temporary/Agency Staff	8,000	9,400
Training Expenses	32,000	16,092
Training Equipment & Materials	500	409
Printing & Stationery	1,500	110
Other Office Expenses	100	0
Other Hired & Contracted Services	11,000	1,268
Agency /Consultancy Fees	4,000	869
Conference Expenses	5,500	4,668
Grants and Subscriptions	200	52
Publicity	3,000	0
Miscellaneous Expenses	60,586	681
Total Spend	126,386	33,549

2016/17 Income

Name	Budget (£)	Actual (£)
Carried forward	-67,916	-62,916
Contribution from Health - General	-21,000	-21,000
Contribution from Metropolitan Police Service (MOPAC)	-5,000	-5,000
Contributions from Other Departments	-20,000	-20,000
Fees/Charges for Conference	-2,470	-2,140
Total contributions	-116,386	-111,056

The Board Membership 2016/2017

INDEPENDENT CHAIR		
Lynn Sellwood	Chair	
Organisation	Role	Representative
Core Partners		
London Borough of Bromley	Director of Adult Social Care	Stephen John
	Public Protection – Head of Trading Standards and Community Safety	Rob Vale
	Housing Services – Assistant Director – Housing Needs	Sara Bowrey
	Commissioning – Director – Commissioning	Lorna Blackwood
	Public Health	Nada Lemic
Bromley Clinical Commissioning Group	Director Quality, Governance & Patient Safety	Sonia Colwill
Metropolitan Police Service Bromley	Borough Commander	Chris Hafford
Other Partners - Health		
GP/Primary Care representative		Dr Tessa Leake
King's College Hospital NHS Foundation Trust	Deputy Director of Nursing	Paula Townsend
Bromley Healthcare	Director of Nursing	Natalie Warman
South London and Maudsley NHS Foundation Trust	Director of Social Care	Cath Gormally
NHS England Adult Safeguarding Strategic Lead	TBC	
Oxleas NHS Foundation Trust	Director of Nursing	Jane Wells
Other Partners – Emergency Services		
London Ambulance Service	Community Involvement Officer	Conal Percy
London Fire Brigade	Borough Commander	Sally Cartwright

Organisation	Role	Representative
Other Partners – Voluntary Sector		
Advocacy for All	Chief Executive	Jon Wheeler
Age UK Bromley and Greenwich	Chief Executive	Mark Ellison
Bromley and Lewisham Mind	Chief Executive	Dominic Parkinson
Bromley Mencap	Chief Executive	Eddie Lynch
Carers Bromley	Chief Executive	Lynne Powrie
Kent Association for the Blind	Team Leader Bromley	Eithne Rhyne
Private Health, Social Care and Housing Sector		
BMI Healthcare	Safeguarding Lead Director of Clinical Services	Helen Goddard Suzanne Fuller
Priory Group	Hospital Director	Joanne Mullen
Domiciliary Care Provider Forum		Vacant
Care Home Provider Forum		Vacant
Registered Social Landlords		Ken Horslen (Affinity Sutton)
St Christopher's Hospice		Ruth Sheridan
Independent Organisations		
CQC	Inspection Manager (Bromley, Bexley, Greenwich)	Sarah Moynihan
Healthwatch Bromley and Lewisham	Trustee	Margaret Whittington
Lay Member		Vacant
Elected Members		
London Borough of Bromley	Portfolio Holder Care Services	Cllr Robert Evans
	Portfolio Holder – Public Protection & Safety	Cllr Kate Lymer
Representatives from other partnerships		
Bromley Safeguarding Children's Board	Independent Chair	Vacant
Community Safety Partnership	Chair	Chris Hafford
Health and Wellbeing Board	Chair	Cllr David Jefferys

Bromley Safeguarding Adults Board

Civic Centre, Stockwell Close, Bromley, BR1 3UH

August 2017