



**Bromley Safeguarding Adults
Board**

Annual Report

2010/2011

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

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Annual Report - 2010/2011**





FOREWORD

Terry Rich, Chair of Bromley Safeguarding Adults Board

Welcome to the 3rd Bromley Safeguarding Adults Board (BSAB) Annual Report.

This year, the Board has overseen the response of local agencies to over 500 concerns about the potential ill treatment of vulnerable people in Bromley. Fortunately, only a very small proportion of concerns involve serious abuse of vulnerable people; this makes it crucial that agencies work together to make a proportionate response and deploy resources efficiently.

We are pleased to have received evidence from an external review which states that the work of the Board is effective in preventing abuse and ensuring that when concerns arise they are dealt with appropriately.

With the input of service users and informal carers, the Board has produced a new BSAB Preventative Strategy 2011-14, which promotes the message 'Bromley is a place where adult safeguarding is everybody's business'. The strategy will drive our work plan and answer the challenge of keeping vulnerable people safe, whilst also respecting their right to make their own decisions.

The Board recognises the importance of all partners in the protection of vulnerable people, so is pleased to welcome the London Fire Brigade as a BSAB partner this year. The Metropolitan Police in Bromley are fully engaged in the work of the Board, and now have a dedicated resource to respond to crime against vulnerable people.

The Board holds local partners accountable for their safeguarding work and ensures that when concerns are raised there is robust action to achieve improvement. The Board has received from South London Healthcare NHS Trust details of progress on the implementation of the action plan to improve staff awareness of adult safeguarding following the Care Quality Commission report of the September 2010 unannounced visit.

The Board will be adopting new London-wide adult safeguarding procedures in June 2011, which we believe will further contribute to the development of consistent safeguarding practice. We will need to continue to be mindful of using our resources to best effect, ensuring that we focus on significant risks, where our intervention is required to assure the safety vulnerable adults.

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

A handwritten signature in black ink, appearing to read 'Terry Rich', written over a horizontal line.



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1. Adult Safeguarding Arrangements in Bromley

Introduction

Bromley Safeguarding Adults Board (BSAB) has been responsible since 2008 for the local development and coordination of work to safeguard vulnerable adults in accordance with government guidance (*'No Secrets', Department of Health, 2000*). For the benefit of the Board's partner organisations and the general public, this report explains how agencies have worked together in Bromley during the past year to improve the safety of vulnerable people.

The 'Statement of Government Policy on Adult Safeguarding', (*Department of Health, May 2011*), confirms that following the public consultation on 'No Secrets' during 2008/9 and the review of adult social care law (*Law Commission, May 2011*), the government intends to seek to legislate for Safeguarding Adults Boards. BSAB fully supports this proposal which would further reassure the local community that agencies are accountable for their work to protect vulnerable adults.

The Board has welcomed 'A Vision for Adult Social Care: capable communities and active citizens', (*Department of Health, November 2010*), which promotes personalised services and outcomes. BSAB continues to emphasise that people should be protected when they are unable to protect themselves, but this should not be at the cost of a person's right to make decisions about how they live their life.

Report Summary

The report explains the Board's role and governance, highlighting key BSAB achievements:

- Confirmation, through external review, that Bromley has performed 'well' in adult safeguarding, with improved operational and strategic arrangements
- Development of BSAB Prevention Strategy 2011-14
- Action to reduce the risk of fire for vulnerable people
- The first BSAB conference with the theme 'prevention through partnership'
- Delivery of a comprehensive adult safeguarding training programme

There is an account of the Board's continued strategic and operational development in:

- Performance management
- Quality assurance and lessons learnt
- Awareness raising
- Inter-agency protocols and procedures
- Mental Capacity Act – Deprivation of Liberty Safeguards

The report includes:

- Safer Bromley Partnership achievements that contribute to adult safeguarding



- Safeguarding adults referral and outcome data analysis
- BSAB work plan 2011/12
- BSAB financial statement 2010/11

Bromley Safeguarding Adults Board (BSAB)

As lead agency for adult safeguarding, Bromley Council is required to ensure that all local agencies work together as partners to jointly plan, implement and monitor work to protect vulnerable adults. The Board holds all agencies to account and ensures when concerns arise, (for example as a result of external inspection), about the quality of a service or the level of staff awareness of adult safeguarding, regular reports are received on the implementation of action plans. The Board, chaired by Mr Terry Rich Director of Bromley Council Adult and Community Services, met three times during 2010/11. Membership is reviewed annually so representation of all key agencies and groups advocating for service users and their informal carers is ensured.

The Board has an executive which met five times in 2010/11, membership is senior managers from:

- Bromley Primary Care NHS Trust
- South London Healthcare NHS Trust
- Oxleas NHS Foundation Trust
- The London Borough of Bromley Adult and Community Services Division
- Metropolitan Police Service Bromley Borough

The chairs of the Board's sub groups are also members of the executive, which is responsible for driving strategic aims and overseeing the achievement of the BSAB work plan.

Board sub groups coordinate and undertake specific tasks from the work plan and address emerging priorities identified by the Board; the sub groups are:

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

Board accountability and governance: Oversight of the work of the Board is provided by the portfolio holder and Councillor Roger Charsley, Adult and Community Services Policy Development and Scrutiny Committee. BSAB annual reports are presented to the Bromley Council Adult and Community Policy Development and Scrutiny Committee, the Bromley Council Public Protection and Safety Policy Development and Scrutiny Committee and the Health, Social Care and Housing Partnership Board.

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Support to the Board: Bromley Council, with a contribution from Bromley Primary Care Trust, provides dedicated officer capacity to support the Board in strategic development, professional advice, work plan delivery and the administration of its work. The close integration of all Bromley statutory partners in adult safeguarding work is demonstrated by the joint contributions made to the BSAB budget. This is used to promote the Board's objectives across the Borough through publicity, production of multi-agency procedures and training in the skills and knowledge required to meet the Board's safeguarding competences. The BSAB financial statement is attached. (Appendix 2)

More information about BSAB can be found at:

www.bromley.gov.uk/adultsafeguarding

2. Bromley Safeguarding Adults Board key achievements 2010/11

Confirmation, through external review, of improved operational and strategic adult safeguarding arrangements

During 2010/11, BSAB commissioned an independent review, from the Government Office for London, to validate the impact on practice standards of the Board's improvement planning framework.

The review included:

- Interviews with the portfolio holder, senior managers in Adult and Community Services, BSAB partners and adult safeguarding specialists to evaluate engagement and responsibilities within the safeguarding arena
- Assessment of strategic business and policy documents
- Overview of performance management and quality assurance systems and the analysis and use of data collected
- Evaluation of the performance of BSAB to determine its effectiveness in driving strategic planning, robust partnership engagement and promoting continuous development in adult safeguarding
- Audit of ten recent adult safeguarding cases
- Examination of BSAB adult safeguarding competences and the training programme
- Five events, for thirty staff, to clarify practitioner understanding and staff opinion on the quality of training, inter-agency work and professional support.

The conclusion of the independent review was: 'quality assurance and performance monitoring processes were robust and effective in driving improvement.'

Key areas of strength were highlighted:

- Significant progress in safeguarding, both strategically and operationally; increasingly robust interface between the two
- Increasingly effective quality assurance systems
- Stronger partner engagement on Bromley Safeguarding Adults Board
- Emerging performance management culture across the partnership
- Enhanced police engagement and performance at operational level
- Consistency of safeguarding practice is improving
- Frontline staff feel well supported by line managers/safeguarding specialists
- Training is consistent, regular and valued by frontline staff
- Shared/good understanding of principles underpinning safeguarding practice

The last Care Quality Commission rating of the adult safeguarding service, in December 2010, reported Bromley was performing 'well'. (Bromley: Annual performance assessment 2009/10, Care Quality Commission Dec 2010).



