

A scenic view of a pond in a park. The pond is surrounded by lush green trees and grass. In the foreground, there are tall reeds and a paved path with a metal railing. The water is calm, reflecting the surrounding greenery. A red banner is overlaid on the right side of the image, containing the title and date of the report.

# *Adult Safeguarding Annual Report*

April 2013 - March 2014

# Foreword

*Welcome to the Greenwich Safeguarding Adults Board (SAMAG) Annual Report 2013/14. In Royal Borough of Greenwich (RBG) the Board is known as the Safeguarding Adults Multi Agency Group. The Board is a partnership of statutory and non-statutory agencies. Its vision is to enhance the quality of life, health, wellbeing and safety of adults at risk. It aims to work to enable people who need help and support to retain independence, wellbeing and choice and to access their right to live a life that is free from abuse and neglect. This Annual Report reflects the work of the partnership in seeking to realise this aim. It provides an overview of the shared work plan developed for improving the effectiveness of safeguarding adults, the achievements across the partnership and aspirations for the coming year.*

This has been a challenging year, with continuing attention to the recommendations that emerged from the inquiries into events at North Staffordshire Hospital and Winterbourne View. The Care Act will be implemented in April 2015 and there will be associated statutory and practice guidance. The Board has maintained awareness of these developments to ensure that it is in step with the underpinning principles as well as with the requirements of the Act. The SAMAG has demonstrated a real commitment within and across agencies

in developing effective safeguarding in the Royal Borough of Greenwich. A clear plan is in place focusing on a range of measures from prevention through to effective and decisive action when things go wrong. Individual agencies have set out their contribution to safeguarding adults and there has been significant joint effort to achieve shared aims and objectives.

There are some notable achievements set out in agencies' contributions to this report. I would like to thank all partners for their significant contribution to

safeguarding adults in Royal Borough of Greenwich. The report reflects a great deal of commitment and hard work.

The SAMAG set itself a comprehensive range of objectives for 2013/15 and has made considerable progress in realising these. This work has been carried out largely through subgroups to the Board which are chaired by a number of agencies. The work to take forward these objectives represents considerable time and effort alongside other competing pressures. Notable achievements in the context of the business plan objectives for 2013/15 include:

- The development of a service user involvement strategy and action plan and the bringing together of groups of service users to focus on safeguarding and to develop their understanding of the issues. This is essential as a platform to ensure that service user experiences and views inform practice and outcomes. The contribution of Greenwich Action for Voluntary Service in this aspect of SAMAG's work has been significant.
- A Provider Monitoring group has been established across Health and Social Care to contribute to enhancing safety and quality in commissioned services.

It aims to maintain awareness across agencies of key issues in provider services and can support putting in place required actions

- SAMAG has developed its focus on learning and evidence based practice drawing and reflecting on the increasing body of research/knowledge in safeguarding adults. This year this has included: learning from case studies presented to SAMAG; the informative SAMAG bulletin; developments in practice following SCRs (local & national); SAMAG seminar sessions/learning events.
- Development of a framework for quality-assuring the effectiveness of the SAMAG (assurance regarding individual members of the partnership and of the partnership as a body) so that this information can be used to improve effectiveness and inform priorities. The framework includes a commitment to testing out a SAMAG audit tool for safeguarding adults and a commitment to test out multiagency audit of cases in the coming year.
- Development of clear guidance and a framework across the whole

partnership for working with risk in the lives of service users

- Continuing to raise awareness of 'fire-vulnerable' (high-risk) people and the need for multi-agency assessment and evaluation to identify solutions to mitigate fire risk. Data reflects a greater level of referral to LFB from across the partnership.

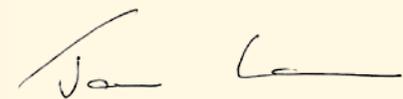
A great deal of progress has been made over the last year but of course there is always much more that we can do. The SAMAG business plan sets out priorities for the year to March 2015. These are indicated within the body of the report. Key themes within these priorities are:

- listening to the voice of those who may require the support of safeguarding services
- a commitment to understanding the difference made in the lives of people through safeguarding activity
- continuing to nurture and develop a partnership that through openness, challenge and learning, continually strives to improve
- enhancements in policy and practice, that really support that balance for individuals between independence, wellbeing and choice and accessing

the right to live a life that is free from abuse. This includes a commitment to enhancing practice in the context of the Mental Capacity Act

- continuing attention to quality of care issues in order to prevent abuse occurring/escalating
- ensuring consistency with the requirements of the Care Act and associated forthcoming guidance

This is a challenging time across organisations but nevertheless there is real determination to ensure that as a partnership safeguarding adults remains a priority and that organisations and the partnership continue to develop and improve.



**Jane Lawson**

Independent Chair, Royal Greenwich Safeguarding Adults Multi-Agency Group (SAMAG)

# ***Introduction***

The Safeguarding Adults Multi-Agency Group-SAMAG is the strategic partnership board that oversees and promotes safeguarding adults activities with the aim of preventing and reducing the risk of adult abuse in the borough. We also have an executive group of SAMAG, namely the Leadership and Accountability Group (LAG) made up of statutory partners and Greenwich Action for Voluntary Service. The group is responsible for agreeing strategic objectives and the resources required in order to achieve them. Both groups are well established and are led by an independent chair Jane Lawson. There are a number of key priorities identified in the business plan 2012/15. These priorities are to be seen in the context of the Greenwich SAMAG five-year strategy, 2011 to 2016 and contribute to the realisation of the vision “to enhance the quality of life, health, welfare and safety of adults at risk” and the five broader priorities set out in the strategy as follows:

- 1. communication and involvement**
- 2. prevention**
- 3. personalisation**
- 4. quality assurance**
- 5. access to redress**

The SAMAG also takes a coordinating role in the implementation of the Mental Capacity Act (MCA) 2005 in Greenwich in line with DH/ADASS standards and guidelines for safeguarding adults and the Mental Capacity Act, 2005

## **Reporting 2013/2014**

This report outlines the work we have undertaken and actions we have carried out during 2013/14 to ensure the safety of adults at risk in Royal Greenwich. Details include:

- How we have achieved the priorities set out in the business plan
- Implementation of the Care Act.
- Updates and on-going work relating to MCA/DoLS
- Making Safeguarding Personal
- Our focus for 2014/15

The report will be presented to the Chair of the Health and Wellbeing Board and sent to;

- Chief Executive and Leader of Royal Greenwich Council via Council Cabinet
- The Borough Commander Royal Greenwich MET Police
- The Director of Healthwatch Greenwich
- Greenwich Clinical Commissioning Group (GCCG)

This report will be shared with the SAMAG and subgroup members and will also be accessible via the Royal Greenwich Borough website at: [www.royalgreenwich.gov.uk](http://www.royalgreenwich.gov.uk)

## ***The National and Local Context***

### **The Care Bill**

Having first been published in draft form in 2012 this included clauses that would;

- Allow local authorities to make enquiries where they have concerns about abuse or neglect (clause 41)
- Place Adult Safeguarding Boards on a statutory footing (clause 42)
- Requirements for Boards to undertake Safeguarding Adult Reviews (clause 43)

### **There are now additional details not included in the draft:**

- Requirements to provide information to the Board to allow it to carry out its functions (clause 44)
- Further detail about the requirements of the Safeguarding Adult Boards and the content of the boards Annual Report (Schedule 2 section4)
- There is also a further additional clause (clause 69) to set out that safeguarding arrangements will not apply in prisons or approved premises. The same clause also sets out that prison staff cannot be required to become safeguarding board members

Statutory guidance is expected in October 2014 and developments will be reported in the next annual report.

The SAMAG and the LAG in conjunction with our partners have begun discussions around implications as well as implementation of the Care Act and will monitor progress. The Business Plan will be reviewed to include an emphasis around adult safeguarding requirements.

Subgroups are also looking at the training implications as well as operational requirements of the Act in preparation for implementation in 2015

### **Winterbourne View Inquiry Update**

The Inquiry and associated action plan are integral to the SAMAG business plan and will therefore be monitored by SAMAG on an on-going basis to ensure the issues are addressed in Greenwich.

Plan to ensure accountability of SAMAG in ensuring the key messages are acted upon locally:

- Leadership and Accountability Group (LAG) to ensure that key issues appear in business plan
- Clinical Commissioning Group (CCG) is monitoring actions of Health organisations and Royal Borough Greenwich (RBG) commissioning is working with the CCG to ensure specific recommendations from the Winterbourne View report are actioned. Progress reports from CCG and RBG commissioning will come to LAG as a standing item at each meeting so that LAG can be assured that key actions are put in place. SAMAG will receive updates at least annually.

## **The Francis Report update**

The Francis Report was published in February 2013, following an investigation into 1200 unnecessary deaths at Mid Staffs NHS Hospital between 2005– 2009. Evidence was gathered from staff, patients and their families, including shocking neglect, lack of respect and dignity, often towards elderly patients. The report has 290 recommendations and the summary is 125 pages long.

### **The Chairman's statement sets out 5 key areas to change:**

1. A structure of clearly understood fundamental standards and measures of compliance, accepted and embraced by the public and healthcare professionals, with rigorous and clear means of enforcement
2. Openness, transparency and candour throughout the system
3. Improved support for compassionate caring and committed nursing
4. Strong and patient centred healthcare leadership
5. Accurate, useful and relevant information

To view the Government response to Francis Report:  
*<https://www.gov.uk/government/news/putting-patients-first-government-publishes-response-to-francis-report>*

Since this report, further evidence of abuse has been discovered at several more hospitals across England. The NHS and its partner agencies are now working together to improve standards of care, compassion, communication, competence, commitment and courage (the 6 C's).

The Clinical Commissioning Group (CCG) and Lewisham and Greenwich Hospital Trust (LGHT) will monitor associated actions and report back to SAMAG and the Leadership and Accountability Group (LAG).

## ***Local Context***

Safeguarding Adults is a key agenda and is included in all corporate plans across the council. The SAMAG reports to the Health and Wellbeing Board and in Adults and Older People's Services, safeguarding adults is included as an agenda item in team meetings, one to one supervision and appraisals.

