

Royal Borough of Greenwich
Safeguarding Adults Board
Annual Report 2014/15



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Chair's Foreword

Welcome to the Royal Borough of Greenwich (RBG) Safeguarding Adults Board (SAB) Annual Report. The SAB is a partnership of statutory and non-statutory agencies working across the Borough. Our 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.

The annual report provides an overview of the plan developed to improve the effectiveness of safeguarding adults, the achievements across the partnership and aspirations for the coming year.

The vision and aims of the SAB reflect the fundamental principles for safeguarding adults as set out in the Care Act 2014 that came into force on 1 April 2015. Much work has been undertaken in preparing for implementation of the responsibilities set out in the Act and Care and Support Guidance issued in October 2014. Some of the key aspects of the SAB's purpose and responsibilities under the new legislation are highlighted below.

The SAB's role, as set out in the statutory guidance, is one of seeking assurance of the effectiveness of local safeguarding arrangements. These arrangements are led and developed by organisations across the partnership (providers providing quality care and support; commissioners assuring themselves of safe and effective services; CQC ensuring compliance with regulatory standards; Police preventing and detecting crime). The statutory guidance reminds us that safeguarding is not a substitute for these. The SAB is an important source of advice, supporting partners to improve their safeguarding mechanisms. There are clear overlaps with other key partnerships and the SAB is taking steps to further develop these so that there is mutual support on key agendas.

The SAB does not deliver operational services, nor does it have sole responsibility for safeguarding adults in RBG.

"The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services. It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services". (Care and Support Statutory Guidance, issued under the Care Act, 2014).

From 1 April 2015, for the first time, safeguarding adults' boards (SABs) are placed on a statutory footing. A significant development in RBG has been the establishment of a Leadership Executive to facilitate shared leadership and accountability across statutory partners. Regular meetings have been established where the Independent Chair meets with RBG Chief Executive and the Director, Adults & Older People Services, RBG. The Chair also meets regularly with chairs of sub groups to support the SAB in keeping on track with realising business plan objectives. Terms of Reference and the Strategy of the SAB have been revised to reflect the expectations of the Care Act 2014.

Most importantly we will continue to ensure that the core principles set out in the Act in respect of safeguarding adults remain central to the way in which we work. The statutory guidance within its definition of what safeguarding is and why it matters underlines that "People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual

well-being”. This is at the heart of the central theme in the Care Act 2014 of Making Safeguarding Personal. RBG has engaged in opportunities nationally over the past year to develop this approach and this report sets out tangible and effective ways in which this is being progressed.

This report evidences a great deal of achievement and an on-going and significant commitment to continuous improvement in safeguarding adults in RBG. In this context, the SAB has a commitment from organisations in the statutory sector to contribute to a partnership budget to support developments in safeguarding adults from April 2015.

In last year’s annual report the RBG SAB set out priorities for activity in 2014/15 to:

- 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 to inform practice and strategic development (including Making Safeguarding Personal)
- Embed and develop the progress made in commissioning and contracting and 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 and manage the changes in Deprivation of Liberty Safeguards in the light of the ruling in the Supreme Court
- Ensure that safeguarding adults’ activity is consistent with the requirements of the Care Act 2014

Organisations both individually and collectively, have made significant progress in these areas as evidenced in this report. However, it is acknowledged that there remains much to do over the coming year. The forthcoming appointment of a Board Manager, funded by the partnership, will offer capacity to strengthen the quality assurance aspects of SAB activity. It is also anticipated that the Board Manager will support integration of the work of subgroups towards realisation of SAB objectives that are cross cutting, as well as supporting a greater level of communication between key partnership Boards.

The development of Making Safeguarding Personal and of effective practice in the context of the Mental Capacity Act remain priorities which have the potential to really make a difference in the lives of those who are in need of safeguarding support.

The individual reports produced by a range of organisations across the partnership demonstrate ways in which they have contributed to making safeguarding effective in RBG. They also reflect the many challenges inherent in safeguarding adults from abuse.

The SAB’s strategic plan for 2015/2017 is distilled from these shared challenges both locally and nationally.

I would like to thank all partner agencies for their support in this work.

**Jane Lawson, Independent Chair,
Royal Borough of Greenwich Safeguarding Adults Board**

The context in which we work

Royal Greenwich is a borough of great contrasts, shaped by a history of social and economic change, industrial decline, unemployment and migration. Within Greenwich areas of considerable affluence lie alongside areas of significant deprivation. Key context includes:

An estimated 268,000 people living in Greenwich in 2014 (*Source: ONS mid-year population estimates*); an increase of 14,000 (5.5%) since the 2011 Census.

49.9% of residents are female and 50.1% male. Greenwich has a greater proportion of children and young people under the age of 19 than London and Deprivation Comparators, and similarly a higher population of males aged 45+, with fewer females aged 45+.

The White ethnic group accounts for the largest aggregated ethnic group in the Borough at 59%. Of the Black and minority ethnic (BME) group, Black Africans are the largest group and account for 16% (of the total population). Asian accounts for the next largest proportion of people (14%). (*Source GLA trend population projections 2013*)

Greenwich remains a borough with high levels of deprivation ranking 25th in England and Wales for the proportion of households with four “Household deprivation dimensions” recorded by the 2011 Census. It has higher rates than the London average of child poverty, unemployment and health inequalities.