Development of BSAB Prevention Strategy 2011-14

The Board has produced a new BSAB Safeguarding Adults Prevention Strategy 2011-2014'. Six events were held with service users and informal carers and there was consultation with partner organisations in its development. BSAB has a vision:

'Bromley is place where preventing abuse and neglect is everybody's business.'

The Board's mission is to:

- Promote a well informed local community that will act as 'good neighbours', notice signs of abuse or neglect and report
- Ensure quality services are commissioned, regulated and accredited that provide well trained staff and can ensure vulnerable adults are safeguarded
- Ensure that everyone receives a consistent, high quality safeguarding service which is robustly managed and outcome focused, underpinned by multi-agency cooperation and continual learning

The objectives of the prevention strategy will be used to drive the Board's work over the next three years. These are:

- **Awareness:** continue to improve awareness about how to spot the signs of abuse and when to report it to the lead agency.
- **Services:** ensure all services that are commissioned, regulated or accredited by the BSAB partners adhere to the highest standards of safety for service users.
- **Practice:** continue to promote consistent safeguarding practice across agencies, underpinned by robust quality assurance and scrutiny mechanisms and reliable, timely performance information.
- **Choice:** continue to support vulnerable adults to maximise their independence and quality of life by encouraging them to take control of their situation, including positive risk taking.
- **Capacity:** continue to safeguard vulnerable adults who may lack the ability to make decisions that will safeguard themselves or others.

The Board has used these objectives to plan work for 2011/12. (See Appendix 1, BSAB work plan 2011/12).

Reducing the risk of fire for vulnerable people

Following a local house fire involving a vulnerable person receiving a domiciliary care service, the Borough Fire Commander and the Board agreed action was required to ensure health and social care staff were aware of fire



risks, such as smoking in bed and the added risk of fire to vulnerable people with disabilities, or those who have a very cluttered home.

As a result, the Board welcomed the London Fire Service as a partner and, in addition, arranged training for 65 health and social care staff in identifying fire risks and ensuring a referral system for vulnerable people. This has resulted in 132 vulnerable people benefiting from priority home safety visits.

The first BSAB annual conference

The Board organised the first BSAB annual conference, with the theme 'Protection through Partnership', in June 2010. The conference, attended by 127 people across partner organisations, aimed to improve outcomes for vulnerable people by enhancing delegates' knowledge of local services, including Safer Bromley Partnership initiatives. The BSAB Chair introduced expert speakers covering the national perspective on adult safeguarding, the Bromley Metropolitan Police Service response to abuse and how users of personalised services from Supporting Independence in Bromley initiatives will be safeguarded. In addition, there were workshops to exchange information on:

- Effective responses to domestic violence
- Self-neglect - when should we intervene?
- Protection from rogue traders
- Safeguarding vulnerable adults from financial abuse

The conference was very positively evaluated by delegates. 100% of respondents said that they would recommend the conference to others and it had met their objectives in attending the conference. BSAB will hold a further conference in September 2011.

Delivery of BSAB training programme

The Board has a comprehensive training strategy to help partners ensure all staff and volunteers in the Bromley health and social care workforce are able to deliver their safeguarding role effectively. The strategy is underpinned by the BSAB competence framework. This specifies the skills and knowledge required by staff to prevent abuse, such as respect for individual rights and personal dignity, to recognise and report abuse, to investigate abuse and manage adult safeguarding work. Courses are evaluated and quality monitored; when necessary changes have been implemented to improve the delivery of appropriate skills and knowledge.

In 2010/11, multi-agency training was commissioned on a quarterly basis and adjusted during the year to reflect identified training needs. There was targeted marketing of training opportunities to partner agencies and in-house staff.

Courses delivered during 2010/11 included:

- Financial Abuse prevention and detection. This course was commissioned and provided in 2010/11 to 18 staff from the BSAB partnership (including 6 police officers) in response to prevalence data. Staff who have completed



the course will advise team colleagues on investigation and protection planning in cases where financial abuse is alleged.

- Level 1: skills and knowledge of abuse prevention, recognising abuse and reporting abuse. 789 staff received this training. This course included staff duty to report abuse, including whistle-blowing, the majority of participants were from private and voluntary care homes.
- Level 2 /3: skills and knowledge of the safeguarding process including multi agency strategy, investigation, risk assessment, protection planning and review. For the 69 staff who received this training, this course assisted them to achieve BSAB competence in adult safeguarding case work and case management. The Board requires that all adult safeguarding investigations are undertaken by staff with the appropriate skills and level of competence; performance monitoring has confirmed this has been achieved for 100% of investigations.
- Level 4: skills and knowledge in interviewing vulnerable service users and achieving best evidence processes. This specialist course gave staff the opportunity to develop skills in interviewing service users who have communication problems. There were 36 staff who received this training.
- Level 5: skills and knowledge for managers of staff undertaking safeguarding investigations. This course ensured that managers are competent in supervising and supporting staff undertaking adult safeguarding work; 9 staff received this training.

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

- Oxleas NHS Foundation Trust undertook an audit in 2010 to gauge the level of adult safeguarding awareness amongst clinical staff; it showed that 70% of staff in community settings, and 89% of staff in in-patient settings reported they had a good level of understanding of adult safeguarding and how to raise an alert. Staff in Oxleas NHS Foundation Trust use an e-learning package to achieve competence in awareness and the Trust has achieved a 74% take up rate in Bromley by relevant staff.
- South London Healthcare NHS Trust has developed a rigorous plan to ensure that staff across their sites are aware of adult safeguarding issues. By April 2011 63% of front line staff had achieved competence in recognising and reporting abuse.
- Bromley Primary Care Trust has established a community provider unit which will operate from April 2011 as Bromley Healthcare. Staff in Bromley Healthcare will be well placed to recognise abuse and neglect with 89% achieving this level of competence.

The BSAB competence framework has been reviewed for the commissioning of the 2011/12 safeguarding training programme to take account of the changes in the delivery of social care. New Personalisation and Risk workshops for the social care workforce will be delivered in 2011/12.



A project has taken place to evaluate e-learning products and procurement methods, in terms of value for money. Three products have been selected for detailed evaluation and feedback. The preferred model will be demonstrated to the care home and domiciliary care agency provider forums in June 2011, with the aim of recruiting selected providers to undertake pilots, to confirm that it will achieve staff competence as effectively as face-to-face training.

During the year, there have been specific training events, some of which are listed below:

- Five adult safeguarding awareness sessions delivered by adult safeguarding specialists for Police Rapid Response Teams covering over 150 officers
- Eight team briefings for 95 staff undertaking safeguarding investigations were held on the lessons learnt from adult safeguarding audits, and actions required to improve practice
- An adult safeguarding information stand was provided at the Supporting Independence in Bromley Adult Information Day, 29th September 2010
- Forty day activities staff, working with people with learning disabilities, were briefed on adult safeguarding and preventing doorstep crime



3. Strategic and operational developments

Performance management and quality assurance:

BSAB has continued to drive improvement through its performance management and quality assurance framework.

Performance Management:

The Board has considered which areas of performance are most likely to improve outcomes for service users. It decided to continue to use its current inter-agency performance indicators as outlined below, which ensure a prompt multi-agency plan to investigate concerns, and a rapid response from the Metropolitan Police Service to requests for advice from safeguarding professionals.

- The Board set an increased target of 90% for a multi-agency strategy discussion or meeting occurring within 5 working days of referral in 2010/11. (The 2009/10 target was 65%). The target is important in ensuring consistent early planning of the conduct of an investigation, including consideration of police involvement in the case. Monitoring of this target within Adult and Community Services has driven improved performance in this area to an average of 87% cases in 2010/11.
- BSAB has an inter-agency protocol which states there will be a response within 3 working days by Metropolitan Police Bromley Public Protection desk, to requests for advice from safeguarding professionals. This response time was set by the Board to ensure a clear standard for this key area of inter-agency work. Monitoring by the Bromley Police Public Protection desk has ensured that health and social care professionals receive an appropriate and timely response to requests for advice. This target has been consistently achieved in respect of the 65 cases referred by adult safeguarding professionals during the year.
- The Board has a competence framework to ensure that staff have the skills and knowledge required to undertake safeguarding tasks. It monitors investigations and ensured during 2010/11 that 100% were undertaken by staff who met the required BSAB competence standard.