The Safeguarding Adults Team sits within the directorate of Adults and Older People's Services in the Royal Borough of Greenwich. The team consists of a Service Manager for Reviewing and Safeguarding, two Safeguarding Adults Advisors and three safeguarding support officers.

The role of the advisors and support officers is to support the designated Safeguarding Adults Managers (SAMS) and key partners with the investigation of safeguarding cases, representing safeguarding adults at multi agency panels and promoting the safeguarding message across the partnership including to adults at risk themselves and their carers.

## ***Mental Capacity Act & Deprivation of Liberty Safeguards***

In 2013-2014 the SAMAG partnership has further developed tools and guidance to support the application of the Mental Capacity Act. Royal Greenwich continues to commission MCA and MCA DoLS training for staff across the safeguarding partnership. Training consists of E-Learning, face to face training, forums and Workshops. There are a number of practitioners who are Best Interest Assessors (BIA) and regular support is

offered to staff via BIA forums and refresher courses. The Safeguarding Adults Team is responsible for the administration of the Deprivation of Liberty Safeguards (DoLS), including organising the relevant Best Interest Assessors and Section 12 doctors.

### **Deprivation of Liberty Safeguards Information**

In March 2014 a Supreme Court decision in the case of Cheshire West was announced. This case introduced a new test to determine whether or not someone is being deprived of their liberty. Many more people will be defined as being deprived of their liberty under the new test and must therefore be afforded the protection of a

Deprivation of Liberty Safeguard (DoLS).

The table below outlines the DoLS activity from 2013-2014

There were a total of 27 requests for deprivation of liberty safeguard authorisations made during this period.

<b>Standard Requests</b>	8
<b>Urgent Requests</b>	19

<b>Authorised</b>	21
<b>Declined</b>	6

<b>Length of Authorisations</b>	
2 Weeks	1
1 Month	2
6 Weeks	1
8 Weeks	1
2 Months	3
3 Months	2
4 Months	1
5 Months	1
6 Months	3
1 year	6

## **Case Studies**

**RB** aged 92 had been self-neglecting when he lived in the community. – He was admitted to hospital with dehydration and a chest infection. He weighed just 7 stone and appeared confused. RB had a niece who was involved in his welfare and advocated for RB to be placed in residential care as she had found it increasingly difficult to support him at home. RB was assessed and categorised as requiring Nursing Dementia Care. This was due to his level of confusion and his level of frailty.

At his annual review RB's physical health had improved and he expressed to the reviewing officer that he did not want to be at the home, he did not get on with the other residents as they just slept all day and he felt like a prisoner. The home did not permit RB to leave the care home without the support of staff and enquired if a Deprivation of Liberty authorisation was required to sanction his detention at the home. However the Best Interests Assessor felt that RB had the capacity to make decisions in regards to his care as his memory and cognition had improved. He was assessed as suitable for Extra Care Sheltered accommodation. Two apprentices in the reviewing team were introduced to RB and took him out for coffee and to see Charlton Athletic football team play. When RB receives an offer of sheltered accommodation they will assist him to purchase furnishings.

**MG** is a physically fit and healthy 86 year old woman with Alzheimer's disease. She lived alone but had an extensive social life through her church. Unfortunately her illness had progressed to the extent that she could no longer manage independently and she was placed in residential care. Within 2 weeks of moving to the care home MG wandered off and was found on a night bus in Battersea. On her return to the home a Deprivation of Liberty Safeguards (DoLS) Authorisation was requested by the care home. MG was assessed by a Best Interests Assessor and a DoLS Authorisation was granted with the condition that she would continue to be allowed to attend events and services with members of her church.

## ***Multi Agency Panels, Relevant to Safeguarding Adults***

**MAPPA** - Multi Agency Public Protection Arrangements (MAPPA) are a set of arrangements to manage the risk posed by certain sexual and violent offenders. They bring together the Police, Probation and Prison Services in Royal Greenwich into what is known as the MAPPA Responsible Authority. A number of other agencies are under a legal duty to co-operate with the Responsible authority. These include: Children's Services, Adult Social Services (Safeguarding), Health Trusts and Authorities, Youth Offending Teams, local housing authorities and certain registered social landlords, Job centre Plus, and electronic monitoring providers. The purpose is:

- To ensure more comprehensive risk assessments are completed, taking advantage of co-ordinated information sharing across the agencies; and
- To direct the available resources to best protect the public from serious harm.

The safeguarding adults' team represent Adult Services at MAPPA meetings on a monthly basis.

**MARAC** - Multi Agency Risk Assessment Conference is a meeting where information is shared on high risk domestic abuse victims (those at risk of serious harm or homicide). The meeting includes representatives of local police, probation, health, child protection, Adult Safeguarding, Mental Health services, housing practitioners, Independent Domestic Violence Advisors (IDVA's) and other specialists from the statutory and voluntary sectors. The primary focus of the MARAC is to safeguard the adult victim by sharing information and agreeing a risk focused, coordinated safety plan. At the heart of a MARAC is the working assumption

that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an Independent Domestic Violence Advocate (IDVA), or the referring practitioner, who speaks on their behalf. In Greenwich the MARAC Meetings are held fortnightly and the Safeguarding Adults Advisor is the link person for adult services. In 2013- 2014 25 meetings have been held. 247 cases have been presented of which 73 have been repeat cases.

**Hate Crime** - can take many forms including:

- physical attacks – such as physical assault, damage to property, offensive graffiti, neighbour disputes and arson
- threat of attack – including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints
- verbal abuse or insults - offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace

The Royal Greenwich Hate Crimes Panel consists of representatives from agencies across the borough such as the Police, Safeguarding Adults Team, Victim Support, Youth Offending Team and Housing. It meets regularly to consider referred cases and coordinate the action required to be taken to support victims and prevent future occurrences, but also in bringing offenders to justice. Hate crime is treated as a very serious matter. The meeting is chaired by the Police and we meet monthly to discuss individual referrals and develop an action plan to tackle identified risks and potential solutions. In 2013/2014 there was a greater number of referrals to the panel than in 2013/2012 (19 compared 13).

## Key Achievements in Respect of the SAMAG Business Plan and Objectives

### **Objective 1:**

*Develop the involvement and empowerment of service users and carers in safeguarding adults*

#### **Service user's involvement project**

In line with the SAMAG business plan, a service user's involvement project was commissioned.

In June 2013 the Safeguarding Adults Team alongside an organisation called 'Making Connections' hosted an event for service users in Royal Greenwich with the aim of;

- Raising awareness of abuse and the developing of a Service User Forum where service users can have influence on how protecting adults from abuse is carried out in the borough
- Find out what people think about abuse
- Tell us what would help stop abuse from happening
- Tell us what support would help
- Tell us how people could be more involved in protecting adults from abuse Greenwich

A number of other events were arranged to ensure that service users and carers from across all service groups had an opportunity to hear about the project as well as how they could be involved in the project.

The Greenwich Action for Voluntary Service (GAVS) and the Safeguarding Adults Team recruited a project manager to manage the project and to undertake further work with people who had volunteered to be involved. There was also specific work planned with BME and hard to reach groups. The project manager used a number of methods to engage individuals and groups in awareness raising and preparing them to work towards a safeguarding adults' service user forum. Methods included drama groups, films, discussion groups and attendance at specialist groups in the community; including deaf clubs and lunch clubs for older people.

The first part of the project has been successful in identifying a number of individuals and groups keen to be involved in a service user forum. The next steps are around identifying leaders and providing training as well as equipping individuals around contributing and managing the group. Engaging with leads from a number of organisations attended by service users and carers is also essential for support and sustainability of a forum. Stage 2 of the project to raise awareness of Safeguarding Adults remains a key objective and will continue in 2014-2015.

## **Case Study**

*After gaining feedback from a number of people from service users from the deaf community, BJ a deaf blind lady, reported harassment from local youths, as well as difficulties managing at home. This was reported during a feedback session held at a local lunch club and as a result a full assessment was undertaken by a specialist social worker to assist with identifying support appropriate to her needs. It is reported that BJ is now managing well and a robust protection plan is in place to assist with managing any risks and empowering her to keep safe. BJ has reported feeling happier and also safer as a result of the intervention as well as confident to report any concerns in the future.*

*More generally and after hearing about problems during service user involvement discussion sessions, a videophone (Sign Link) located in the receptions at the Woolwich Centre has been reinstated to assist with communication.*

## **Discovery Interviews**

In 2013/14 Royal Greenwich has responded to the Local Government Association initiative Making Safeguarding Personal (MSP) to involve and inform service users in safeguarding and to enhance understanding of the extent to which service users' own aspirations are met through safeguarding support.

One aspect of this is Discovery Interviews which have been undertaken by members of the safeguarding adults' team who were looking at gathering qualitative information as well as quantitative information from the service user experience. The quantitative information is used to guide us on the percentage of people who feel supported and empowered by the safeguarding adults' process and whether people feel safer as a result of the intervention. The qualitative information tells us how involved in the process service users felt; if they understood what Safeguarding was about and how well did social care staff engage with them and take their wishes into account.

More recently we have recruited local Health and Social Care BETC students to conduct interviews. After a period of training, volunteer students have met with a number of service users and carers to gain their views. This has enhanced their skills and experience with regards to communication and interview techniques and assisted in building their portfolio for a career in health and social care.

Further work to pioneer Family Group Conferences in safeguarding adults support has also been undertaken successfully.

## **Case File Audits**

In 2013 we undertook case file audits across all teams in Adults and Older Peoples Services. It was evident that safeguarding adults' investigations were being conducted well and generally key agencies were involved in the processes. However there were a number of improvements in practice identified and an improvement plan implemented. Lead officers were assigned responsibility for specific areas of the plan and timescales were indicated to ensure a timely response. Key areas for improvement were timescales for investigation, a need for a more consistent approach to recording and for health staff to be more involved in safeguarding investigations as appropriate. A further audit will be undertaken in due course to ensure practices and outcomes for service users have improved.