The Care Act 2014

The Care Act 2014 sets out a clear legal framework for local authorities and other statutory agencies on how adults with care and support needs, at risk of abuse or neglect, must be protected. New requirements under the Act include the local authority’s duty to make enquiries or caused them to be made, to establish a Safeguarding Adults Board (SAB) made up of statutory members (local authority, Clinical Commissioning Group, Police). The SAB has a core remit to ensure greater multi-agency collaboration as a means to transforming adult social care. The SAB’s three statutory functions are to publish an annual strategic plan, an annual report, and arrange Safeguarding Adult Reviews (SARs).

During the year, the Greenwich SAB and its Leadership Executive Group (LEG) oversaw the implementation of a range of activities including training, presentations, briefings, and action plans to ensure that safeguarding services are Care Act compliant.

Making Safeguarding Personal

The Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) Making Safeguarding Personal programme continued with significantly more local authorities adopting the approach as outlined in the Care Act’s safeguarding adults’ statutory guidance. The Greenwich SAB has this year overseen the integration of Making Safeguarding Personal principles into the day to day activities of the Borough’s safeguarding services through a number of training and raising awareness events, with a focus on empowering and building resilience in individual service users to support positive outcomes.

Mental Capacity Act & Deprivation of Liberty Safeguards

If a local authority thinks a person may lack capacity to make a decision or a plan, even after they have offered them all practicable support, a social worker or other suitably qualified professional

should carry out a capacity assessment in relation to the specific decision to be made. Where an individual has been assessed as lacking capacity to make a particular decision, then the local authority must commence care planning in the person's best interests under the meaning of the Mental Capacity Act (MCA) 2005.

The MCA Deprivation of Liberty Safeguards (DoLS) in line with the least restrictive principles in the MCA, local authorities and others implementing new care and support plans must minimise restrictions and restraints on the person as much as possible. The MCA provides legal protection for acts of restraint only if the act is necessary to prevent harm and the seriousness of that harm, and in the person's best interests. It allows a hospital, or a care home to detain a person for their own safety if they lack capacity, and are objecting to their care, and/or making active attempts to leave.

On 19th March 2014 the Supreme Court ruled on two cases known as 'Cheshire West' with the court ruling that the care regime provided did amount to a deprivation of liberty which then resulted in revisions to the MCA and a new set of requirements. Since this came into force, there have been many cases referred to Court of Protection in order to seek clarification of what constitutes a deprivation of liberty and who the Act should apply to with a broadening of what is considered a deprivation of liberty to include all services users who:

- lack capacity to make decisions in regards to their care needs
- are not free to leave
- are under constant supervision and control
- are in public funded setting

Any person in receipt of 24 hour care or supervision and lacks the mental capacity to decide on their care needs, will be viewed as deprived of their liberty. Those in hospital or residential care may be granted a legal authorisation of their deprivation of liberty by a MCA DoLS Standard Authorisation, all other forms of placement will require legal authorisation through the Court of Protection. The number of requests for DoLS assessments increased significantly.

During 2014-15 Royal Greenwich Adults & Older People Services received 372 DOLS authorisation requests which is a significant increase compared with the previous year when 28 referrals were received.

Table of DoLS authorisation requests received for 2014-15:

Number of DoLS authorisation requests received for 2014-15				
Quarter	Authorisation request	Granted	Not Granted	*Authorisation request withdrawn
Q1 (Apr-Jun)	48	37	9	2
Q2 (Jul-Sep)	84	67	6	11
Q3 (Oct-Dec)	69	53	4	12
Q4 (Jan-Mar)	168	135	8	25
Totals	369	292	27	50

* Authorisation request withdrawn is the classification used for cases such as change of residence or deceased.

Work undertaken since the Supreme Court Decision

Following the Supreme Court ruling, Greenwich has maintained a dialogue with care home providers to raise their awareness and provide support. The families of those residents who were affected by the ruling often needed further clarity given the emotional impact by the need to formalise and sanction the care their relatives received. In response, the care homes provided information to families via relatives meeting with Royal Greenwich Adults & Older People Services and producing information leaflets to explain the purpose and process of a DoLS authorisation.

In order to meet the increasing demand, Royal Greenwich Adults & Older People Services linked with other local authorities to commission training programs for Best Interests Assessors (BIAs). In addition, the BIAs and Section 12 Doctors were offered re-warranting training courses. These re-warranting courses were opened to various professionals and other partner agencies. Care home providers were updated on the new forms and procedures via the Care Home Forum. Regular meetings were held with MCA DoLS leads in Clinical Commissioning Group and health care trusts to ensure a consistent approach in the roll out of training.

National Response to the Supreme Court Ruling

The Royal Borough of Greenwich MCA DoLS lead is the Deputy Chair of the MCA DoLS London Network and has also been actively involved in the following Government lead programmes:

- The Ministry of Justice is currently developing procedures which will allow DoLS decisions to be made by judges without the need for a full hearing
- The Department of Health is monitoring the impact of the Supreme Court ruling through a voluntary data collection process
- The Law Commission has been assigned to review current legislation and to revise MCA, MCA DoLS and the Mental Health Act Codes of Practice
- In response to the findings of the House of Lords Select Committee on MCA and MCA DoLS, the Department of Health are seeking to revise current MCA DoLS procedures

Case Study

A is a 70-year-old man with a diagnosis of Korsokoffs dementia living in a nursing home. The Section 12 Doctor and the Best Interests Assessor jointly assessed A. The Best Interests Assessor was convinced that A had capacity while the Section 12 Doctor initially maintained that A did not have capacity, but then following further consultation with the Best Interests Assessor revised their opinion. A psychiatrist was adamant that A lacked capacity to retain or weigh up information and was at significant risk of relapse in terms of alcohol abuse. A's immediate family were opposed to A moving from the care home where he resided, even though it was a nursing home with mainly frail and elderly residents and therefore entirely unsuitable for A who is fully mobile, independent in personal care and highly articulate.