Quality Assurance

BSAB seeks to guarantee service quality both in preventative work and in safeguarding investigations. BSAB has a quality assurance framework, including case work audits and is proactive in responding to new issues as they arise. Learning from case reviews is used to make local improvements to inter-agency work.

Safeguarding casework audits - The Board oversees a programme of safeguarding casework audits to monitor and develop safeguarding practice. Detailed reports are presented to the Performance, Audit and Quality sub



group. During 2010/11 three adult safeguarding audits have been held covering a total of 35 cases. Safeguarding cases were selected at random from recently completed cases and examined by professionals not involved in the conduct of the case. Performance was assessed against standards derived from BSAB multi-agency procedures covering all stages of the safeguarding process, the quality of multi-agency work and the outcome for the service user.

A peer audit was held in conjunction with Greenwich Council, which provided the opportunity to learn from the comparison of casework practice across both boroughs.

Casework audits routinely consider whether the appropriate services have been offered to service users. Bromley has a good range of services to support vulnerable service users, including projects such as the Safer Bromley Van and the Domestic Violence One Stop Shop.

Findings from 2010/11 safeguarding audits show that Bromley partners have ensured improvement in practice in terms of record keeping and compliance with Board multi-agency procedures.

The audits have identified more consistent practice: this was measured by an increase in the appropriate involvement of independent advocates from 67% in the May audit to 83% in the August audit. Cases examined demonstrated consistency of practice through the high level, (over 80%), of cases where there was involvement from Consultant Lead Practitioners, who act as safeguarding specialists.

The external review of adult safeguarding included a detailed examination of 10 cases. The review confirmed the improvement in safeguarding practice already identified through the BSAB audit process.

Two main areas for improving the conduct of safeguarding cases have been identified:

- Ensuring there is always consideration of the benefits of involving an independent advocate in safeguarding cases
- Ensuring that when appropriate the service user's mental capacity and decision making ability is recorded

Safeguarding professionals have received additional guidance on these issues and these key messages will be reinforced through training.

Professionals have a procedure to use if there are problems with inter-agency work and the opportunity to directly raise issues of concern to the Board through a practitioner representative on the Board.

Safe services - The Board received regular reports from the Adult Safeguarding Manager, who leads a multi-agency group co-ordinating action to ensure the safety of care homes and nursing homes. The group met five



times during 2010/11. Action was taken under adult safeguarding procedures to ensure the safety of residents in one establishment. Where issues are identified in safeguarding investigations that require providers to implement action to make improvements this is overseen by the commissioning team.

As the lead commissioner of domiciliary care and care home provision, the Council has a quality assurance framework for providers to ensure the dignity and safety of service users. Monitoring visits have taken place throughout the year based on size of contract and risk-rating.

Provider Forums are supported to promote good practice and plan local training activities. The care home forum has an annual work plan which focussed in 2010/11 on training staff to improve the experience of users being admitted and discharged from hospital, moving and handling, and the provision of activities for people with dementia.

The Metropolitan Police Vulnerable Adults Officer has attended the Domiciliary Care Provider Forum following difficulties in obtaining clear evidence when there had been allegations of crime, to explain the importance of accurate record keeping by domiciliary care agency staff to assist police with gathering accurate information.

The Board has received a report from South London Healthcare NHS Trust, on action taken to address moderate concerns in respect of adult safeguarding awareness amongst staff reported by the CQC (following the unannounced visit to hospital sites in September 2010).

Service User Perspective - In 2009 the Board developed a process to identify service users who may be able to give feedback on their experience of the adult safeguarding process. The Board has received information from six service users.

Concerns were identified by two service users:

- 'I was not informed after the meeting which is something that could be done better'
- 'I was not informed about what was going on'

Staff who undertake safeguarding investigations have been reminded of the importance of clear and timely communication with service users in team briefings.

An external agency will be commissioned in 2011/12 to systematically obtain independent feedback from service users which will be used to drive improvements.

Service users have also reported positive experiences:

- Safety was managed very well, Police were involved and this helped a lot



- I felt much safer having spoken to someone apart from my daughter about the situation
- The care manager listened to my views and worked hard to get things done quickly

Learning from case review and actions to make improvements

The Board has been proactive in responding to emerging issues in order to develop safeguarding practice. Examples of how Bromley developments to multi-agency adult safeguarding have been driven by the Board's analysis of local inter-agency issues include:

- Following the collapse of a criminal trial, the Board ensured a case review involving a voluntary agency, the Metropolitan Police Service, Adult and Community Services and the Crown Prosecution Service. The case concerned a paid carer who had allegedly stolen from a vulnerable person with dementia. The review identified that the alleged victim's memory problems had not been fully taken into account in preparation for the trial. As a consequence, the Metropolitan Police Service has reviewed their investigation teams and has established a Vulnerable Adults Team which will operate in Bromley from April 2011. This will supplement the single point of contact for adult safeguarding issues and provide a more skilled and dedicated team to investigate allegations of crime.
- The Board received a report on 22 cases where the London Ambulance Service had raised a concern about the lack of support for a service user, but following an agreed protocol, safeguarding procedures were not invoked because there was no clear allegation of abuse or neglect. In all instances there had been an appropriate multi-agency assessment of the individual's needs and where necessary a support plan had been arranged. The Board was reassured that vulnerable service users who did not meet the safeguarding threshold were receiving appropriate support.
- A safeguarding investigation in a nursing home found that the home should improve the process for obtaining specialist advice on nutrition. The Bromley PCT Dietician service agreed to arrange training sessions in the home to improve practice in this area.

The Board received regular feedback from practitioners on the progress of inter-agency work, examples included:

- A practitioner reported a case to the Board where Adult and Community Services, staff from a private domiciliary care agency and the Metropolitan Police Service had worked effectively to prevent further abuse of a vulnerable older person by her ex-partner.
- A case manager reported a case of potential serious self neglect where the London Ambulance Service had raised concerns about a person who appeared to be in poor health and was refusing to go to hospital. Adult and Community Services worked with the Metropolitan Police Safer



Neighbourhood team to ensure the cooperation of the individual and his admission to hospital for treatment.

- Ten cases have been presented by adult safeguarding professionals to the Performance Audit and Quality sub group to explain inter-agency safeguarding practice and to highlight cases where there were lessons to be learned. Practitioners have reported on the use of a risk assessment tool which has proved to be effective in the small number of cases where there are on-going risks of abuse or neglect.

Raising awareness of adult safeguarding

The BSAB 2008-11 Strategy had clear objectives in terms of raising awareness of abuse and neglect and how to report it across the general public, vulnerable people and staff and volunteers.

The Board has continued to implement its communication and engagement strategy to promote awareness of abuse and how to report it. The Board's new preventative strategy 2011-14 promotes the message:

'Bromley is a place where preventing abuse and neglect is everybody's business'

All partners share a responsibility to make sure service users and the wider community are well informed. The BSAB Newsletter has extended its distribution through Community Links to smaller voluntary organisations and community groups during 2010/11. The Board has begun to use the Community Links Newsletter as an additional means of publicising its work.

Three talks have been given to community groups about how to recognise and report adult safeguarding concerns. These emphasised the importance of speaking to a trusted friend or community leader and explaining how referrals can be made. Talks were given to:

- Crystal Palace Oasis Club
- Bromley Asian cultural association
- Orpington Chinese association

Inter-agency Protocols and Procedures

The Board had an objective in its 2008-11 strategy to develop safeguarding policies, protocols and procedures and ensure that these are updated in line with national guidance, new London wide guidance, new legislation and learning from case reviews and audit.