## **Case Study**

*CT is a 54 year old woman with a Mild Learning Disability and a diagnosis of diabetes. She lives alone and has little contact with her sister who lives in a neighbouring borough.*

*CT recently came to the attention of Adult Services as a result of a number of Safeguarding concerns. It was alleged that her Support Worker who was employed through the Direct Payments Scheme, had been neglecting and financially abusing her. CT disclosed to staff that she was not being supported with personal care, shopping, and attending vital appointments. Often basic food was not available and on occasions she was seen wearing dirty clothes. It was also alleged that the care worker had been using CT's Freedom Pass, which prevented her from travelling in the community. An allegation was also made, stating that the care worker had managed to convince her to part with a substantial amount of her savings to help her 'sick mother' living abroad.*

*A safeguarding investigation was undertaken by a social worker at RBG to minimise any further risk or exploitation. During the Safeguarding process, CT had disclosed that she was unhappy living in her existing flat as she felt isolated and that this was having negative implications on her mental wellbeing. She also disclosed that she was very unhappy with the care that she was currently receiving but felt unable to address this issue herself. The care worker has been working with CT for 5 years she regarded her as a friend. CT expressed some level of anxiety at the prospect of her being reprimanded and the potential for repercussions towards her. The safeguarding plan included;*

- With the agreement of CT, a Family Group Conference (FGC) approach was taken. At the FGC, CT decided she would still like to employ the same carer. It was agreed this would be monitored closely alongside CT.*
- Two months after the FGC, a Discovery Interview was carried out to review the safeguarding process and to see if CT was happy and felt safer.*
- CT was not happy with her care worker and with her agreement, a new care worker was found and she agreed that the next step was to involve the police and take action against the care worker.*
- CT was found priority re-housing and has made friends around the new development.*
- CT's views and feedback from the Discovery Interview was used to influence future Social Worker Practice.*

## **Objective 2:**

*Improve commissioning and contracting activity in the context of Safeguarding Adults, ensuring consistency of approach across the partnership*

### **Winterbourne View Action Plan**

The Winterbourne View Inquiry report and Francis Inquiry and associated action plans are integral to the business plan and will be monitored by SAMAG on an on-going basis to ensure we address the issues in Royal Greenwich.

Plan to ensure accountability of SAMAG in ensuring the key messages are acted upon locally:

- Leadership and Accountability Group (LAG) have ensured that key issues appear in the SAMAG business plan
- Clinical Commissioning Group (CCG) is monitoring actions of Health organisations and Royal Borough Greenwich (RBG) commissioning is working with the CCG to ensure specific actions from Winterbourne View report are actioned. Progress reports from CCG and RBG commissioning will come to LAG as a standing item at each meeting so that LAG can be assured that key actions are put in place. SAMAG will receive updates at least annually
- The Provider Monitoring Meeting (PMM) was established in January 2013 to improve the processes for information sharing and intelligence between health and social care commissioners, safeguarding adults' leads and the Care Quality Commission (CCQ) in relation to providers. The meeting focuses on issues of quality and safeguarding and was developed in response to the findings of the Winterbourne View Serious Case Review and recommendations regarding improving sharing information.

### **Objective 3:**

*Focus on quality of care in order to prevent safeguarding issues occurring/ escalating*

- In 2013-2014 the Royal Borough of Greenwich, via Adults and Older Peoples Commissioning, continued to provide safeguarding adults, Mental Capacity Act and Deprivation of Liberty training to Private and Voluntary Sector preferred providers in Greenwich. This was accessed by a number of agencies through the 'ME Learning programme' as well as face to face training.  
It was noted that for the second year running the safeguarding adults programmes were the most used programmes of all available E- training.
- Work has been done to refine data collection, which supports information to SAMAG in respect of provider services (type of abuse, location of abuse, source of referrals) in order for SAMAG to act on this information. Safeguarding data presented to SAMAG by RBG Performance Team, supports the understanding of safeguarding trends in provider services and forms the basis for any appropriate action.

## **Objective 4:**

*Focus on workforce issues and sharing best practice in: recruitment supervision; whistleblowing; learning and development, towards greater consistency in practice*

- The SAMAG continues to produce a regular SAMAG Bulletin that keeps abreast of local and national developments in relation to safeguarding adults and other linked agendas. These include areas such as Domestic Violence, Hate Crime, Forced Marriage and Female Genital Mutilation. It covers topics such as safer recruitment, training and updates around the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)
- Members of SAMAG as well as the Chair are regularly involved in facilitating Seminar Sessions and in 2013-2014 topics such as Winterbourne View, Francis report and PREVENT were presented at the meetings.
- The Best Practice and Learning Development Subgroups have been working towards producing a multi- agency 'Workforce Development Toolkit'. The toolkit will include information about best practice in recruitment, supervision, whistle blowing. The group aims to share best practice and greater consistency in practice across the partnership.

## **Objective 5:**

*Promote communication across agencies about concerns and patterns of concerns*

The Safeguarding Adults Advisors have facilitated a number of workshops with private and voluntary sector groups regarding the reporting and recording of abuse. This focused on what is meant by concerns and alerts as well as when to refer to the safeguarding team in RBG and what happens to referrals once they are reported to the local authority. Case studies and examples were used to clarify the processes and the 'Safeguarding Adults Referral Toolkit' was followed to improve understanding. This year we have also encouraged organisations to keep their own data on safeguarding adults' activities in order to better manage performance and outcomes for service users.

In 2013-2014 Safeguarding Adults Leads Network Meetings were initiated to focus on providing a forum where Safeguarding Adults Managers (SAM's) and safeguarding leads from across the partnership joined together to put names to faces, build a network of contacts and jointly review pathways to ensure a more robust approach to safeguarding adults at risk. We have discussed topics including training and safeguarding adults' referral processes.

### **Trigger Protocols**

The SAMAG is signed up to the Pan London Safeguarding Adults Procedures. However, recent learning from Serious Case Reviews identifies that statutory and non- statutory agencies must themselves identify trigger(s) and differentiate between situations that require:

- A. A single agency response within its own resources, or**

- B. Referral to/information sharing with a partner agency, or
- C. Referral to an existing multi agency forum, or
- D. A Safeguarding Adults Alert, a Safeguarding Children alert a Multi-Agency Public Protection Arrangements (MAPPA) referral, A Multi-Agency Risk Assessment Conference (MARAC) referral or a Hate Crime Panel Referral.

These trigger(s) may be based upon the number of contacts with an individual group, or address or based upon concerns relating to specific risk/concern issues.

Each agency is responsible for the application of this protocol and its effective application is based upon individual agencies identifying potential trigger(s) from its own operational/practice arrangement. The SAMAG seeks to ensure each agency addresses and embeds this protocol into organisation practice.

### ***Case Study***

*A 'Trigger Alert' had been raised by the scheme manager regarding a tenant living in the sheltered housing scheme.*

*The scheme manager had concerns regarding KP who lived with her husband. He reported that she did not appear to be eating properly and she was also seen out in the cold with limited clothes on. The scheme manager felt that the husband appeared to control KP and make all the decisions for her. Although they had both been offered help it would appear that the husband declines this, however the scheme manager felt that KP needed the help and that her current state was causing her distress. An urgent assessment was carried out and a safeguarding alert was raised around the alleged neglect. It was apparent early on in the investigation that KP's husband was becoming unwell and that they both required help and support at home. Home care services as well as assistance with paying bills were commissioned by RBG and they both report to be managing well and are very pleased with the care and support being offered. This demonstrated a commitment by the Sheltered Housing Team and in particular the manager to use the Trigger Protocol which led to a successful intervention before an escalation of the situation.*

## **Objective 6:**

*Develop a quality assurance framework to support understanding of the level of effectiveness of the SAMAG*

The framework for assuring effectiveness across SAMAG will include four key areas for attention. The SAMAG has begun to implement this:

- A) An audit tool to be completed each year by each partner to the Board with actions taken during the following year to remedy any deficits. This is underway (see below)
- B) Ensuring that we measure outcomes for service users (RBG involvement in Making Safeguarding Personal in 2014/15 work will develop this).
- C) Tracking process issues and whether process is working (this is covered by the AVA return)
- D) Measuring how far the partnership is being effective, focussing on some specific performance measures. We intend to use multi agency case file audits to contribute to quality audit in this context.

### **The Audit tool (A):**

In July 2013 it was agreed that the SAMAG would work towards agencies that comprise SAMAG completing an annual audit, measuring individual and partnership effectiveness and that the audit would replace the Department of Health Self- Assessment Tool, undertaken in previous years by health partners. An audit tool was developed by NHS England (London) with input from the National Safeguarding Adult's Independent Chairs Network. In February 2014 the completed audit tool was sent out to SAMAG members to complete and to present later in the year at a Challenge Event.

## **Objective 7:**

*Continue to raise awareness of Adult Safeguarding*

### **Making a Difference Fortnight**

In June 2013, for the first time, both Children's and Adults Safeguarding came together with local agencies, to produce a wide range of raising awareness events across a fortnight of activities.

The launch event took place on the 3rd June and included presentations from the Independent Chairs from the Greenwich Safeguarding Children's Board and the Safeguarding Adults Multi Agency Board as well as the Mayor of Royal Greenwich.

Throughout the fortnight, events were targeted to specific professionals and service groups including sensory impairment, mental health, learning disability and older people. As a result of the awareness raising we have seen an increase in enquiries relating to adult abuse and hopefully some fun was had in the process. It is hoped that this will become an annual group of events to continue to raise awareness of safeguarding issues in the community and how to report / stop abuse.

## **Objective 8:**

*Raise awareness of and mitigate increased fire risk for vulnerable groups*

In 2013-2014 the Fire Brigade in Greenwich piloted a number of initiatives to promote fire safety in the borough.

- Introduced a Fire Risk Assessment Multi Agency Evaluation (FRAME). To be used by partner agencies to prompt the assessment of the environment and the person.
- Produced a flyer to remind agencies of fire safety and how to refer service users for a Home Fire Safety Visit
- Promoted the use of Telecare enabled Fire Alarms
- Facilitated a number of fire safety workshops for teams across the SAMAG partnership and during Making a Difference Fortnight
- Produced statistics for the SAMAG around frequent callers and vulnerable addresses



## ***Partner Agency Achievements***

*Name of organisation:*

**NHS Greenwich Clinical Commissioning Group**

*Role of organisation:*

**The responsibility for commissioning health services moved to NHS Greenwich Commissioning Clinical Group (NHS Greenwich, the CCG) a year ago.**

As commissioners the CCG ensures that high quality health and care services are provided safely, effectively and meet the needs of the local population. Integral to this is obtaining assurance for people who use the services and their carers.