A meeting was held with the BIA, Section 12 doctor and other professionals involved in A's Care. The meeting discussed the variation of opinion in regards to A's capacity. Examples of case law that resembled A's situation were used in the discussion. The meeting agreed that A's capacity in regards to community access would be reassessed along with his independent Living skills.

These assessments indicated that A retained the capacity to access the community independently and with a package of care could return to living in independently.

There were further liaison meetings held with A's family which A attended with an advocate. Following these meetings, it was agreed that A should be supported to increase his confidence to go out independently and an application was made for sheltered accommodation. The home was advised to give A unsupported and free access to the community.

Multi-agency panels, relevant to Safeguarding Adults

Multi Agency Public Protection Arrangements – MAPPA is 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 and include Children’s Services, Adult Social Services, Health Trusts, Youth Offending Teams, local housing authorities and certain registered social landlords, and Job Centre Plus.

The MAPPA facilitates a more comprehensive risk assessment through targeted information sharing across the agencies and directing available resources to best protect the vulnerable from serious harm.

In Greenwich, the MAPPA meetings are held monthly and the Safeguarding Adult’s Advisor is the representative.

Multi Agency Risk Assessment Conference - MARAC 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 Adult’s Advisor is the representative.

In 2014-15, there were 25 MARAC meetings held with 260 cases reviewed, of which 58 (22.3%) were repeat cases.

The Royal Greenwich Hate Crime Panel - this consists of representatives from agencies across the Borough such as the Police, the Royal Greenwich Safeguarding Adults Team, Victim Support, the Youth Offending Team and Greenwich Housing. The panel meets regularly to consider referred cases and co-ordinate the action required to be taken to support victims and prevent future occurrences, but also in bringing offenders to justice. Hate crime in Greenwich is treated as a very serious matter.

The Police chair the Hate Crime panel meeting which is held monthly and focuses on individual referrals and the production of action plans to tackle identified risks.

Prevent and Channel counter-terrorism programmes

The Prevent Strategy is a part of the Government’s overall counter-terrorism strategy. Channel is the multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

Prevent work is well established in Royal Greenwich and has had a Home Office funded Prevent Coordinator as a member of its Safer Communities Team since 2012. The work is overseen by a Management Board which is chaired by the Royal Greenwich Director of Community Safety and

Environment and convenes quarterly. The Channel Panel in Royal Greenwich is chaired by the Royal Greenwich Safer Communities Manager and coordinated by the Prevent Coordinator. The role of members of Channel is to develop support plans for individuals accepted on to it or consider alternative provisions such as Health or Social Care. The Channel Panel convenes monthly.

During 2014/15, funding was provided by the Home Office for Royal Greenwich to deliver a number of initiatives reduce the counter-terrorism risk. This included:

- Engagement Through Sport – A twice weekly football session with supplementary ‘guest speaker sessions’ targeting young people in our more deprived areas. Guest speakers have included local Imams, the Police Borough Commander and local Councillors
- Somali Engagement Officer – A female member of staff working with the Somali community with a view to bring down the cultural and linguistic barriers of this ‘harder to reach’ community and encouraging them to engage and take up wider support.
- Tale of Two Cities – The Launch of a project to produce an interactive DVD for delivery in schools and youth hubs which promotes critical thinking and discusses the dangers of being drawn in to extremism.

There are two further initiatives for delivery in 2015/16: Families Matter, a workshop facilitated by Families Against Stress and Trauma (FAST) which explores the dangers associated with travelling to conflict zones, and Shadow Games, an interactive drama workshop for young people that opens discussions into grooming and radicalisation and empowers them to identify the associated risk factors.

Safeguarding assurance activities

2014-15 Case file audit

In March 2015, Royal Greenwich Adults & Older People Services delivered case files audits in teams across the Adults and Older Peoples service. The outcomes of this work showed that safeguarding investigations were appropriately managed with strong evidence of an individualised approach. Service users’ views were sought in line with Making Safeguarding Personal (MSP) principles, and this was clearly evidenced for most cases whether it was for the adult at risk with capacity, or through a family or advocate where the adult was assessed to lack capacity.

Areas for improvement included a need to improve the electronic system for recording actual outcomes to be measured against the outcomes the adult at risk wanted to achieve. At present, the system does not fully support recording this information and this makes it challenging for staff to evidence their good MSP practice. A piece of work to address this is underway which will ensure that the system contains mandatory fields for completing this information.

Independent Review of Safeguarding Adults Arrangements

In January 2015, the interim Director of Royal Greenwich Adults and Older People Services, commissioned an independent review of the Safeguarding Adults arrangements to identify actions to ensure Care Act compliance. The review was focussed on leadership and governance and strategic planning going forward, including assurance on best practice. The outcomes of the review included some restructuring with a shift to an enhanced leadership and accountability which will inform business planning and bring senior partner collective ownership of the Safeguarding Adults agenda.

Care Quality Commission

In October 2014 the Care Quality Commission (CQC) announced their new regulatory model that has people right at its heart. They will ask the questions that matter most to people who use

services, listen to their views, to protect them, and provide them with clear, reliable and accessible information about the quality of their services. Andrea Sutcliffe, CQC's, Chief Inspector of adult social care, introduced the "Mums Test" which requires inspections and inspection teams to consider whether the service is one that they would be happy for someone they love and care for to use. In Royal Greenwich, the CQC are represented on the Provider Monitoring Group and are always invited to attend any major strategy decision meetings and case conferences.