The Board's Policy, Procedures and Protocols sub group has ensured delivery of this area of the BSAB work plan. In 2010/11, the sub group has contributed to and commented on the development of ten new or revised local policies and protocols which support effective partnership working to safeguard adults at risk. Work has included:



- Development, with Supporting Independence in Bromley, of the 'Positive Risk Taking Policy', which was approved by BSAB in May 2011, and will be used to ensure service users arranging and purchasing their own care are safeguarded.
- Response to drafts of 'Protecting Adults at Risk: London multi-agency policy and procedures to safeguard adults at risk'.
- Production of a 'gap analysis' and oversight of update of local multi-agency 'toolkit' in preparation for the implementation of these procedures in June 2011.
- Advice on the development of the adult safeguarding procedures of two local voluntary organisations, Carers Bromley and Issues of the Heart and two housing associations: Affinity Sutton and Keniston. These procedures were then approved by the group.
- Developed a protocol to ensure any problems between agencies are flagged to managers for resolution and escalated to the Board if necessary. (It has not been necessary to invoke this protocol in 2010/11.)

Mental Capacity Act – Deprivation of Liberty Safeguards

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

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

The Deprivation of Liberty safeguards (DOLS) came into force during 2009. These legal safeguards cover individuals lacking capacity to make particular decisions who are in a care home or hospital. DOLS should be used when the care and treatment regime of an individual imposes such excessive restrictions on them, that they amount to a 'deprivation of liberty', in accordance with Human Rights legislation.

The process in Bromley for Deprivation of Liberty Safeguarding is robust with the officer for Deprivation of Liberty Safeguards and Mental Capacity, who has been in post since 2008, providing continuity of service, a valuable point of contact as well as an important monitoring role.

Activity on Deprivation of Liberty Safeguards referrals is submitted quarterly to the Department of Health. Comparison with neighbouring boroughs are shown in detail below.



Deprivation of Liberty Safeguards Referrals comparison with near neighbours for 2010/11

	Referrals
Bromley	10
Greenwich	13
Lewisham	8
Lambeth	47
Bexley	68

The Department of Health has questioned the comparatively low number of DOLS referrals in Bromley. The Board has received details of work undertaken to ensure legal responsibilities were being discharged, as follows:

- All new contracts issued for residential support detail the expectations of the Council on the provider around the legislation. The Care Homes forum has been used to disseminate information.
- Work has also been undertaken to review the possible reasons for lower DOLS activity levels in Bromley. In early 2009, all the care homes and hospitals in Bromley were visited, or managers seen by the officer for Deprivation of Liberty Safeguards and Mental Capacity, to explain imminent implementation of DOLS procedures. This identified the possible numbers of people to whom the DOLS may apply, which returned substantially lower numbers than the Department of Health estimates.
- Contact with care homes has been maintained: a survey of care homes regarding training needs was carried out; as a result some homes have been visited to provide Mental Capacity Act and DOLS training on site. The officer for Deprivation of Liberty Safeguards and Mental Capacity has spoken to and visited colleagues in other boroughs to carry out case comparisons, and has confirmed practice in Bromley is consistent with other areas.

Given the above, it is probable that provider staff are addressing aspects of the care regime which could contribute to a situation where an individual would be deprived of their liberty. The officer for Deprivation of Liberty Safeguards and Mental Capacity continues to visit individual hospitals and care homes to monitor the implementation of this legislation.

In January 2011, the number of DOLS referrals and approvals increased, partly due to ongoing work in raising awareness, and partly a natural fluctuation of activity which has been seen in other London Boroughs. Currently, there are four Bromley service users subject to Deprivation of Liberty Safeguards.



Bromley Deprivation of Liberty Referrals and Authorisations

Quarter	Referrals	Authorisations
Apr -Jun 10	4	0
July-Oct 10	1	0
Oct-Dec 10	2	2
Jan 11– to date	3	3
TOTAL	10	5

The Board has planned an audit during 2011/12 to gain information on the understanding of mental capacity issues and DOLS across a selection of health and social care settings. The audit findings will be used to make recommendations about further local work.

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

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

- All staff can demonstrate compliance with the principles of the Mental Capacity Act (MCA), when working with people who may lack capacity
- Staff making decisions about long term care or serious health treatment understand their duties under the Act
- Staff can recognise and report potential deprivations of liberty
- Staff understand how to assess and document a person’s mental capacity and understanding around particular decisions
- Specified staff are able to assess potential deprivations of liberty and make recommendations about authorisation of such situations

During 2010/11, training across all partner organisations has been delivered to a total of 353 staff. This has comprised:

- Introduction to the Mental Capacity Act: 10 courses, 190 staff trained
- Deprivation of Liberty safeguards: 10 courses, 76 staff trained
- Mental Capacity Act: Decision Makers: 10 courses, 87 staff trained

The safety of those who lack mental capacity has been promoted by the delivery of a programme of awareness raising visits to health and social care staff groups, service providers and hospitals, 24 visits were undertaken during the year.

Safer Bromley Partnership Achievements

The Board aims to improve the safety of vulnerable people by close links (strategically and operationally) with the Safer Bromley Partnership, which has these aims:

- Reduction of crime and fear of crime
- Building respect in communities and reduction of anti-social behaviour
- Reduction of the harm caused by illegal drugs



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

The Safer Bromley Partnership has a three year strategy and an annual work plan, which includes targeted initiatives to reduce crime against vulnerable people these include:

- People with learning disabilities have developed a project plan to deliver training to their peers on safety in the use of public transport. A full report was given to the December BSAB meeting.
- The Domestic Violence 'One Stop Shop' which provides advice from a police officer, a local solicitor, Bromley Homeless Families Unit, Bromley Womens Aid and Victim Support. This service is promoted widely has assisted 459 residents during 2010/11.
- The Safer Bromley Van provides additional security locks, spy-holes etc
- Action against rogue traders, through proactive checking of builders and traders. During 2010/11, 10 rogue trader days took place.
- There were 56 rapid response interventions against rogue traders, resulting in savings of £580,000 for consumers.
- There were 73 talks and events to encourage the active participation of Bromley residents in the identification of rogue traders/distraction burglars.
- All trading standards staff have received training and achieved competence in recognising and reporting abuse and neglect.

4. Safeguarding adults referral and outcome data

Summary analysis of referral and outcome data:

The Board's multi-agency procedures set out the circumstances in which a safeguarding referral should be made and how it should be responded to by partner organisations. These procedures seek to ensure the involvement of the vulnerable adult throughout the process, police investigation of possible crimes and a proportionate response to each concern. A data set is completed for all referrals in line with the requirements of the Department of Health.

In 2010/11, there has been an increase in cases investigated through the safeguarding procedures; this confirms the trend since BSAB was established in 2008. This is due to the Board's work in promoting greater consistency in the reporting and recording of safeguarding concerns across the partnership.

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

The report includes details of measures put in place to ensure service users are protected. In many instances, they are protected through a change in their care arrangements or living circumstances. The report also details the outcomes for the person who was alleged to have caused the harm, including action taken by the police. This year there has been a significant increase in cases where there has been police action as a result of improved inter-agency work.

Key Headlines:

- An increase in the overall number of referrals investigated through the Bromley Safeguarding Adults Multi-Agency Procedures from 443 in 2009/10 to 523 in 2010/11. This is an increase of 18% in referrals from 2009/10. The highest rate of increase this year related to people aged 18-65 with mental health needs.
- 232 (44%) referrals were made by social care staff with a further 114 (22%) made by health care staff. This is in line with last year's equivalent figures of 47% and 21%, highlighting the importance of ensuring that staff in contact with vulnerable adults meet BSAB competences in recognising and reporting abuse.
- As in previous years, 361, over two thirds, of all referrals relate to older people over 65. Of these, 153 (42%) concerned people aged 75-84, and a further 145 (40%) concerned people aged over 85.