The CCG is responsible for this for hospital, mental health and community services on behalf of the people of Greenwich. NHS Greenwich CCG is at the heart of local healthcare decision making and completes a joint local health needs assessment with the Royal Borough of Greenwich.

This assessment analyses the health needs of the population to inform and guide the commissioning of local health, wellbeing and social care services. NHS Greenwich CCG has a duty to ensure that all the providers of services safeguard adults at risk. The CCG is committed to working together with all stakeholders to safeguard and promote the welfare of adults at risk. The CCG is a core member of the Safeguarding Multi Agency Group (SAMAG) for Greenwich and supports our lead organisation, the Royal Borough of Greenwich for ensuring best practice in Safeguarding. The CCG has identified its five key adult safeguarding objectives as:

- Use the safeguarding principles to set adult safeguarding as a strategic and operational objective and fundamental part of the CCG's commissioning strategy,
- Use integrated governance systems and processes to provide assurance that all commissioned services are meeting adult safeguarding standards and acting on concerns,
- Promote strong partnership and collaborative working with all stakeholders and partners to create safeguards for adults at risk of abuse at both strategic and operational levels,
- Ensure and provide strong professional leadership and expertise to safeguard adults across the health economy and with established partnerships,
- Use learning within the service and the partnership to bring about and embed innovation and continuous quality improvement.

*How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

NHS Greenwich CCG fulfils its role in safeguarding adults from abuse through: Governance Structure: The Chief Officer has delegated the executive responsibility for Safeguarding Adults to the Director of Integrated Governance.

The **governance structure** currently comprises of the following:

- Executive Board Lead: Nicola Moore, Director of Integrated Governance
- Strategic and Operational Lead: Evonne Harding, Nurse Head of Adult Safeguarding
- GP Lead: Dr Eugenia Lee, CCG GP Lead
- Safeguarding Administrator: Bernie Cunnane

## Safeguarding Assurance:

- NHS Greenwich CCG Board: The CCG's Executive Board Lead for safeguarding adults provide the CCG Board with regular updates and reports in respect of compliance with the CCG's Safeguarding Policies and Procedures.
- NHS Greenwich CCG Safeguarding Committee: this is a quarterly meeting (adult and children) which regularly monitors the compliance performance of provider services based on agreed safeguarding adult metrics, safeguarding alerts and investigations and also receives regular updates in respect of unresolved or high risk cases.
- Legal Advice: The CCG has access to a legal team for any advice or support it may need in relations to any Safeguarding/ Court of Protection issues
- Safeguarding Adult Multi-Agency Group: the Director of Integrated Governance and Nurse Head of Adult Safeguarding are both members of the SAMAG meeting. In addition the Nurse Head of Adult Safeguarding supports the operational work of the safeguarding adult service managed through the Royal Borough of Greenwich.
- Alerts, Referrals and Serious Case Reviews: The CCG has systems and processes in place to manage all alerts, referrals and serious case reviews.
- Contracts and individual placements: the CCG has produced service specifications to outline the expected standards of care and quality to be provided and sets out safeguarding requirements within these. Providers are monitored through performance management where various quality metrics are reviewed.
- Winterbourne View: led by the Assistant Director of

Integrated Commissioning, NHS Greenwich has ensured that there are effective commissioning processes in place for services for people with Learning Disability.

- Clinical Quality Reviews: the Director of Integrated Governance attends the quality review meetings with the CCG's major provider Trusts in order to gain assurance that the Trusts are delivering and embedding high quality safeguarding adult practice. Care homes and home care providers quality are monitored through several different processes such as Local Authority Provider Monitoring Group meetings.

### *What have been your key achievements during 2013/14?*

- Appointment of a Nurse Head of Adult Safeguarding
- CCG representation at multi agency meetings in acute and community settings
- CCG now linked with the SAMAG raining sub group and have utilised the electronic training module for Safeguarding adults
- NHS Greenwich have worked in partnership with The Royal Borough of Greenwich to respond to the Winterbourne View Concordat and delivered a Joint Action Plan the delivery of which is monitored at the SAMAG and Learning Disability Joint Commissioning Group. Where the CCG funds Greenwich residents to live in Assessment and Treatment units in out of area placements, residents have access to independent Advocates and are monitored and reviewed by qualified nursing staff. The CCG is alerted to all out of area safeguarding incidents and monitors the delivery of Local Safeguarding arrangements to ensure Action Plans and recommendations are completed and acted upon. In accordance with local lead commissioning arrangements, the CCG have established a system to respond to all CQC inspections where areas of

concern have been raised in respect of Learning Disability providers in the borough. This system includes monitoring the delivery of Recovery Plans and liaising with other commissioning organisations to alert them to any adverse reporting and the need to review patient placements where further action is required.

- Improvements have also been made to End of Life Care services for people living in Greenwich by putting in place an integrated service for all community end of life care services for people in the last year of their life.
- Participating in a four Borough/CCG approach to the management of pressure ulcers, which looks at a single approach to the prevention and management of pressure ulcer

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

- Ensuring continued proactive whole-systems approach which looks at the continuum of safeguarding adult and not just elements of it within the core work of the CCG
- Continued work on better coordination and proper information sharing internally and external with all relevant stakeholders
- Implementation of the Care and Support Bill
- Aligning safeguarding and serious incident investigations
- Performance frameworks that include effective and coordinated safeguarding adult measures between different agencies, including learning and applying lessons
- Continuing working with Bromley, Bexley, Greenwich and Lewisham Pressure Ulcers Group to continue the joint working to develop a single approach to their management.

*Name of organisation :*

**Oxleas NHS Foundation Trust**

*Role of organisation:*

**Provider of Mental Health and Community Health Services**

*How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

- The trust has an executive lead and a head of safeguarding adults who are responsible for ensuring the Pan-London guidelines for safeguarding adults are implemented within the organisation.
- The Safeguarding Adults Committee monitors practice, reviews safeguarding incidents, monitors KPI's identifies and mitigates risks and ensures trust work plans are commensurate with the strategic plans of the Local Authority.

*What have been your key achievements during 2013/14?*

- Development of the safeguarding adults strategy for 2014 – 2017  
The strategy identifies areas of improvement over six domains: Mainstream safeguarding adults; Effective frameworks for safeguarding adults; Learning through experience; Development of knowledge and skills; Engaging with and empowering service users; Strengthening partnership working
- Safeguarding adults conference held for the first time:  
The day was oversubscribed and well attended. Evaluation of the day was positive and there are plans to organise a second conference in 2014/15

- Delivery of HealthWRAP and participation in Chanel Panel:  
We have trained Prevent champions in all of our teams. The head of safeguarding adults is a member of Greenwich CONTEST project management board and a member of the Greenwich Channel Panel.
- Identification of a lead clinician for MCA: We have an identified consultant psychiatrist who can provide advice on MCA related matters to staff across the trust. This clinician represents the trust on the CQC advisory group for MCA & DoLS.

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

- Embedding the principles of MCA into everyday practice
- Developing a system to capture all safeguarding activity to enable reporting of activity and outcomes

*Name of organisation:*

## **Lewisham & Greenwich NHS Trust**

*Role of organisation:*

### **Acute Healthcare (QEH & UHL) and Community Healthcare (UHL)**

*How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

- Please refer to any specific professional responsibilities or legal obligations (if any) that the organisation adopts in relation to safeguarding adults

*Lewisham & Greenwich NHS Trust are responsible for ensuring:*

Adult Safeguarding processes in place that promotes the recognition of adults at risk and the appropriate actions to take. Multiagency partnership working. Governance reporting framework. Disclosure and barring service procedures. Ensure staff have received an appropriate level of adult safeguarding training.

- Please refer to any internal policy development and how this links to other structures or boards within the organisation?

The Trust Safeguarding Adults at Risk Policy sets out responsibilities towards protecting adults at risk, complying with the Mental Capacity Act and Deprivation of Liberty Safeguards, recognising adults at risk of radicalisation and protecting people exposed to domestic violence. The policy has been approved by the Trust Safeguarding Committee and ratified by the Trust Integrated Governance Committee.

*What have been your key achievements during 2013/14?*

- A revised 'Safeguarding Adults at Risk Policy' and 'Therapeutic Restraint Policy'.
- Strong commitment to adult safeguarding up to the Trust Board level, evidenced by reporting structures, quality dashboards, assurance reports and the adult safeguarding plan.
- Significant investment in the Adult Safeguarding Team.
- Increase in the number of Deprivation of Liberty Authorisations.

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

- To improve on monitoring systems so the Trust can evidence fair and equal care / treatment for all adults at risk.
- Agree a more robust adult safeguarding supervision process.
- Trust involvement in the Prevent agenda for Bexley and Greenwich Local authorities.
- Improve on Trust patient / public information about how to raise a safeguarding adults concern.
- Improved systems to follow up and ensure completion of actions and recommendations of safeguarding investigations.

*Name of organisation:*

**Royal Borough of Greenwich  
Children's Services**

*Role of organisation:*

**Children's Services support children, young people and families through commissioning and providing a range of universal, targeted and specialist services.**

These services discharge Royal Greenwich Children's Services' statutory responsibilities to children and families and drive improvement of outcomes in line with ambitions set out in our Children and Young People Plan.

We safeguard children by building their resilience, preventing their problems becoming entrenched and by intervening swiftly and decisively when this is necessary to protect them.