The Safeguarding Adults Board and the Strategic Plan

The Royal Greenwich Safeguarding Adults Board oversees and promotes safeguarding adults activities with the aim of preventing and reducing the risk of adult abuse and harm. Historically, in line with "No Secrets" (Department of Health 2000) the Board has ensured and overseen the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard adults from abuse. The Care Act 2014 provides further requirements for Safeguarding partnerships within the local authority to demonstrate that they are working together to improve safeguarding activities and promote best practice.

The Board is made up of a statutory membership in line with the requirements under the Care Act 2014. It includes the local authority, the NHS Clinical Commissioning Group (CCG), and the Metropolitan Police Service. A number of other agencies have representation on the Board within their safeguarding remit including Greenwich Children Services, Safer Communities and Housing, Greenwich Action for Volunteers, the London Ambulance and Fire services, Greenwich Action for the Disabled, and representatives from the bodies that oversee care homes and home care. The selection of agencies and individual members is guided by the need for the Board to keep itself informed about its local community and about any wider safeguarding issues and risks.

The governance structure consists of the SAB itself, supported by two sub-groups; a learning and development group, and a publicity and information group. A Service User Project group was also set up in conjunction with Greenwich Action for Volunteers to facilitate service user engagement activities. The SAB reports to a Leadership Executive Group set up this year to strengthen governance arrangements across the statutory partners.

The Safeguarding Adults Board Strategic Plan 2013-15 constitutes a joint commitment to taking forward the strategic objectives through a multi-agency partnership vision to enhance the quality of life, health, welfare and safety of adults at risk and identifies five broader priorities:

- Communication & Involvement
- Prevention
- Personalisation
- Quality Assurance
- Access to redress

The strategic priorities inform the objectives and actions in the Strategic Plan. Activity in year to support the realisation of these is outlined below:

Further develop quality assurance of the work of organisations and of the partnership in safeguarding adults.

A Provider Monitoring Group keeps oversight of the way in which services are commissioned and contracts are monitored. The Group has a membership made up of social care and health partners who participate in structured identification of safeguarding adult patterns and themes while ensuring that providers are meeting required standards.

A SAB Quality Assurance Framework is in development and will be rolled during 2015-16.

Further develop the involvement of people who use services to inform practice and strategic development (including Making Safeguarding Personal).

A number of engagement events were commissioned by the SAB and delivered in partnership with Greenwich Action for Volunteers. These included a deaf service user event supported by Trading Standards with a focus on safeguarding from the risk of online scamming.

Work to embed Making Safeguarding Personal (MSP) principles into day to day case work continued this year through training, coaching, management briefings and supervision. Case file audits were delivered to provide assurance and a project was commissioned to amend the electronic case forms to better capture MSP 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.

Delivery against this objective is aligned with the implementation and monitoring of the action plans resulting from the Winterbourne View inquiry; particularly progress in the repatriation of people from assessment and treatment units with performance reported by the NHS Greenwich Clinical Commissioning Group (CCG) to the Department of Health.

Guidance has been produced for agencies involved in safeguarding investigations to support that reporting, and a new quality monitoring specification has been produced for home care providers.

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.

This is facilitated through care home and home care forums and the Royal Greenwich Network Event attended by all care providers. The Multi Agency Risk Assessment Conference (MARAC) has a specific information sharing focus to ensure collaborative case planning for high risk domestic abuse victims.

The terms of references for the SAB sub-groups are to be reconfigured in 2015-16 and will clearly reflect the requirement to safely and effectively share information across the partnerships.

Develop clear guidance and standards on workforce issues for application across the partnership.

A safer recruitment toolkit is being developed in consultation with the care home and home care forums and the Disclosure and Barring Service. The toolkit will be rolled out in 2015-16.

Ensure that safeguarding adults' activity is consistent with the requirements of the Care Act 2014.

A number of workstreams were created to support compliance with the Care Act. These include: requirements for Safeguarding Adult Boards; the duties under the new legislation for organisations to make safeguarding enquiries and to share information related to abuse or neglect and to cooperate over the supply of that information; and for the SAB to agree the criteria and thresholds for serious case reviews.

Facilitate improvement in the context of the Mental Capacity Act and manage the changes in Deprivation of Liberty Safeguards in the light of the recent ruling in the Supreme Court.

Progress against this objective is outlined in the report under the Mental Capacity Act & Deprivation of Liberty Safeguards – see page 5.

Strategic business plan priorities for 2015-16

- Establish a robust and committed partnership demonstrating clarity as to how the Safeguarding Adults Board will hold partners to account and gain assurance of effectiveness of arrangements. This to include establishing a Quality Assurance framework and making effective links with other partnerships
- The way in which services are commissioned and contracts are monitored reduces risk of abuse/neglect. A consistent partnership approach supports early identification of causes for concern
- Making Safeguarding Personal: the way in which people experience safeguarding support is personal and supports them in achieving the outcomes they want. People who may be in need of safeguarding support influence the development of safeguarding in Royal Greenwich
- Workforce issues: Safer recruitment practice is in place across the partnership to prevent abuse/neglect; a focus on staff support and development supports better outcomes for people; development of the skills and capability of staff is responsive to safeguarding risks/issues identified by the Board
- MCA and DoLS: ensuring that people who may lack capacity are kept safe. By developing knowledge and practice in respect of the MCA/DoLS across the partnership people are better protected
- Working with risk in people's lives alongside individuals: embedding and developing the established partnership approach to working with risk in the lives of individuals so that risk is effectively identified, assessed and managed

Partner agency safeguarding achievements

The Care and Support Statutory Guidance requires that the Greenwich SAB assures itself that local safeguarding arrangements and partners act to help and protect adults in its area. The SAB receives an annual submission from each partner agency (statutory and non-statutory) about the effectiveness of their safeguarding arrangements.