- The most common abuse category is physical abuse, followed by financial abuse, which are respectively 231 (44%) and 118 (23%) of total referrals.
- 246, almost half of the alleged abuse reported during the year took place in the vulnerable person's own home, including supported accommodation.
- Of concluded cases this year, 174 (40%) have been substantiated or partially substantiated (40% last year). Benchmarking reported to the Board indicates this is comparable with other outer London authorities.
- The Board welcomes the significant increase in the number of cases where there is police action as a reflection of improved operational practice. The increase has been from 43 cases in 2009/10 to 106 cases in 2010/11.

Analysis of adult safeguarding referral data 2010/11

Referral rate: Chart 1 below shows that there has been an increase in the number of safeguarding referrals since 2008. There has been a further 18% increase from 443 in 2009/10 to 523 in 2010/11. Of referrals during the year, 22 concerned service users funded by Bromley Council, but living out of the borough. 247 of those referred for adult safeguarding concerns were already known to adult and community services.

The Board recognises the increase in referrals is due both to its work raising awareness of what was previously a hidden issue and improved data capture. Partner organisations in Bromley have responded to the challenge of meeting high standards in terms of the multi-agency response to each safeguarding referral. Statutory partners have identified operational leads who are responsible for ensuring each partner implements safeguarding procedures effectively.

The Board seeks to ensure consistency in terms of the multi-agency response to each referral through its performance standard of a strategy meeting or discussion within five working days of referral. The Metropolitan Police and Adult and Community Services have identified professionals who undertake key roles in coordinating the response to each referral.

In the 55 instances where there have been repeat referrals about the same service user, there has been consideration of whether this is due to inadequate safeguarding arrangements. No situations have been identified where service users have come to serious harm as a result of inadequate safeguarding arrangements.

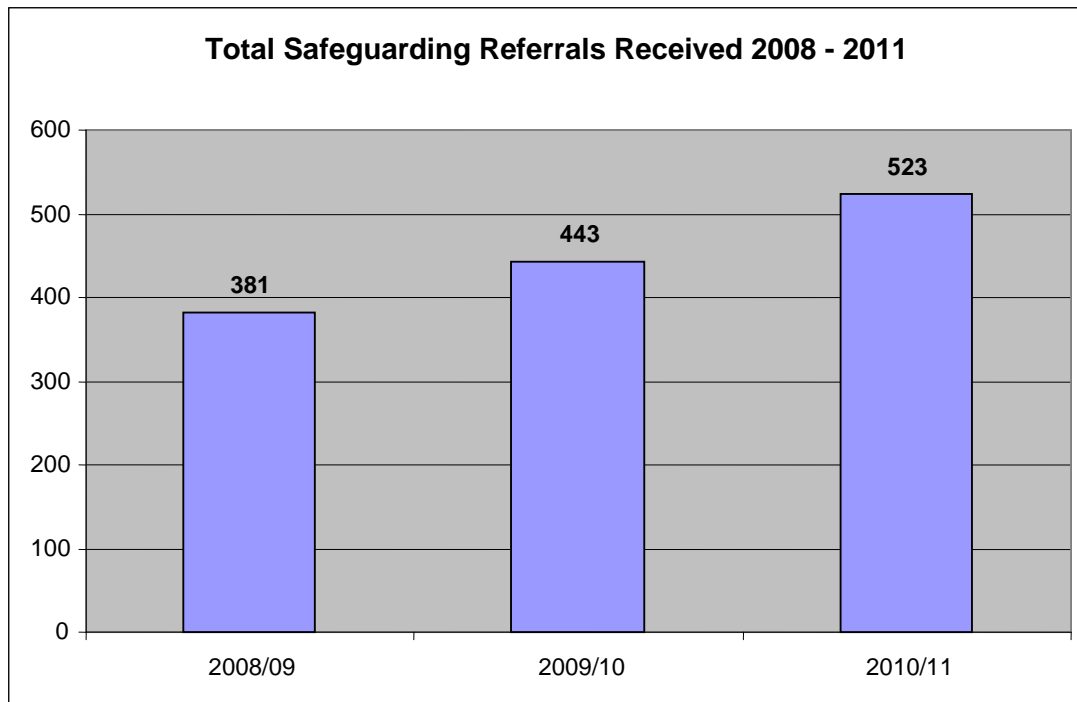
Repeat abuse can occur in communal living settings such as care homes, and the person alleged to have caused the harm can be another vulnerable adult.



Work has been done with care home providers to ensure that there is early reporting of such incidents and a protection plan is developed.

In most cases the needs of the person who allegedly caused the harm are reassessed to clarify how they can be supported without compromising the safety of other residents.

Chart 1



Service user groups: Chart 2 shows the distribution of referrals amongst key groups of vulnerable people. As is to be expected in Bromley, older people over 65 continue to provide the largest proportion of people subject to a safeguarding referral.

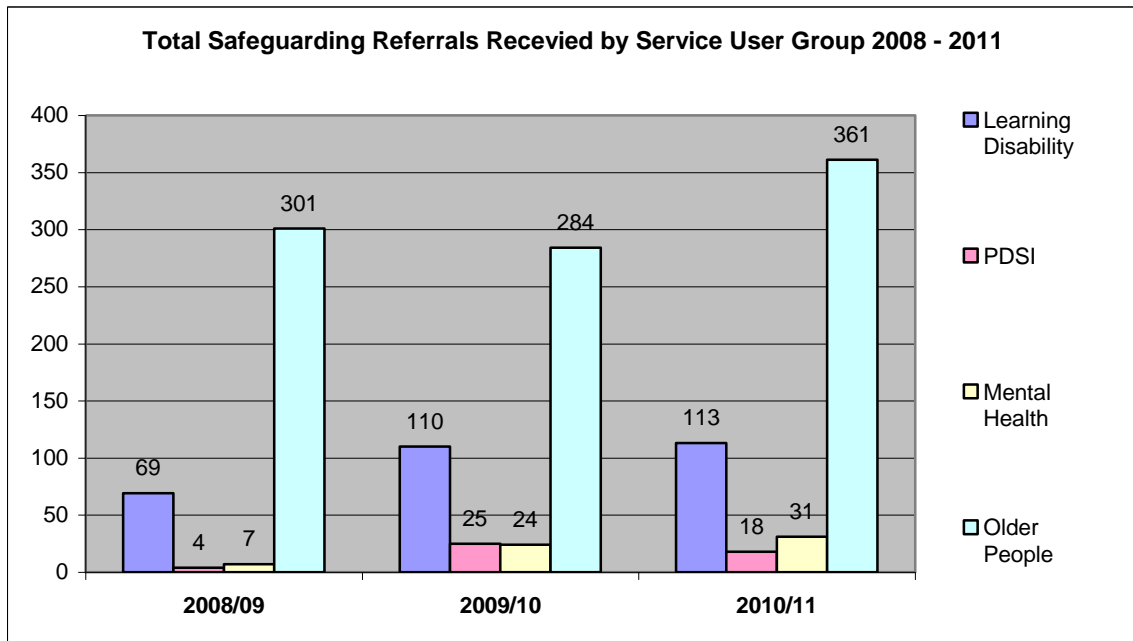
In total, 381 (73%) of referrals were about people over 65 and of these 153 (42%) concerned people aged 75-84; and a further 145 (40%) concerned people aged over 85.

The figures for other service users including those with mental health needs relate only to people aged 18-65.

The largest increase in referrals this year has been in people age 18-65 with mental health problems. The Board has received a report this year from Oxleas NHS Foundation Trust accounting for their approach to ensure adult safeguarding.