*How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

Children's services lead multi-agency work on safeguarding and promoting the welfare of children, and through the Greenwich Safeguarding Children Board (GSCB) contribute to effective partnership arrangements with the Safeguarding Adults Multi-Agency Group (SAMAG). There is a cross over in the work of the two multi-agency groups around protecting children and adults from specific types of abuse including domestic violence, honour violence, forced marriage, sexual exploitation and FGM. Children's services also work closely with the DAOPS transition team to ensure that young people who will be vulnerable as they reach adulthood are identified and appropriate plans are put in place to support them

*What have been your key achievements during 2013/14?*

Greenwich has been a Pathfinder for the SEND reforms, and we have devised and embedded a new person-centred process, for children and young people from 0-25, in partnership with all stakeholders, that focusses on aspirations and outcomes. The new process provides a holistic understanding of the young person's needs, their own views and how they can be supported to achieve their outcomes. This includes an understanding of vulnerability and safeguarding, as well as how the young person can be supported to take risks.

We have also successfully embedded a Multi-agency Safeguarding Hub (MASH), which provides an opportunity to share information about vulnerable adults who need protective action.

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

The SEND reforms (Children and Families Act and Code of Practice) come into force on September 1st and there is a significant challenge in transferring statements to EHC plans in the timescales required. This is a priority for the coming year.

*Name of organisation :*

## **London Fire Brigade**

*Role of organisation:*

**Generally the fire service role is to respond to emergencies i.e. fires, chemical incidents, road traffic accidents and other humanitarian services.**

We are also required to provide fire safety advice, support, guidance on legislation and enforcement when appropriate to improve community fire safety in the borough.

*How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

Although not a statutory agency The London Fire Brigade is an important relevant partner. Our statutory duties to prevent fires makes a very strong as vulnerable adults frequently are at high risk from fires.

The LFB is committed to Safeguarding Adults and promoting wellbeing and this is explicitly reflected in the organisation's mission statement / guiding principles as well as in strategic documents. This commitment is reflected in the level of participation of the organisation in actively supporting the Safeguarding Adults Board in taking actions in the context of its business plan.

Organisational policies make reference to Safeguarding Adults and Prevent where applicable. There are specific organisational policies and procedures in place reflecting our organisation's responsibility to safeguard and promote the wellbeing of adults at risk. These reflect and cross refer to the Pan London Policy and Procedures. They include clear lines of accountability, from an individual employee up to the most senior person in your organisation and this is shown diagrammatically. They include reference to the importance of keeping accurate records as well as guidance to support staff in this. This in turn links in to the organisation's policy on sharing information.

Key policies: Safeguarding Children policy – policy number 305  
Safeguarding Vulnerable Adults – policy number 736. Both are available on the LFB intranet.

*What have been your key achievements during 2013/14?*

Organisationally we have continued to evolve our structure through policy and continually educate our staff. We feedback to all borough's (internally) on safeguarding referrals and successes to encourage and share best practice. Locally:

- Sharing repeat call data to pro-actively help identify vulnerable adults.
- Training partners on how to identify and refer vulnerable adults at risk from fire
- Introducing and training partners on emerging local trends (hoarding)

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

A reduction in fire stations and staff following implementation of London Safety plan 5 on 9th January 2014 has make us consider where our limited resource will achieve greatest impact. The Safeguarding Adult Multi Agency Group remain our priority as it links us to the organisations with best access to the people most at risk from fire.

The key challenges are:

- Ensuring we react quickly to adults that are referred to us who have poor fire behaviour or would be able to react effectively in the event of a fire.
- Ensuring all our staff remain focused on and priorities referring vulnerable adults when they are encountered.
- Continue to for seek creative ways to interact with partner agencies be more efficient in getting interventions to those who are most in need.

Name of organisation :

## **Greenwich Association of Disabled People**

Role of organisation:

### **Representative voice for local disabled people and provider of support to assist independent living**

#### *How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

- Communication and involvement: GAD is a user led organisation with disabled people on the Trustee Board and service users on the Sub Committees. We hold annual consultation events with members, and carry out satisfaction surveys. We are a participative member of SAMAG main group and Sub Committees, as well as the Home Care Provider Forum. Senior staff feedback issues and learning from these meetings, and this is cascaded down to the front line service staff and to service users where appropriate. We have clear complaints and inclusion policies. Our services are provided under an overarching ethos of empowerment and involvement. GAD also provides advocacy for disabled people including services to support victims of Hate Crime (which includes financial and domestic abuse).
- Prevention: PAs are trained and encouraged to raise concerns proactively. We provide free advocacy and peer support services to empower independent living.
- Personalisation: Our user centred service encourages clients to take control. We have introduced enhancements such as PA profiles to support clients in choosing their support.

- Quality assurance: we have EXOR Health and Safety accreditation, Croner HR support and we are working towards ISO 9001 and 14000. GAD operates under CQC Essential Standards.
- Access to redress: we have clear complaints and Safeguarding policies, including scrutiny by the Agency Sub Committee and Board.
- GAD alerts the Royal Borough of Greenwich to reports of Safeguarding issues, and pursues a multi agency approach to dealing with safeguarding concerns.

#### *What have been your key achievements during 2013/14?*

- Introduction of a new Quality Officer role to increase our Quality management of PA services.
- Satisfactory Care Quality Commission inspection.
- Dignity In Care award from the Royal Borough of Greenwich.
- Introduction of the QR system of logging service calls.

#### *What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

- Responding to the opportunities offered by the commissioning shift towards a more person centred service. This fits so well with our ethos that we are being invited to join more partnerships and tender for more work.
- Sustaining quality recruitment via response to issues such as travel time and the London Living Wage, where there is no provision from commissioners.

Name of organisation :

**Greenwich Action For Voluntary Greenwich (GAVS)**

Role of organisation:

Providing a strategic leadership role in representing and building the capacity of the voluntary, community and faith sector in the Royal Borough of Greenwich

How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?

- GAVS ensures voluntary and community organisations based in RBG are given guidance to keep adults at risk safe from harm, as well as training and support to recognise and report abuse.
- GAVS facilitates the quarterly Voluntary Sector Health and Well-Being (H&WB) Forum and its Steering Group, which aims to increase awareness and promote good practice around Safeguarding Adults at Risk (SAR). SAR is a regular agenda item at forum meetings
- GAVS represents and feeds back to the voluntary sector key issues discussed at the SAMAG and LAG meetings. A member of GAVS staff chairs the Publicity and Information Sub Group (PAIG)

*What have been your key achievements during 2013/14?*

- Implementation of a successful 6 month safeguarding adults service user project, including a report with recommended next steps
- With the support of other agencies, overseeing the revision of SAR posters and leaflets in Greenwich to ensure key messages for agencies and members of the public are consistent and up to date

- An event for voluntary organisations dedicated to SAR, which supported the production of the NHS audit tool findings for the voluntary sector in Greenwich

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

- Working with voluntary sector organisations to ensure the amber/red areas identified in the NHS SAB audit tool 2013 are as far as possible addressed.
- Ensuring the service user project is sustained and supports a better educated public and increased SAR referrals

Name of organisation :

## **Metropolitan Police Service**

Role of organisation:

### **Safeguarding Adults**

#### *How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

- Please refer to any specific professional responsibilities or legal obligations (if any) that the organisation adopts in relation to safeguarding adults.

The investigation of crimes against adults at risk by the MPS is in accordance with the Safeguarding Adults at Risk Standard Operating Procedures. These give clear guidance to police officers and staff to ensure the safety and protection of adults at risk by providing a quality service to service users whether as employees, colleagues, victims, witnesses or strategic partners, and so on. The MPS is resolute in its commitment to tackling all forms of crimes against 'adults at risk'. Every member of the community deserves protection from exploitation and abuse by those entrusted with their care and the people they should be able to rely on to keep them safe.

- Please refer to any internal policy development and how this links to other structures or boards within the organisation?

Where the police are the lead investigating agency they will work with the local authority and other partner agencies in line with the Safeguarding Adults policy and procedures to ensure that identified risks are acted on and a risk management or protection plan is agreed at an early stage.

The CSU Delivery Team, part of the Violent Crime Directorate, has the strategic and policy lead with overall responsibility for MPS delivery on domestic violence and hate crime performance and compliance, ensuring accountability and ownership. The team also leads on the Safeguarding Adults at Risk Policy.

#### *What have been your key achievements during 2013/14?*

The MPS have shown their commitment enhancing the knowledge base of frontline staff delivering intensive training.

The implementation of the Multi Agency Safeguarding Hub (MASH) based within the civic centre builds on the foundations already established. This reduces the volume of notifications that do not have a justifiable reason for further dissemination based upon MPS risk management principles and in the spirit of best practice in decision making. This allows the partnership to make best use of its finite resources to focus upon situations where there is a safeguarding requirement to identify harm and risk at the earliest possible stage so that necessary protective action can be undertaken by the most appropriate agencies.

#### *What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

To work in effective partnership with other agencies to safeguard adults at risk. Where a criminal offence appears to have been committed, the police will be the lead investigating agency and will direct investigations in line with legal and other procedural protocols. A police investigation will be initiated at the outset and a comprehensive initial risk assessment undertaken. It is the responsibility of the police to investigate allegations of crime by

preserving and gathering evidence. The police will interview the alleged victim, the alleged person causing harm and any witnesses. Where the police are the lead investigating agency they will work with the local authority and other partner agencies in line with the Safeguarding Adults policy and procedures to ensure that identified risks are acted on and a risk management or protection plan is agreed at an early stage.

Name of organisation :

**London Probation Trust (LPT)  
(Now The National Probation Service)**

Role of organisation:

**During the last year, London Probation Trust worked with offenders to help them lead responsible and law abiding lives. Our over-riding aim was to reduce re-offending and protect the public.**

We achieved this by:

- Assessing offenders and making skilled judgements about how to reduce the risk they pose
- Influencing positive changes in offenders' behaviour
- Working with other agencies to protect the public
- Liaising with victims.

*How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

- Please refer to any specific professional responsibilities or legal obligations (if any) that the organisation adopts in relation to safeguarding adults
- Please refer to any internal policy development and how this links to other structures or boards within the organisation?