NHS Greenwich Clinical Commissioning Group (CCG)

The NHS Greenwich CCG is responsible for commissioning most of the healthcare services for the residents of Greenwich, including community health services, acute hospital services and mental health services. The NHS Greenwich CCG plans and ensures that there are a range of healthcare providers able to deliver high quality care and for monitoring their performance and challenging poor quality.

The NHS Greenwich CCG governance structure consists of a range of Committees, Groups and Sub-Groups which are well established to support the delivery of the NHS Greenwich CCG's adult safeguarding objectives and work plan and to facilitate a co-ordinated approach to safeguarding across the NHS system. The Safeguarding Adults & Children Executive Group reports to the NHS Greenwich CCG Quality Committee, which in turn is accountable to the NHS Greenwich CCG Governing Body.

A joint adult and child Safeguarding Strategy has been developed and an Adult Safeguarding Policy is in draft form pending publication of the NHS Accountability and Assurance Framework for safeguarding and the revised pan-London Safeguarding Adult Policy and Procedures. Safeguarding assurance is sought from all providers through a combination of adult safeguarding dashboards and quality and contract monitoring. This includes adult safeguarding activity, training, MCA compliance and deprivation of liberty activity.

Safeguarding activity during the year included:

- Recruitment of a substantive full-time adult safeguarding lead who will also take on the role of Designated Adult Safeguarding Manager as described in the Care Act
- Establishment of an adult safeguarding dashboard which is completed and returned on a quarterly basis by major providers
- Development of a Provider Assurance Monitoring System, a web-based portal designed to capture key safeguarding and quality indicators from health and social care providers. Early adopters of the system (nursing homes in the first instance) will start to use the system from April 2015
- A sustained focus on the improved identification, reporting and management of pressure ulcers across the health economy. The two main providers (Lewisham and Greenwich Health Trust and Oxleas NHS Foundation Trust) have pressure ulcer panels in place and there is evidence that this is having a positive outcome. The NHS Greenwich CCG has been working closely with Royal Greenwich Services to develop a similar protocol for pressure ulcers in Nursing Homes

Safeguarding priorities for 2015-16 include:

- Compliance with the Care Act and statutory guidance and the revised NHS Accountability and Assurance Framework
- Ensure that the Mental Capacity Act, Deprivation of Liberty Safeguards and Domestic Violence are fully embedded in practice and in commissioning
- Use of integrated governance systems and processes to provide assurance that all commissioned provider services are meeting adult safeguarding standards and acting on safeguarding concerns

- Development of a stronger adult safeguarding focus in primary care through co-commissioning processes
- Responding to increasing demands from an ageing population, including the major rise in the number of people suffering from dementia
- Complying with the changes to the deprivation of liberty requirements resulting from the Supreme Court judgements, particularly applications for deprivation of liberty in a community setting

Oxleas NHS Foundation Trust

Oxleas is a provider of hospital based mental health, learning disability, and community health services across Greenwich, Bexley and Bromley.

The Oxleas Director of Nursing is a member of the Greenwich Leadership Executive Group and the Head of Safeguarding Adults is a member of the Safeguarding Adults Board ensuring priorities are incorporated into the work of the Trust.

The Oxleas Safeguarding Adults Committee meets quarterly and is responsible for monitoring practice in relation to safeguarding and mental health legislation, including the Care Act 2014, Mental Health Act 1983 and Mental Capacity Act 2005. Any risks identified in relation to safeguarding are reported to the Trust Quality Board via the Patient Safety Group. The committee promotes working in partnership with other agencies and is attended by representatives from the Local Authorities and CCGs. The Trust is represented at other multi-agency panels within the Borough including MAPPA, MARAC and Channel.

Safeguarding activity during the year included:

- Pressure Ulcer Prevention initiatives to raise skin awareness and reduce pressure ulcer damage
- Development of a safeguarding adults' co-ordinator role
- Workshops to promote increased awareness of the risks of radicalisation of vulnerable people through our accredited PREVENT trainers
- Increased number of requests for Deprivation of Liberty Authorisations

Safeguarding priorities for 2015-16 include:

- Safeguarding adults champions across the service to continue to promote awareness and safeguarding responsibilities
- Improvement and development of safeguarding monitoring systems including work to align safeguarding, serious incidents, and complaints systems
- Further embedding of MCA principles into day to day practice

Lewisham & Greenwich NHS Trust

Lewisham and Greenwich NHS Trust provides a comprehensive range of acute healthcare services to more than 526,000 people living across the London Boroughs of Lewisham, Greenwich and Bexley.

The Trust has continued to develop its Adult Safeguarding Team to ensure staff have support and guidance to feel confident and safe to raise adult safeguarding concerns easily in a timely manner. There is a lead Adult Safeguarding Manager and a Safeguarding Committee. Internal alert systems are in place with referral processes to the Local Authorities if abuse has been identified. Adult Safeguarding policies include guidance to staff on adult safeguarding, mental capacity and deprivation of liberty, domestic violence, restraint/restriction and PREVENT.