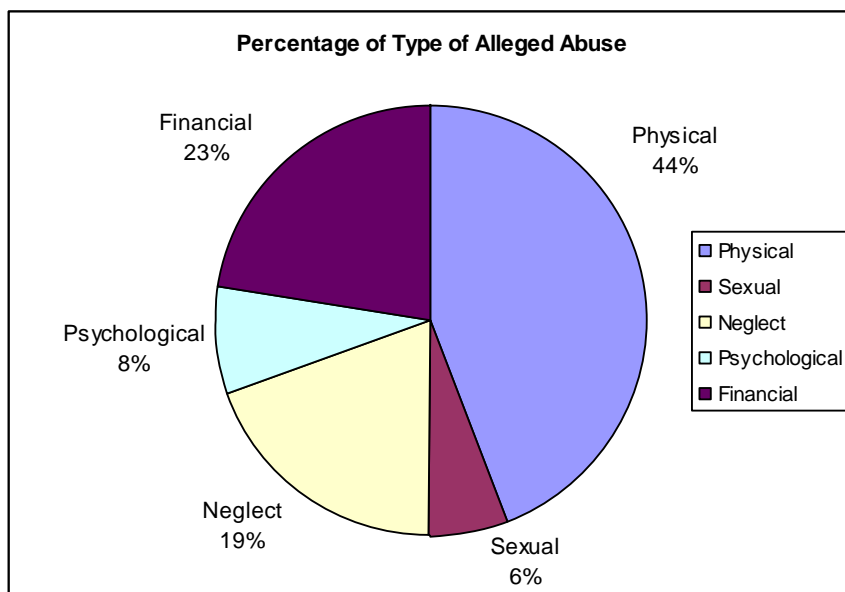
Chart 2



Type of alleged abuse: Chart 3 shows the categories of abuse reported. Allegations of physical abuse continue to be the most prevalent and include physical signs, such as the unexplained bruising of a service user who is unable to explain how the injury occurred.

This year the Board arranged specialist training for police officers and adult safeguarding staff, in responding effectively to safeguarding concerns regarding financial abuse, which is the second most common type of abuse reported.

Chart 3





Source of Referral: Chart 4 shows the source of referrals and highlights the fact that only 12 (2%) referrals were made by service users themselves. This can be due to communication problems and disabilities, as well as fear or reluctance to report concerns. Social care and health staff in total have made 346 (66%) safeguarding referrals, (68% 2009/10). The Board holds partners responsible for achieving targets to ensure the competence of these workers in recognising and reporting abuse.

It is also crucial friends, family, neighbours and the general community, who play a vital role in ensuring the safety of vulnerable people, can easily access information on making referrals. The Board's Communication Strategy aims to achieve this.

Chart 4

Source of Referral 2010/11	No of Referrals	%
Social Care Staff (Care Workers)	232	45%
Health Care Staff	114	22%
Family Member	65	12%
Other	34	7%
Housing	24	5%
Education Establishment	16	3%
Police	13	2%
Self Referral	12	2%
Friend/Neighbour	11	2%
Other Service User	1	0%
Care Quality Commission	1	0%
Total	523	100.0%

Chart 5 shows a breakdown of referrals by health staff and illustrates the involvement of a wide range of health professionals in the safeguarding process.

Chart 5

London Ambulance Service	26	23%
Dr (GP)	8	7%
Primary care staff	24	21%
District Nurses	11	10%
Oxleas	23	20%
Hospitals	22	19%
Total	114	100%

The largest proportion of adult safeguarding referrals from health staff received in 2010/11 were from the London Ambulance Service (LAS).



The LAS has a process for making referrals regarding vulnerable people to Bromley Council Adult Community Services. In accordance with a protocol agreed by BSAB in June 2009, 26 of these LAS vulnerable adults referrals met the threshold for investigation under the BSAB multi-agency procedures.

A further 160 referrals from LAS were dealt with as community care assessments. The Board have received a report that confirmed service users referred by LAS who did not meet the threshold for adult safeguarding, had an appropriate community care assessment of their needs, and where appropriate, a care package arranged.

Chart 6 gives information on the ethnicity of the subject of safeguarding referrals. The Board has an Equalities Impact Assessment and continues to collect data about the age, sex and ethnic background of service users. The Board oversees an action plan in response to this assessment, which seeks to ensure information is collected in order that any adverse impact of the procedures can be identified.

Chart 6

Ethnicity information for all referrals 2010/11

	No of Referrals	%
White British	393	76%
Information Not Yet Obtained	53	10%
Caribbean	18	3%
Any Other White Background	14	3%
Refused to Say	12	2%
White Irish	9	2%
African	9	2%
Any Other Asian Background	5	1%
Any Other Ethnic Background	3	1%
White Asian	2	0%
Indian	2	0%
White/Black Caribbean	1	0%
Pakistani	1	0%
Any Other Black Background	1	0%
Total	523	100.0%

Person alleged to have caused harm: Chart 7 illustrates the relationship between the person alleged to have caused harm and the vulnerable person. Partners and other family members together account for the alleged cause of 180 (35%) allegations across the different types of abuse. This illustrates vulnerable people are most at risk from those closest to them.



The Board seeks to ensure all Safer Bromley Partnership initiatives to reduce and respond to domestic violence can be accessed appropriately by vulnerable people through its competence framework and communication strategy.

In 143 (27%) referrals in 2010/11, the person alleged to have caused harm was a health or care worker. This includes allegations of neglect in care services

In 48 (9%) referrals the person who was alleged to have caused harm was another vulnerable adult. The Board seeks to ensure service users are protected whilst in services, by providers recognising possible risks and seeking support when there are concerns about the behaviour of a service user.

Chart 7

**Relationship of person alleged to have caused harm for all referrals
2010/11**

	No of Referrals	%
Other Family Member	118	23%
Social Care Staff	117	22%
Not Known	64	12%
Partner	62	12%
Other Vulnerable Adult	48	9%
Neighbour/Friend	33	6%
Other	32	6%
Healthcare Worker	26	5%
Other Professional	10	2%
Stranger	10	2%
Volunteer/Befriender	3	1%
Total	523	100.0%

Location of alleged abuse: Chart 8 shows the location of alleged abuse; with the service users own home being the most likely location. Care homes and nursing homes together account for 138 (27%) of referrals; a lower proportion than the 32% recorded last year. The Board seeks to ensure high quality services that promote dignity and respect for the individual through the accountability of service providers and commissioners.

Referrals are monitored by the Adult Safeguarding Team to identify any concerns about service providers. The Adult Safeguarding Manager leads the Care Services Group to ensure emerging issues about the safety or quality of services used by vulnerable people are responded to effectively and there is specialist health and social care professional input into investigations. This group receives reports from commissioners of services who oversee any action plan developed by the service to ensure the safety of residents.



Independent providers of social care are represented on the Board in recognition of their role in preventing and identifying abuse and neglect. Whistle-blowing is specifically mentioned in guidance to health and social care staff.

Chart 8

Location of alleged abuse for all referrals 2010/11

	No of Referrals	%
Own Home	211	40%
Care Home with Nursing	71	13%
Care Home	67	13%
Home of person alleged to have caused harm	40	8%
Supported Accommodation	35	7%
Other	30	6%
Not Known	18	3%
Public Place	14	3%
Acute Hospital	11	2%
Mental Health Inpatient Setting	9	2%
Other Health Setting (Including Hospice)	6	1%
Education/Training/Workplace Establishment	6	1%
Day Centre/Service	5	1%
Total	523	100%

Outcome of all closed referrals 2010/11 (including 52 referrals received in 2009/10) by service user group: Chart 9 shows that overall in 2010/11, 40% of concluded safeguarding referrals were either fully or partially substantiated, which is consistent with last year. The Board has received information which confirms this data is in line with comparable local authority areas.