Local authorities have the lead role in coordinating work to safeguard adults. Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse was published in January 2012 by the Social Care Institute for

Excellence (SCIE). This is the guidance, which informs every local authority in London's Safeguarding Adults policies and procedures. During the last year, Probation staff have been trained and are aware that they have a responsibility to identify and take appropriate action regarding service users who are or may fit in the adults 'at risk' categories. Where there are concerns they may be subject to abuse, or alternatively they maybe perpetrators of abuse against adults who are 'at risk'. These responsibilities are covered under Safeguarding Adults procedures and LPT assigned a Senior Manager to lead on this issue for the organisation. Whilst we do not have a specialist team working with vulnerable adults in Greenwich, we do have an SPO lead available to help advise and assist in working with this group of offenders  
What have been your key achievements during 2013/14?

Specific Safeguarding Vulnerable Adults Contacts, including Planned Strategy Meetings are now included on our electronic system (National Delius) which will enable data analysts in monitoring information, and providing feedback in this area of work. Offender Managers are referring Service Users to the Safeguarding Adults Team, but until now this could not be monitored effectively as we had no way of tracking performance until National Delius was implemented on 23/08/13

Following the development of a Train the Trainer Course, Safeguarding Adults Awareness Briefings have now been delivered locally to all staff, across grades and roles. The aim of this training was to assist staff:

- To understand what Safeguarding Adults is, including the definition of an adult 'at risk'.
- To recognise an adult in need of safeguarding support.

- To be informed of the role and responsibilities of probation staff in safeguarding adults, including; how to make an alert/referral.
- To be aware of the local and national safeguarding adult procedures & frameworks.

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

On 31st May 2014, local Probation Trusts were dissolved and in June 2014 the National Probation Service (NPS) was created, alongside locally based Community Rehabilitation Services (CRC's). The NPS is a directorate of the National Offender Management Service, an Executive Agency of the Ministry of Justice.

Despite being a national service we plan to maintain a clear commitment to local partnerships, responding properly and fully to local issues.

NPS in Greenwich is clustered with Bexley and Bromley, and with a reduced staff base covering a wider area, this will be a challenge.

We will need to work closely with all our partners, including colleagues in the Community Rehabilitation Companies

Moving forward, the role of NPS is to protect the public, support victims and reduce re-offending.

We do this by:

- Assessing risk and advising the courts to enable the effective sentencing and rehabilitation of all offenders;
- Working in partnership with Community Rehabilitation Companies and other service providers; and
- Directly managing those offenders in the community, and before their release from custody, who pose the highest risk of harm and who have committed the most serious crimes.

Name of organisation :

## **Royal Greenwich Housing Department**

Role of organisation:

**Local Authority Housing Directorate responsible for administering the authorities statutory responsibilities in providing accommodation and support services for those in housing need and other vulnerable persons and fulfilling its landlord function in respect of residential accommodation it owns /administers.**

*How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

Greenwich Housing Services is represented by a Chief Officer (John O'Malley, Head of Community Housing Services) part of the Safeguarding Adults Multi-agency Board joining the Council, NHS, Police and the Voluntary sector and sharing in the group's joint aim to empower and protect vulnerable adults.

The Directorate has responsibility for assessing adults determined as vulnerable and in housing need and the provision of support services to vulnerable adults in its landlord role.

*What have been your key achievements during 2013/14?*

Housing Options and Support Service (HOSS) established ensuring all vulnerable adults who are homeless or threatened with homelessness have an assessment of their support needs and support to access housing.

The housing department commissioned a new local womens refuge managed by Housing for Women and Thamesreach

providing accommodation to women fleeing domestic violence who also have substance use needs. (Substance use usually excludes women from other refuges) Access is via the Moving on Support Team within HOSS.

Protocols established with No Second Night Out and HOSS to ensure that all homeless adults new to the streets receive a needs led single service offer in order to support them off the streets

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

Decreasing supply of private sector accommodation and scarcity of supported housing options. Increase in numbers of adults sleeping rough with a range of chaotic and complex needs.

*Name of organisation :*

## **London Ambulance Service NHS Trust (LAS)**

*Role of organisation:*

**Our main role is to respond to emergency 999 calls, providing medical care to patients across the capital, 24 hours a day, and 365 days a year. Other services we offer include providing pre-arranged patient transport and finding hospital beds.**

Working with the police and the fire service, we are prepared for dealing with large-scale or major incidents in the capital. As the mobile arm of the health service in London, our main role is to respond to emergency 999 calls, getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible. The majority of our patients, however, do not have serious or life-threatening conditions. And they don't need to be sent an ambulance on blue lights and sirens. Often they can receive more appropriate care somewhere other than at hospital.

*Is there a designated Lead Officer for adult safeguarding?*

Please provide name: LAS Lead Alan Taylor LAS lead for Greenwich Antony Wilkinson  
LAS contact e-mail safeguarding.las@nhs.net  
Local lead email antony.wilkinson1@nhs.net

*How does your organisation fulfil its role in safeguarding adults from abuse in Royal Greenwich?*

We are committed to safeguarding vulnerable members of our community and continue to work closely with partner organisations to improve this process.

Living a life that is free from harm and abuse is a fundamental right of every person. All staff in whatever setting and role are front line in preventing harm or abuse occurring and in taking action where concerns arise. It is every member of staff's duty to report any safeguarding concerns following the appropriate LAS procedure.

The Trust meets its statutory requirements in relation to Criminal Records Bureau checks for all staff that have contact with children, including control services staff who manages 999 calls. All front line staff have a minimum of level 2 safeguarding training with annual refresher training.

The Trust has dedicated staff to manage the administration of safeguarding referrals placed by ambulance staff, to receive and action requests for information from safeguarding professionals and contribute to Serious Case Reviews. Local ambulance complex management representatives participate in safeguarding related meetings pan-London

*What have been your key achievements during 2013/14?*

Level 1 e-learning package available to all staff on LAS Live learning net Took part in FGM awareness programmes pan London

*What are the challenges that inform your priorities for the year 1st April 2014 – 31st March 2015?*

To roll out Level 3 training to all Safeguarding leads and other relevant staff.

To deliver safeguarding package to all front line including the correlation of pressure ulcers and safeguarding, FGM, safeguarding persons with Learning Difficulties and human trafficking

## ***Key Performance Data April 2013 to March 2014***

Information on safeguarding performance is collected and presented to SAMAG, the LAG and the Safeguarding Best Practice Group. Below are some headlines from the 2013/14 data.

### **How many safeguarding concerns were recorded?**

There was a very small increase in alert and referral numbers on last year, suggesting high levels of safeguarding awareness have continued in 13/14. 355 referrals in 2013-14 compared to 347 in 2012/13.

### **Who was referred?**

Referral rates for the different client groups were broadly similar to previous years, with the largest number of referrals continuing to be for physical and sensory disability or frailty client groups. Referrals for the 18–64 age-group dropped slightly compared with 2012/13 because of improved alert screening. Most alerts continue to be for the 65+ age groups. As in previous years, more women were referred than men and the majority of referrals have continued to relate to adults at risk who are of white ethnic origin.

### **What type of abuse was alleged?**

As with previous financial years, the most commonly alleged types of abuse in Greenwich during 2013/14 were neglect and physical. There was a significant drop in allegations of financial abuse since 2012.

### **Who made the referral?**

Increasingly the main referrers continue to be from Social Care Staff with an increase from 38% to 44%.

Referrals from Health staff has increased from 19% to 33%.

Referrals from a family member has increased from 13% to 14%.

Referrals from the Police remains at 1%. The police now screen the referrals to ensure they are referred to the appropriate agency. Self-Referral has also increased from 2% to 3%.

### **Where did the alleged abuse take place?**

As in previous years, adults at risk are most likely to experience abuse in their own home (144 cases or 45% of cases in 2013/14 compared with 142 or 42% of cases in 2012/3).

- No significant change from previous years
- Most reported abuse is located in the abused's own home – as in previous years (45%).
- 30% of reported abuse occurs in a care home.
- 14% of reported abuse was located in a hospital.

### **What was the outcome of our investigations?**

- Action was taken in 223 (71%) of cases following investigation.
- Of these in 38% of the cases the risk was removed and in 54% risk was reduced.
- For 8% of the cases the risk remains.

Local authorities conduct an annual survey for social care service users, including people who have been through the safeguarding process. The survey includes questions that aim to find out what proportion of people feel as safe as they want to be, and whether care and support services help people feel safe

Information collected this year indicates that 58% of people who use services feel as safe as they want to be, and that 81% feel that

services make them feel safe. The results from 2012/13 were very similar and there has been no significant change.

### **SAMAG funding**

The SAMAG has received funding from a number of agencies during 2013-2014 including Oxleas, Greenwich Clinical Commissioning Group, Lewisham and Greenwich Hospital Trust RBG Housing and RBG Adults and Older People's Services. This has enabled the commissioning of the Service User Involvement Project.

### **Business Plan priorities for 2014-2015**

- Further develop quality assurance of the work of organisations and of the partnership in safeguarding adults.
- Further develop the involvement of people who use services in practice and in strategic development including involvement in the national Making Safeguarding Personal initiative which will support us in working with people so that they understand the outcomes they want from safeguarding support and can participate in achieving those outcomes.
- Embed and develop the progress made in commissioning and contracting and within this achieve greater consistency in terms of contracting requirements around safeguarding and monitor these expectations effectively
- Strengthen transparency and appropriate sharing of information across the partnership particularly in respect of quality of care issues and any organisational learning that is capable of informing improvement across the whole partnership
- Develop clear guidance and standards on workforce issues for application across the partnership

- Facilitate improvement in the context of the Mental Capacity Act: understand where there is need for improvement in practice and policy and then plan to make those improvements in 2015/16; manage the changes in Deprivation of Liberty Safeguards in the light of the recent ruling in the Supreme Court
- Ensure that safeguarding adults activity is consistent with the requirements of the Care Act

# Appendix I

## Glossary of Terms & Abbreviations

We use the following abbreviations in this report.