Safeguarding activity during the year included:

- Increase in the number of Deprivation of Liberty Safeguards requested during the reporting period
- Gap analysis to identify actions to achieve compliance with the Care Act and an action plan that is monitored by the Trust Safeguarding Committee
- Advisory sessions with key staff and adult safeguarding training to 80% of staff that have contact with patients/service users
- 1,485 staff trained in the full PREVENT programme

Safeguarding priorities for 2015-16 include:

- Compliance with the 6 standards of the Healthcare For All (care and provision for patients with a learning disability when they access acute care)
- Compliance to the requirements of the Care Act 2014 and the PREVENT Statutory Duty
- Review all safeguarding systems and policies following publication of the revised Pan London guidance (pending)
- Trust continues to develop its role as a partner agency within the safeguarding agenda with all its partner agencies and remain involved in agreeing the direction of adult safeguarding in the communities that it serves
- Develop staff knowledge and expertise in mental capacity assessment and best interest

Metropolitan Police Service (MPS)

The investigation of crimes against adults at risk by the MPS is in accordance with the MPS Safeguarding Adults at Risk Standard Operating Procedures.

The London Criminal Justice Board commended Greenwich police for having a Domestic Abuse perpetrator conviction rate of 77% (which is above the national average and the overall rate for London) and a low victim attrition rate of 5%.

Where the police are the lead investigating agency they will work with the local authority and other partner agencies to ensure that identified risks are acted on and that a risk management protection plan is agreed at an early stage. The MPS host the Greenwich Multi-Agency Risk Assessment Conference (MARAC) which takes a collaborative approach in addressing those domestic violence cases which present the highest safeguarding risk.

The MPS have a designated lead officer who is a Detective Chief Inspector and is a member of the Safeguarding Adult Board and is responsible for delivering training and raising awareness across the borough. The Community Safety Unit has appointed a champion as a single point of contact to monitor and review all reactive criminal investigation pertaining vulnerable adults, and adopting a multi-agency approach with relevant stakeholders to prosecute offenders, achieving legal orders that debar the offenders from contacting the vulnerable adults.

Safeguarding activity in the year included:

- Borough wide vulnerable adult awareness campaign delivered to officers with a focus on making safeguarding personal in line with the Care Act 2014
- Direct work with Royal Greenwich Adults & Older People Services to identify clearer pathways for those with mental health issues particularly around quicker access to commissioned services
- Supported the development of stronger links between those with autism in the borough and the police through working with Royal Greenwich Adults & Older People Services. This work is being further developed in 2015-16

- Working in conjunction with partner agencies to quickly identify issues whereby improvement notices need to be served with Care Home providers
- Enabling adults who are prisoners to be accessed for health care provisions when in police detention

Safeguarding priorities for 2015-16 include:

- Set up an online learning site for adults at risk in order to share good practice on a national basis
- Further rollout and implementation of the requirements under the Care Act including supporting the delivery of the Safeguarding Adult Board Making Safeguarding Personal activities
- Ensure clear and accurate recording of 'adults coming to notice' and the risk analysis and support for those who need to access services

Royal Greenwich Children's Services

Children's Services lead multi-agency work on safeguarding and promoting the welfare of children through the Greenwich Safeguarding Children Board (GSCB) and partnership arrangements with the Greenwich Safeguarding Adults Board. There is a cross over in the work of the two multi-agency groups in protecting children and adults from specific types of abuse including domestic violence, honour violence, forced marriage, sexual exploitation and female genital mutilation, and more recently, radicalisation.

Early help for children and their families contributed to a downward trend in referrals to children's social care. The Greenwich Prevention Strategy, practice support tools and early help practice managers have supported effective Team Around the Child Work.

Safeguarding activity in the year included:

- Set up a work group to improve the effectiveness of multi-agency arrangements and practice in safeguarding children affected by the co-presence in their lives of domestic violence and abuse, parental substance misuse and parental mental ill health. From this work, a multi-agency protocol was developed
- Embedded more effective child in need practice which has supported a stable rate of children with a child protection plan with the number and proportion of children re-referred to children's social care continuing to reduce
- GSCB has continued to coordinate, provide and evaluate multi-agency training. Altogether 2,314 professionals or volunteers attended one of the courses offered
- A designated Doctor for safeguarding children was appointed and came into post in March 2015

Safeguarding priorities for 2015-16 include:

- Safeguarding and promoting the rights of the child in relation to the following vulnerable groups of children and young people:
 - Address the challenges and risks to children from sexual exploitation, going missing, trafficking and involvement in gangs
 - Abuse and exploitation linked to faith, culture or belief including female genital mutilation (FGM), witchcraft, physical chastisement and radicalisation – work with partners and communities to promote the safeguarding of children
 - Children living out of the borough – ensure high quality support, experiences and outcomes for Looked After Children placed at a distance from the Borough
 - Deliberate self-harm – monitor the response to children at risk of self-harm and the services provided to them

- Neglect - ensure that the issue of neglect receives due prominence in assessment, prevention and intervention work alongside issues of adult mental health, domestic violence and substance misuse
- Violence against women and girls (VAWG) – monitor the implementation and impact of the VAWG strategy, including domestic violence on children and young people

Royal Greenwich Community Safety

The Safer Communities Team supports the development and monitoring of the Council's work to reduce crime, disorder and anti-social behaviour, and the fear of these by supporting the work of the Safer Greenwich Partnership through working with partners to promote and co-ordinate community safety activities across borough services.

The team directly commissions a range of services including a police domestic violence team which targets high risk domestic violence victims and perpetrators, a service for changing the behaviour of perpetrators, and a domestic abuse phone line and website.