Chart 9

Analysis of outcome data 2010/11

	Older People	Mental Health	Physical Disabilities Sensory Impairment	Learning Disabilities	Total	%
Unsubstantiated	124	0	4	40	168	39%
Substantiated	93	5	4	41	143	33%
Inconclusive	61	3	3	25	92	21%
Partially Substantiated	21	1	6	3	31	7%
Total	299	9	17	109	434	100%



Specific Outcomes - Service Users

Chart 10 shows data on outcomes for service users was collected from 434 concluded cases in accordance with Department of Health abuse of vulnerable adults (AVA) reporting requirements. Outcomes are collected from cases whether abuse is substantiated or not, and each case may have more than one outcome.

The most common outcomes following safeguarding referral are: a community care assessment (190 cases), increased monitoring (93 cases), and no further action (59 cases). There has been an increase or change of care in 39 cases.

To protect vulnerable adults, 48 service users have moved address, restriction of access by an alleged perpetrator has occurred in 23 cases. 16 service users have had specific legal measures placed upon them to protect their finances and a further 8 have had help with managing finances.

Referral to independent advocacy has been reported in only 8 cases, the Board is seeking to increase the number of service users benefiting from independent advocates through training and performance monitoring.

Chart 10

Outcomes for Service Users

	Older People	Physical Disabilities Sensory Impairment	Learning Disability	Mental Health	Total
Community Care Assessment & Services	146	9	35	0	190
Increased Monitoring	55	4	28	6	93
No Further Action	39	0	19	1	59
Vulnerable Adult removed from property or service	34	1	13	0	48
Moved to increase / Different Care	29	1	7	2	39
Restriction/management of access to alleged perpetrator	10	0	10	3	23
Referral to Counselling /Training	3	4	11	2	20
Application to change appointee-ship	8	2	2	0	12
Referral to advocacy scheme	6	0	1	1	8
Management of access to finances	5	0	2	1	8
Other	4	1	2	1	8
Application to Court of Protection	3	0	0	0	3
Civil Action	0	0	1	0	1
Guardianship/Use of Mental Health act	0	0	0	0	0
Review of Self-Directed Support (IB)	0	0	0	0	0
Referral to MARAC	0	0	0	0	0
Total	342	22	131	17	512



Specific outcomes – person alleged to have caused harm

Chart 11 shows the outcomes for the person alleged to have caused harm which were collected from 434 cases concluded during 2010/11 in accordance with the requirements of the Department of Health. Each case may have more than one outcome. The most common outcome for the person alleged to have caused harm is 'no further action', which was the outcome in 186 cases and relates to the fact that abuse is not substantiated in a high proportion of cases.

It is significant there has been police action in 106 cases (an increase from 43 cases last year) and police prosecution/caution in 13 cases (an increase from 2 cases last year).

In 20 cases, the person alleged to have caused harm was removed from the property (a decline from 25 cases last year). In 26 cases, there was disciplinary action against a staff member (an increase from 20 cases last year).

Chart 11

Outcomes for person alleged to have caused harm

	Older People	Physical Disabilities Sensory Impairment	Learning Disability	Mental Health	Total
No Further Action	143	2	39	2	186
Police Action	64	5	34	3	106
Management of access to the Vulnerable Adult	22	1	15	6	44
Counselling/Training/Treatment	19	5	6	0	30
Disciplinary Action	15	1	10	0	26
Removal from property or service	16	1	2	1	20
Action by Care Quality Commission	17	0	1	0	18
Community Care Assessment	15	1	1	1	18
Continued Monitoring	13	0	4	0	17
Criminal Prosecution / Formal Caution	9	0	3	1	13
Not Known	5	0	3	0	8
Exoneration	0	2	5	0	7
Referred to PoVA List / ISA**	1	0	1	0	2
Action by Contract Compliance	1	0	1	0	2
Referral to MAPP	0	0	1	0	1
Action under Mental Health Act	0	0	0	1	1
Total	340	18	126	15	499

**Referral to Protection of Vulnerable Adults list run by Independent Safeguarding Authority for consideration of barring from work with vulnerable adults.



5. BSAB work plan 2011/12

The work plan for the next three years will build on the five objectives agreed by partners and service users in the new BSAB Safeguarding Adults Strategy 2011-14:

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

Significant tasks from the 2011/12 work plan are:

- Implementation of 'Safeguarding adults in London, Policy and Procedures' across the Bromley adult safeguarding partnership in June 2011. This will require all partners to be aware of the new procedures and updating of local protocols for practitioners.
- Commissioning an external agency to maximise the collection of feedback from service users and their advocates, about their experience of the safeguarding process. The evidence gained will be used to develop actions to make improvements to practice.
- Audit of health and social care settings to determine awareness of Mental Capacity Act 2005 principles, and compliance with the Deprivation of Liberty Safeguards, and to make recommendations to improve outcomes for service users.

The BSAB work plan 2011/12 is attached (Appendix 1)



6. Appendices

Appendix 1: BSAB work plan 2011/12

Appendix 2: Analysis of Safeguarding Spend 2010/11

Appendix 1

AWARENESS

In 2011/12 the Board will continue to raise awareness through the Bromley council website, the Newsletter, factsheets, leaflets and posters to ensure community awareness of how to recognise and report abuse. The Board will use the 2011 BSAB conference to explore current trends in adult safeguarding and will ensure that partner organisations and the wider community know how to report concerns appropriately.

OBJECTIVE 1 Continue to improve awareness about how to spot the signs of abuse and when to report it to the Lead Agency

Priorities:

1.1 Promote the role of the community in safeguarding vulnerable adults, including those at risk of severe self-neglect.

1.2 Minimise the risk to vulnerable adults who privately buy care services, through a marketing campaign targeted at the independent sector.

1.3 Ensure accessible, effective safeguarding material and guidance is available to the general public to support them in their safeguarding role.

Task	Desired Outcome	By whom	By when	Overseen by
Mail out to 40+ faith groups and 30+ small community groups.	Increase community knowledge of adult safeguarding	Safeguarding Adults Coordinator	30.09.11	T&A Sub-group
Ensure service users and their families/advocates are well informed through new social care website 'My Life', on how to reduce risks when purchasing their own care, and the use of accredited providers who meet agreed standards in prevention, recognition and reporting of abuse and neglect is promoted.	People can access quality assured information, advice and guidance that meets the needs of all people in the community.	Supporting Independence in Bromley	30/04/2011	T&A Sub-group
Raise awareness of hate crime, 'scams' and rogue traders, abuse and neglect and how to report it amongst service users their informal carers, the general public and staff groups.	Community safety is improved through engagement with the council and other agencies to reduce harassment and risks to people in situations of ongoing vulnerability.	Safer Bromley Partnerships/BSAB Partners/Conference Sub-Group	Newsletter 30.04.11 Conference 22.09.11	T&A Sub-group

SERVICES

Partners comply with local and national safeguarding guidance and relevant and guidance to prevent the abuse or neglect of vulnerable adults using directly provided services, services commissioned by a partner organisation or a service purchased by a vulnerable adult.

OBJECTIVE 2: Ensure all services that are commissioned, regulated or accredited by the BSAB partners adhere to the highest standards of safety for service users

Priorities:

2.1 Ensure each partner is able to demonstrate the quality of the service it endorses, and that emerging safeguarding issues are reported to the BSAB for oversight.

2.2 Continue to promote and review the provider training programme as the wider health and social care workforce changes in line with the Supporting Independence in Bromley Programme

2.3 Continue successfully engaging with endorsed providers to ensure services are developed that meet the current and future needs of vulnerable adults.