**ADASS** - Association of Directors of Adult Social Services

**BME** - Black and Minority Ethnic

**CCG** - Clinical Commissioning Group

**CLDT** - Community Learning Disability Team

**CART** - Community Reablement Team

**CoP** - Court of Protection

**CQC** - Care Quality Commission

**CRB** - Criminal Records Bureau

**DBS** - Disclosure and Barring Service

**DH** - Department of Health

**DoLS** - Deprivation of Liberty Safeguards

**GCCG** - Greenwich Clinical Commissioning Group

**IMCA** - Independent Mental Capacity Advocate

**LGHT** - Lewisham and Greenwich Hospital Trust

**LFB** - London Fire Brigade

**MAPPA** - Multi-Agency Public Protection Arrangements

**MARAC** - Multi-Agency Risk Assessment Conference

**MASH** - Multi-Agency Safeguarding Hub

**MCA** - Mental Capacity Act

**SAAF** - self-assessment assurance framework

**SAMAG** - Safeguarding Adults Multi Agency Group

**SSWT** - Specialist Social Work Team

**SCR** - Serious Case Review

**QEH** - Queen Elizabeth Hospital

### **Abuse**

Abuse is the breaching of someone's human and civil rights by another person or persons. It may be a repeated or single act, it can be unintentional or deliberate, and can take place in any relationship or setting. It includes: physical harm, sexual abuse, emotional and psychological harm, neglect, financial or material abuse, and harm caused by poor care or practice or both in institutions such as care homes. It may result in significant harm to, or exploitation of, the person being abused.

### **Association of Directors of Adult Social Services (ADASS)**

A membership organisation for directors of adult social services – local authority departments that arrange social care, protection and wellbeing for people who need it.

### **Adult at risk**

Anyone aged 18 years or over who may be unable to take care of themselves due to age-related frailty, visual or hearing impairment, severe physical disability, learning disability, mental health problems, substance misuse or because they are providing care for someone else and therefore may be at risk of harm and serious exploitation.

### **Alert**

An alert is when the local authority is first told that an adult at risk may have been abused, is being abused, or might become a victim of abuse. Anyone can raise an alert: professionals, family members, adults at risk and members of the public.

### **Care Quality Commission (CQC)**

Independent regulator of health and care services in England. CQC inspects providers such as hospitals, dentists and care

homes to ensure the care they provide meets government quality and safety standards.

### **Greenwich Clinical Commissioning Group (GCCG)**

Groups of GPs which from April 2013 have led the design and buying of local health and care services that local communities need, including: urgent and emergency care; community health; mental health and learning disability services.

### **Commissioners**

People who purchase services, often from voluntary and independent sector organisations, to provide health and care services.

### **Court of Protection (CoP)**

A specialist court that deals with all issues relating to people who lack capacity (see MCA). The court can: decide whether someone has capacity; make decisions in the best interests of those who lack capacity; and appoint or remove deputies to do so. Decisions can be about someone's property, finance, health or personal welfare.

### **Criminal records check**

A search on police records and other relevant lists to identify if someone is unsuitable to work with adults at risk. The check is conducted by the DBS.

### **Deprivation of Liberty Safeguards (DoLS)**

The government law and code of practice that ensure special protection is given to people who cannot make a decision ('lack capacity') to consent to care or treatment (or both) that will be given in a care home or hospital and that stops them doing what

they want to do ('deprives them of their liberty'). The hospital or care home has to get special permission to give the care or treatment and must make decisions that are in the person's 'best interests'.

### **Direct payments**

Funds made directly available to people assessed as being eligible to receive support from adult social care services. Customers can only use Direct Payments to purchase services that meet their needs as identified in an assessment. Direct Payments give customers more flexibility, choice and control; they can choose who supports them and how the support is provided.

### **Disclosure and Barring Service (DBS)**

A national service that helps employers make safer recruitment decisions and prevents unsuitable people from working with adults at risk. It replaces the Criminal Records Bureau and Independent Safeguarding Authority, processes requests for criminal records checks, and places people on or removes them from its barred lists.

### **Financial institution**

A bank, building society or post office.

### **Hate crime**

Any incident that is a criminal offence and that the victim thinks was motivated by hostility, prejudice or hatred towards their disability, ethnicity, religion, sexual orientation, or transgender identity. It includes: name calling, bullying, harassment, spitting, physical attacks, domestic abuse, graffiti, and emails and text messages.

### **Health and Wellbeing Board**

Forums that bring together key health and social care leaders, to work in a more joined-up way to reduce health inequality and improve local wellbeing. They listen to local community needs, agree priorities and encourage health and social care commissioners to work better together to meet local needs.

### **HealthWatch**

Organisations that started work in April 2013 to give patients a voice when decisions are made about their care and when services are being commissioned.

### **Independent Mental Capacity Advocate (IMCA)**

A type of advocacy that was introduced by the Mental Capacity Act 2005 to give certain people who lack capacity the right to support from an IMCA. IMCAs ensure their clients' wishes are represented and help them get information and make specific decisions. The NHS and local authorities must make IMCAs available from independent organisations.

### **Mental Capacity Act (MCA 2005)**

A law that supports and protects people who may be unable to make some decisions for themselves (people who 'lack capacity') because of a physical or mental disability, or ill-health. It includes a test professionals can perform to tell whether someone can make a specific decision at a specific time. It covers how to act and make decisions on behalf of people who cannot make some decisions for themselves – often decisions about health care, where to live and what to do with money.

### **Multi-agency public protection arrangements (MAPPA)**

Process by which responsible authorities, such as criminal justice or social care, work together to manage violent and sexual offenders in order to protect the public.

### **Multi-agency risk assessment conference**

A multi-agency specialist meeting that shares information on the highest risk domestic abuse cases, focuses on the victim's needs and develops a safety plan for each victim. It is part of a coordinated community response to domestic abuse.

### **Not determined/inconclusive**

One of the four categories under which a social worker can record the outcome of a safeguarding case/investigation. A case is 'not determined/inconclusive' when it cannot be recorded against any of the other outcome categories. For example, if an investigation is missing vital evidence, perhaps because the victim or perpetrator has died. It is expected that this category be used relatively infrequently.

### **Not substantiated**

One of the four categories under which a social worker can record the outcome of a safeguarding case or investigation. A case is 'not substantiated' when none of the allegations can be proved on the balance of probabilities, for example, there is not enough evidence to support the allegations or there is evidence disproving them.

### **Outcome**

This is the result of the safeguarding case or investigation. It includes the four categories: not substantiated, partially substantiated, substantiated and not determined/inconclusive that a case can be recorded under. It also includes the results for both

the alleged victim and the alleged perpetrator, that is, whether a protection plan was offered, what was included in it (such as community care assessment, application to CoP, police action against the perpetrator, service improvement requirements in a care home), and whether this was taken up.

### **Partially substantiated**

One of the four categories under which a social worker can record the outcome of a safeguarding case or investigation. A case is 'partially substantiated' where some but not all of the allegations are proved on the balance of probabilities, for example, if physical abuse could be proved, but there was not enough evidence to prove neglect.

### **Partner agencies**

Organisations that are members of the SAMAG

### **Pressure ulcers**

A type of injury that breaks down the skin and underlying tissue. Pressure ulcers range from patches of discoloured skin (grade 1) to open wounds that expose bone (grade 4). They are caused when skin is put under pressure for a period of time. People with ageing skin or poor mobility (for example, who are restricted to lying in bed or sitting) are more likely to suffer from pressure ulcers. They are also known as 'bedsores' or 'pressure sores'.

### **PREVENT**

Part of the government's counter-terrorism strategy to stop people becoming terrorists or supporting terrorism. See the government website for more information.

### **Referral (safeguarding referral)**

A referral is recorded after an alert has been screened and it is confirmed that a safeguarding investigation needs to be carried out into the alleged abuse.

### **Restorative approaches**

Restorative approaches aim to meet victims' and offenders' needs, rather than just punishing offenders. Victims take an active role by helping offenders understand the harm and damage they caused. Victims encourage offenders to take responsibility for their actions, repair the harm and avoid future crime.

### **Safeguarding adults**

All work that enables adults at risk to retain independence, wellbeing and choice and to stay safe from abuse and neglect.

### **Safeguarding strategy**

A document that lays out the steps Royal Borough of Greenwich SAPB will take between 2012 and 2015 to keep adults at risk in Royal Borough of Greenwich safe, improve our safeguarding practice, investigate suspected abuse and protect people who have been harmed.

### **Serious Case Review (SCR)**

A SCR is undertaken when there are potential concerns about the way SAMAG partners have worked together in a case where an adult known to agencies dies or suffers significant harm, as defined by our SCR protocol. A SCR identifies lessons to learn about how partners should improve how they work. It is not an inquiry into how an adult died or was harmed, nor does it duplicate police work.

### **Service providers**

Organisations that deliver services, such as health and social care services.

### **Service user**

A person who is a user of a service particularly used in relation to those using social care services.

### **Substantiated**

One of the four categories, under which a social worker can record the outcome of a safeguarding investigation. A case is substantiated when there is enough evidence to prove all of the allegations of abuse on the balance of probabilities.

### **Unpaid carers (informal carers)**

Family, friends or neighbours who provide unpaid support and care to another person. This does not include those providing care and support as a paid member of staff or as a volunteer.