Safeguarding activity in the year included:

- Worked with partner agencies to identify those at risk of radicalisation and the implementation of multi-agency risk plans to address this
- Supported the delivery of multi-agency training to improve the abilities of professionals in identifying individuals at risk of radicalisation
- Led on the production of the Domestic Abuse and Violence Against Women & Girls Strategy through multi-agency work
- Led on a campaign to challenge social tolerance of domestic violence and the behaviour of perpetrators

Safeguarding priorities for 2015-16 include:

- Continue embedding and monitoring the multi-agency strategy to counteract Violence Against Women & Girls
- Continue embedding and monitoring the counter-terrorism multi-agency strategy in line with PREVENT

Royal Greenwich Housing Services

The Housing Directorate responsible for administering the authority's 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.

Housing staff support adults at risk of abuse by working jointly with social care, community safety and mental health colleagues to ensure that safeguarding responsibilities are incorporated in assessments and proceedings, and that the right housing related support services are commissioned for young adults, people with drug and alcohol problems, and women fleeing domestic abuse.

The Housing Service has a borough wide Tenant's Panel, local area Tenant's Panel and Tenant's Associations where tenants are able to contribute and participate in consultations and activities that inform housing needs.

Safeguarding activity in the year included:

- The Housing Options and Support Service (a team within the Housing Directorate) achieved the Silver Standard in recognition of the quality of its services to homeless people

- A Homelessness Strategy (2014-19) which sets out priorities and plans to develop partnerships and integrate services in order to prevent homelessness, rough sleeping and better support for families and vulnerable people in housing need
- Delivery of a new housing support service for older people which provides targeted support to adults aged 55+ with a variety of support needs

Safeguarding priorities for 2015-16 include:

- A dedicated Welfare Reform Team who will provide advice and support to those affected by the welfare reforms
- A lettings scheme for private sector landlords offering grants, loans and other incentives in order to prevent homelessness and improve standards
- Achievement of the Gold Standard by the Housing Options and Support Service

Greenwich Association for the Disabled (GAD)

GAD is the representative voice for local disabled people providing a range of services including advice and information, volunteering opportunities, social inclusion support, representation, and the provision of support to assist independent living through Personal Assistants who work with vulnerable adults in their homes as well as in the community. The Personal Assistant will identify cases of self-neglect or inappropriate behaviour from family and friends and then report on these to their supervisor or the operational safeguarding lead that may, following an investigation, escalate the case to Royal Greenwich Adults and Older People Services.

GAD is registered with the Care Quality Commission and regulated by them.

Safeguarding activity in the year included:

- Recruitment of Personal Assistants with personal experience of disability who are able to respond to specific needs of service users, such as having fluency in British Sign Language or experience of autism
- Supported people in areas such as hoarding and pressure sores with the dissemination of information through the Safeguarding Adult Board
- Provided support so that vulnerable adults can attend benefit reviews

Greenwich Action for Voluntary Service (GAVS)

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

GAVS provides voluntary and community organisations (VCOs) working and/or based in Greenwich with appropriate support and guidance in keeping adults safe from harm as well as training and support to recognise and report abuse of adults at risk. With the new Care Act 2014 coming into effect this year, GAVS' have raised awareness of the legal obligation of VCOs to have a Safeguarding Adults Policy in place. The GAVS Safeguarding Adults at Risk Policy is reviewed annually.

Safeguarding activity in the year included:

- GAVS was commissioned by the Safeguarding Adults Board to co-ordinate a number of service user events. The aim of these events was to capture service user views about what would make them feel safer in the coming year. The events were delivered to older service users, carers, people with mental health challenges, and deaf service users – the work from the latter category informed the setting up of a deaf service user forum which has produced positive outcomes, such as improving the experience of Deaf service users when attending hospital appointments
- GAVS chaired the Greenwich Publicity Information group; a function of the Safeguarding Adults Board. The group commissioned a multi-agency leaflet about safeguarding and the shared approach to tackling abuse and informed some of the content for the Greenwich Safeguarding web-site which will be rolled out next year
- Rolled out a programme of targeted safeguarding training to its member organisations

Safeguarding priorities for 2015-16 include:

- Providing a Care Act compliant safeguarding adults policy template for the voluntary sector
- Continue to strengthen service user engagement between agencies so service users have a clear voice which is heard and acted upon
- The multi-agency safeguarding adults leaflet is to be updated to ensure it reflects the requirements of the Care Act 2014

Safeguarding priorities for 2015-16 include:

- Implementation of changes in line with the reconfigured Care Quality Commission inspection model
- Implementation of findings from an in-house improvement review including the strengthening of quality assurance processes, and measuring the effectiveness of training
- Proactively encouraging joint working and collaboration (both in a multi-agency approach to individual service user issues and in strengthening agencies through the sharing of resources and best practice)

London Fire Brigade (LFB)

The LFB approach to Safeguarding Adults and promoting wellbeing is explicitly reflected in its guidance principles and strategic plans. The LFB Safety Plan 5 details a three-year commitment to improve the safety of Londoners and includes: plans to reduce fires amongst vulnerable groups, such as those living in sheltered housing; to lobby for the wider use of sprinklers; to introduce charges for repeat false fire alarm call outs; and to continue to deliver a comprehensive programme of home fire safety visits each year.

All LFB employees are required to instigate an alert, raise a concern or/and refer to Royal Greenwich Adults & Older People Services dependent on their role in the reporting process. The LFB Safeguarding Adults Policy clearly outlines employee responsibilities and accountabilities.