Activity	Desired Outcome	By whom	By when	Overseen by
NHS guidance, (Safeguarding adults: the role of NHS commissioners; Department of Health, Mar 2011) is used to evaluate current commissioning arrangements.	Service users are safe in the services commissioned on their behalf.	Oxleas, Bromley PCT commissioners, South London Healthcare Trust.	31.03.12	PPP Sub-group
Review allocation of training places to providers in line with changes in health and social care workforce to ensure vulnerable people are safeguarded	Service users are protected by those who come into contact with them whether as a result of a commissioned service or through directly provided care.	Commissioners of health and social care in all partner organisations.	30.09.11	T&A Sub-group
Monitor safeguarding alerts arising from concerns about neglect or abuse by a provider or directly purchased care and make recommendations for action to commissioners.	Lessons are learnt from safeguarding investigations and service users benefit from improved services.	Adult Safeguarding manager/Care homes review Group/Commissioners of services/ supporting Independence in Bromley	Ongoing	PAQ Sub-group

PRACTICE

It is the policy of the Bromley Safeguarding Adults Board to drive continuous improvements in the standard and consistency of safeguarding practice in its overview of safeguarding activity. It is supported to deliver this objective in the scrutiny role of the Performance Audit and Quality Sub-group, the Adult Safeguarding Manager as lead professional for safeguarding practice, the specialist safeguarding leads within the statutory partner agencies and consultant lead practitioners to monitor and promote effective safeguarding practice within lead agency teams. The process of continuous improvement and review is also reflected in the Boards Safeguarding Training strategy and the Safeguarding Competence framework which ensures that the workforce is trained to agreed practice standards. Learning from casework is also incorporated into the annual review of the required competences and the content of the annual training plan to ensure developing needs are met.

OBJECTIVE 3 Continue to promote consistent safeguarding practice across agencies underpinned by robust quality assurance & scrutiny mechanisms & reliable, timely performance information.

Priorities:

3.1 Ensure learning from quality audits is embedded into safeguarding practice and leads to improves outcomes for vulnerable adults

3.2 Demonstrate how risks to vulnerable adults are being reduced by good practice captured through an embedded BSAB performance outcomes framework and a developed scrutiny function.

3.3 Ensure all safeguarding legislation, learning from national enquiries and national health NHS guidance for this year is applied to

Activity	Desired Outcome	By whom	By when	Overseen by
Partners report on implementation improvement plans following safeguarding audits.	BSAB safeguarding practice standards are reviewed and action taken to address any problems identified.	All partners	Regular reports to PAQ subgroup	PAQ Sub-group
Develop and implement an improved process for service user/advocate feedback.	Feedback is used to assess partner performance and improve outcomes for service users.	Adult Safeguarding Manager/local service user and advocacy groups.	30.09.11	PAQ Sub-group
Support Implementation of London multi-agency policy and procedures by production and publication of local toolkit for professionals	There is a consistent, effective and proportionate response to safeguarding concerns.	Adult Safeguarding Manager All partners.	30.06.11	PPP Sub-group

CHOICE

Ensuring that people know about making the right choice about delivery of their care and are informed about making safe choices. The Board will ensure that people who are the most vulnerable members of the community have access to those services which will keep them safe, Community Safety, Safer Neighbourhood Teams, Trading Standards and the Home Fire Safety Initiative. In situations where a service user lacks the ability to make a decision that will keep themselves or theirs safe from significant harm, we will ensure that the delivery of services conforms to the highest standards of care. Through an effective strategy the Board will promote activities which enable people to exercise choice and make informed decisions about the risks they choose to take.

OBJECTIVE 4 Continue to support vulnerable adults to maximise their independence & quality of life by encouraging them to take control of their situations, including positive risk taking

Priorities:

4.1 Minimise the risk of abuse, particularly financial abuse, to vulnerable people who choose to privately buy their own care services, by continuing to work with established, well-placed organisations within the borough.

4.2 Ensure vulnerable adults who are eligible for Council-funded services, particularly those who choose to receive some or all of that care via a direct payment, are provided with guidance about how to safeguard themselves.

4.3 Empower vulnerable adults to take control of their lives by ensuring that the positive risk taking policy is embedded into working practice.

Activity	Desired Outcome	By whom	By when	Overseen by
Ensure that effective systems are put in place to ensure safeguarding standards are met in accredited services/registered personal assistants.	People can access safe services and support.	LBB Contracts and commissioning/care providers	31.10.11	PPP Sub Group
Ensure Bromley 'My Life' website includes accessible information for service users, families and informal carers on preventing abuse.	People can access quality assured information, advice and guidance that meets the needs of all people in the community.	LBB Adult and Community Services	30.04.11	T and A Sub group
Check through audit that positive risk taking policy is being used by practitioners and report back to BSAB.	Vulnerable people are empowered to express their wishes, to exercise control over their lives and supported to manage risks.	LBB Adult and Community Services	30.09.11	PAQ Sub Group

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CAPACITY

The Board will continue to promote the core principles of the Mental Capacity Act and ensure that they are incorporated into all its processes, and reflected in the practice standards of practitioners, that care providers and clinical staff in health settings are compliant with the Deprivation of Liberty of Safeguards and that families of adults who lack the capacity to make a decision that will safeguard them from harm, are aware of the legislative framework to ensure the safety of all concerned.

OBJECTIVE 5 Continue to safeguard vulnerable adults who lack the ability to make a decision that will safeguard themselves or others from significant harm.

Priorities:

5.1 Minimise the risk to vulnerable adults who lack capacity in homes rated as 'adequate' through a targeted training programme

5.2 Reduce the risk to vulnerable adults who may lack ability to make decisions by ensuring that adult safeguarding work is fully compliant with the principles of the Mental Capacity Act.

5.3 Continue to safeguard vulnerable adults using commissioned services by ensuring that contracts contain adequate reference to the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Activity	Desired Outcome	By whom	By when	Overseen by
Training in the core principles of the Mental Capacity Act and Deprivation of Liberty Safeguards is delivered to those care homes assessed as 'adequate' by the Care Quality Commission.	People who may lack mental capacity are treated with respect and dignity and their rights are upheld.	Mental Capacity Act Lead/private care homes	30.11.11	MCA LIN
Evaluate compliance with Mental Capacity Act and Deprivation of Liberty Safeguards in NHS and private care establishments (Total 8 hospital wards and establishments)	No vulnerable person is subject to an illegal deprivation of liberty	All NHS Partners, private care homes, mental capacity act lead, quality assurance manager, clinical governance leads	30.11.11	MCA LIN/ PAQ Subgroup
Ensure all contracts for commissioned services contain clauses requiring compliance with Mental Capacity Act and Deprivation of Liberty Safeguards	The rights of service users who may lack mental capacity are upheld.	All NHS Partners, London Borough of Bromley.	30.04.12	MCA LIN/ PAQ Subgroup

Appendix 2

BROMLEY SAFEGUARDING ADULTS BOARD BUDGET OUTTURN REPORT

Description	Revised Budget £	Total Outturn £	Variance £
EXPENDITURE			
Publicity & Awareness	1,410	1,674	264
Publicity & Awareness Contingency	1,500	0	(1,500)
Training Strategy	29,000	22,940	(6,060)
Training Room Hire	2,000	2,640	640
Purchase of E-Learning System	7,500	0	(7,500)
Training Contingency	2,500	0	(2,500)
Professional Subscriptions	225	974	749
BSAB Conference Expenditure	3,500	3,386	(114)
Serious Care Reviews	0	0	0
Total Expenditure	47,635	31,614	(16,021)
INCOME			
Balance Bfwd	(16,305)	(16,305)	0
Donations	0	0	0
Contributions from Met Police	(5,000)	(5,000)	0
Contributions from Oxleas NHS Trust	(5,000)	(5,000)	0
Contributions from South London Health Trust	(5,000)	(5,000)	0
Contributions from Bromley Primary Care Trust	(8,000)	(8,000)	0
Contributions from LBB	(8,500)	(8,500)	0
Contributions from LBB - Training Grant	0	(325)	(325)
Total	(47,805)	(48,130)	(325)
Balance Cfwd	(170)	(16,516)	(16,346)