## Appendix 2

### Board Membership 2013/14

Jane Lawson	Independent Chair
Jay Stickland	RBG Senior Assistant Director Care Management
Rachel Karn	RBG Acting Assistant Director Business Support
Luke Addams	RBG Assistant Director Adult Services
Pauline O'Hare	RBG Service Manager Safeguarding Adults & Reviewing
Janet Miller	RBG Safeguarding Advisor Adult & Older People Services
Tricia Pereira	RBG Safeguarding Advisor LD & Mental Health Services
Penny Lording	RBG Principal AOPS Social Worker
Sally Howarth	RBG Pathways and Partnerships Manager, Housing Services
Jackie Watson	RBG Trading Standards & Licensing
Ingrid Brown	RBG Principal Lawyer
Christopher Wilson	RBG Dignity Lead (Acting Team Manager Shared Lives)
Joan Lightfoot	RBG Children's Services Head of Integrated Support for Disabled Children
Ray Seabrook	RBG Assistant Director, Community Safety (joined Sept 2014)
Cllr John Fahy	COUNCILLORS Cabinet Member for Health and AOPS
Paul Carter	NHS England Patient Experience & Quality Manager, London Team
Paul Hodson	LGHT Safeguarding Adults Lead
Jane Wells	OXLEAS Service Director Greenwich Community Health Services
Wilf Bardsley	OXLEAS Director of Nursing and Governance
Lisa Moylan	OXLEAS Head of MH Legislation & Safeguarding Adults
Josephine Daley	OXLEAS Lead Clinician Safeguarding Adults
Langley Gifford	CCG Associate Director of Integrated Commissioning
Alun Bayliss	CCG Head of Integrated Commissioning
Karen Bates	CCG Nurse Head of Adult Safeguarding
Eugenia Lee	CCG GP Representative (Gallions Reach Medical Centre)
Mike Balcombe	POLICE Acting DS Crime & Operations Greenwich Borough
Adam Carter	LFB Community Safety Manager
Tony Wilkinson	LAS Duty Station Manager, London Ambulance Service
Joanne Munn	GAD Director (Greenwich Association of Disabled People)
Pauline O'Hare	PVI Development Officer Greenwich Action for Voluntary Services
Russell Profitt	BME REP Greenwich Inclusion Project (GRIP) Chief Executive Officer
Kehinde Lipede	DOM CARE REP
Leceia Gordon-Mackenzie	HEALTHWATCH Greenwich Chair
Jackie Laidler	RBG SA Support Officer & SAMAG co-ordinator

## Appendix 3

### Detailed Performance Report

#### Performance Report - Safeguarding April 2013 – March 2014

SAMAG July 2014 Strategy and Performance Unit

#### Introduction

This is the final year end performance report shows safeguarding activity across adult social care.

### Referrals

		2010-11	2011-12	2012-13	2013-14	England 2011-12
						Total Average
Alerts		677	622	689	132,925	875
Total referrals	594	421	347	355	107,504	707
Completed referrals	495	337	298	314	85,935	565
Completed referrals (%)	83	80	86	88		80

- The total number of referrals (355) between 2013-14 has remained stable compared with 2012-13 (347) following a reduction in referrals since 2011-12
- Over last few years staff training has raised awareness so that they are correctly responding to safeguarding issues.

## Referrals – by Age of Alleged Victim

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	2011-12 referrals		2012-13		2013-14		2012-13 service profile	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Total referrals	421	100	347	100	355	100	4776	100
18 to 64	137	33	114	33	109	31	1994	42
65 & over	284	67	233	67	246	69	2782	58

- Referrals by age no significant change from the previous year – just over two-thirds of the referrals came from people aged 65 or over. This is above the age profile for the service.
- For referrals by gender there was a slight increase in the number of referrals women from the previous year 66%. This generally reflects the service user profile.

## Referrals by Gender

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	2011-12 referrals		2012-13		2013-14		2012-13 service profile	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Total referrals	421	100	347	100	355	100	4776	
Male	159	38	131	38	121	34	1948	41
Female	262	62	216	62	234	66	2828	59

## Referrals by Primary Client Type

This table shows which client group reported the most referrals.

	2011-12 referrals		2012-13	2013-14	2012-13 service profile			
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Total referrals (excluding missing PCT)	421	100	347	100	355	100	4776	100
Physical disability, frailty and sensory impairment	295	70	256	74	247	70	2817	59
Of Which: Sensory Impairment	16	4	16	5	4		150	3
Mental Health Needs (Total)	66	16	35	10	32	9	1358	28
Of which: Dementia	20	5	6	2	16		387	8
Learning Disability	51	12	43	12	46	13	554	12
Substance misuse	0	0	1	0	0	0	0	0
Other Vulnerable People	9	2	12	3	30	8	47	1

- As in previous years, the highest numbers of referrals, 70% (247) are for people with a physical disability, frailty, and sensory impairment. This category also includes referrals for older people.
- 59% of all people receiving a care planned service have physical disability, frailty and sensory impairment as the primary client group, in comparison the second highest number of referrals (10%) is for people with mental health needs, this also includes older people with dementia. 28% of all people receiving a care planned service in the year had a primary client group of mental health.

## Referrals by Ethnic Origin

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	2011-12 referrals		2012-13	2013-14		2012-13 service profile		
	(n)	(%)		(n)	(%)	(n)	(%)	(n)
Total referrals	421	100	347	100	355	100	4776	100
White	346	82	271	78	284	80	3714	78
Mixed	3	1	6	2	4	1	61	1
Asian	18	4	12	3	7	2	253	5
Black	20	5	23	7	20	6	572	12
Other	9	2	5	1	2	1	123	3
Not Stated	25	6	30	9	38	11	53	1

- There has been no significant change in the data in relation to ethnicity. As in previous years the largest number of referrals were for people from white/UK backgrounds (80%), 6% for people from African/ Caribbean backgrounds and 2% were for people from Asian backgrounds.
- The numbers people not stating their ethnicity as increased gradually since 2012 from 25 people to 38 people by 2014.
- Ongoing work to raise awareness of safeguarding across BME groups specifically the Somali community.

## Referrals by Source of Referral

This reports the source of referrals.

	2011-12 referrals		2012-13		2013-14		2011-12 England profile	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Total referrals	421	100	347	100	390	100	106110	100
Social Care Staff (CASSR & Independent)	152	36	131	38	168	44	46640	44
Domiciliary Care					23	(6)		
Mental Health					17	(4)		
Residential Care Staff					70	(18)		
Day Care Staff					10	(3)		
Self - Directed Care Staff					2	(1)		
Social Worker / Care Manager					46	(12)		
Health Staff	111	26	66	19	36	20	23445	22
(Incl) Primary/Community Health Staff						43	11	
Family member	38	9	46	13	56	14	2505	2
Self-Referral	19	5	7	2	11	3	7545	7
Housing	14	3	18	5	5	1	2745	3
Friend/neighbour	10	2	3	1	11	3	1475	1
Other	52	12	67	19	47	12	14075	13
Police	17	4	4	1	4	1	5615	5
Other emergency services					2	1		
Education/Training/Workplace								
Establishment	2	0	1	0	2	1	560	1
Other service user	1	0	0	0	1	0	205	0
Care Quality Commission	5	1	4	1	4	1	1300	1

**The LAG is proactive in identifying actions on specific areas highlighted in the data on source of referrals.**

**In 2013/14 these included**

**Police referrals** where, because of the complexity of the range of routes in for the police when referring safeguarding concerns, the referral rate appears low. This has been analysed in detail and does not reflect a lack of awareness or communication on behalf of the police in respect of safeguarding adults concerns. Rather it reflects the routes by which such concerns come in to the safeguarding team.

**Self-referrals and referrals from members of the public.** We are keen to support referrals from the citizens of RBG and a range of current initiatives are being developed to promote such referrals and the rate of self-referrals is being monitored.

**Referrals relating to those experiencing mental health issues** are also a focus for LAG with an emphasis on ensuring that safeguarding concerns are pursued / supported appropriately. It is felt that following training the numbers of referrals have dropped, however the referrals which are made are more appropriate. This is due to up-skilling of staff knowledge. The Council has undertaken extensive 'Raising Awareness Programme' within Mental Health services and commissioned bespoke SAM's Training for Inpatient services and has also encouraged CMHT Managers to attend RBG SAMs training. This has resulted in referrals from mental health being more appropriate and accurate. Other cases where concerns have been raised are being managed under CPA / care management & risk management approaches.

## Referral by location

	2011-12 referrals		2012-13		2013-14		2011-12 England profile	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Total referrals (excluding missing PCT)	421	100	347	100	355	100	133860	100
Own Home	187	44	142	42	144	45	39485	31
Care Home	104	25	111	33	94	30	24810	19
Hospital	62	15	42	12	43	14	34230	27
Other	56	13	31	9	29	9	21655	17
CBS	12	3	14	4	8	3	7355	6
Total	421	100	340	100	318	100	127535	100

- Referrals by location – the majority of referrals came from people who lived in their own home 45%
- Care homes take up 30% followed by hospitals 14%
- Referrals broadly similar to previous years.

## Referrals by Type of Abuse

These figures show the type of abuse that the Safeguarding Team investigate

	2011-12 referrals		2012-13		2013-14		2011-12 England profile	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Total referrals (excluding missing PCT)	421	100	347	100	355	100	133860	100
Physical	114	22	101	22	102	22	39485	29
Financial	124	24	88	19	86	18	24810	19
Neglect	170	33	168	37	170	37	34230	26
Emotional	76	15	68	15	66	14	21655	16
Sexual	20	4	17	4	21	5	7355	5
Institutional	5	1	13	3	18	4	5270	4
Discriminatory	0	0	1	0	2	0	1055	1
Total	509		456		465	100	133860	
Multiple Abuse	77	18	48	14		0	24470	18

- As in previous years allegations of Neglect remains the highest category of the type of abuse recorded, followed by allegations of Physical, Financial Abuse, and Emotional Abuse.

## Completed Referrals by Case Conclusion

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### Action Taken following Safeguarding Investigation 2013/14

Yes	223	71%
No	91	29%

### Where Action taken: 2013/14

Risk Removed	86	38%
Risk Reduced	122	54%
Risk Remains	17	8%

- The recording of action taken has changed from previous years as part of the new SAR arrangements. Direct comparisons are no longer possible with previous years.
- Action was taken for 71% of safeguarding cases. Of these for 38% the risk was removed, 54% the risk was reduced and 8% the risk remains.
- For 29% of safeguarding investigations no action was taken.

## Contact Information

### Who do I contact if I think someone is being abused?

If you are worried that an adult at risk in Royal Borough of Greenwich may be being abused, or could be harmed or exploited

Adults and Older Peoples Services,

#### Royal Borough of Greenwich

Phone: 020 8921 2304 (9am to 5pm) or  
020 8854 8888 (out of hours)

Email: [aops.contact.officers@royalgreenwich.gov.uk](mailto:aops.contact.officers@royalgreenwich.gov.uk)

Secure email:

[aops.contact.officers@royalgreenwich.gov.uk.cjism.net](mailto:aops.contact.officers@royalgreenwich.gov.uk.cjism.net)

### If you believe a crime may have been committed contact:

#### Greenwich Police Community Safety Unit

If you feel immediate help is needed from one of the emergency Services, Call 999

The phone number for non-urgent calls to the police is 101