Safeguarding activity in the year included:

- Safeguarding training package for all LFB staff has been developed which will be rolled out in 2015-16
- Launch of a project to update data transfer methods which includes a new web based concern form which will further strengthen the control environment for data collection and record keeping
- Introduction of a secure email system within the LFB to staff groups that are required to raise concerns with Social Services departments

Safeguarding priorities for 2015-16 include:

- Revision of the LFB Safeguarding Policy in line with the Care Act 2014 requirements and the roll out of the revised Pan-London procedures
- Roll out of the LFB safeguarding training package and implementation of the web based referral from and new database for record keeping

London Ambulance Service (LAS) NHS Trust

The London Ambulance Service NHS Trust is the mobile arm of the health service; its main role is to respond to emergency 999 calls. All Trust 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 staff member's duty to report any safeguarding concerns following the appropriate LAS procedure.

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 across London.

Safeguarding activity in the year included:

- Safeguarding Adult policy has been amended to comply with the Care Act 2014
- Guidance for staff on mental health patients and safeguarding was reviewed and amended to provide greater clarity for staff on when to refer to social care
- Two new lead roles for the Mental Capacity Act
- Delivery of a wide range of safeguarding training on inductions and levels 1-3

Safeguarding priorities for 2015-16 include:

- Aligning supervision with CQC standards
- Prevent plan to be taken forward by the new Prevent lead
- Implementation of a system that monitors compliance with safeguarding training
- Continue to strengthen partnership working

Performance report 2014-15

Safeguarding Referrals

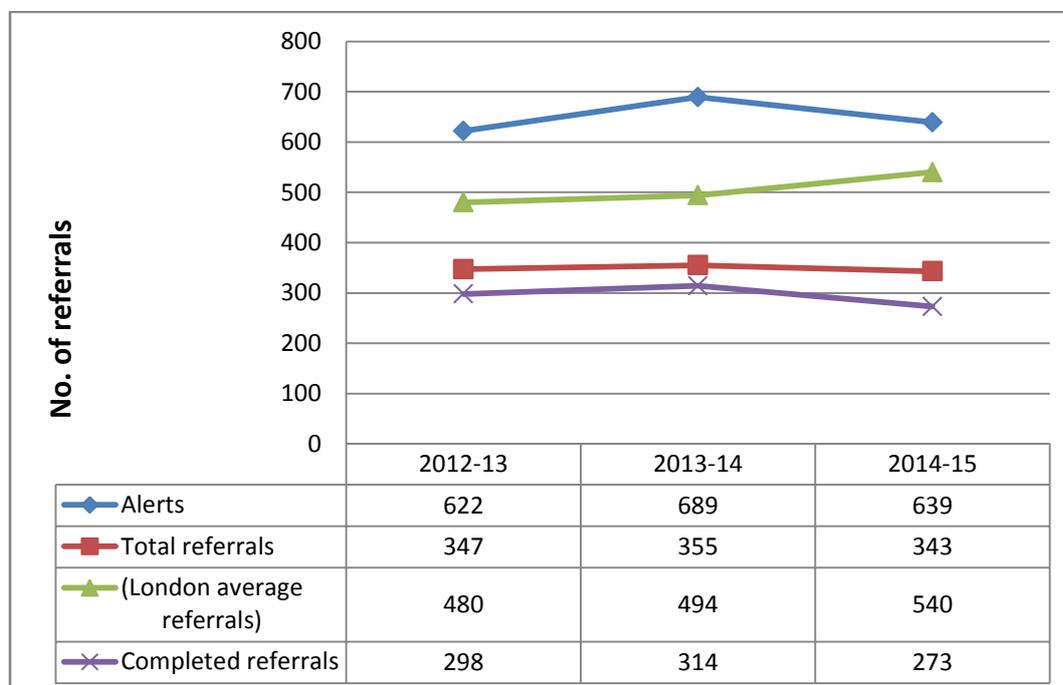
The data for this report was extracted from the Royal Greenwich social care database. The data is consistent with the Department of Health statutory returns: Abuse of Vulnerable Adults (AVA) for 2011-13 and the Safeguarding Adults Return (SAR) for 2013-15. The report also includes some locally collected data.

During 2014-15, Greenwich Adults & Older People Services received 343 safeguarding referrals with no significant change in trend from the previous year (355).

Number of referrals and completed (including %):

	2012 - 13	2013- 14	2014 - 15
Alerts	622	689	639
Total referrals	347	355	343
<i>(London average referrals)</i>	<i>480</i>	<i>494</i>	<i>540</i>
Completed referrals	298	314	273
Completed referrals (%)	86%	88%	80%

Number of referrals and completed:



Referrals – By Age of Alleged Victim

Referrals by age show no significant change from the previous year with 72% from people aged 65 and over and 28% from people aged 18 to 64.

	2013 - 14		2014 - 15		2014-2015 Service Profile	London Average 2014 -15
	No	%	No	%	%	%
Total referrals	355	100	343	100	100	100
18 to 64	109	31	95	28	41	39
65 & over	246	69	248	72	59	61

Referrals by Gender

Referrals by gender show a slight increase in proportion of male referrals from 34% in 2013-14 to 39% in 2014-15. This generally reflects the male service user profile of 43%.

	2013 - 14		2014/15		2014 – 15 Service Profile	2014 – 15 London
	No	%	No	%	%	%
Total referrals	355	100	343	100	100	100
Male	121	34	135	39	43	44
Female	243	66	208	61	57	56

Referrals by Service User Type

As in previous years, the highest number of referrals, 64% (221) are for people with a physical disability, frailty, and sensory impairment. (this category also includes referrals for older people). Compared to Greenwich's service profile 53% of service users are from this group.

The number of referrals for people with Mental Health needs has increased to 56 in 2013-14 from 32 in 2014-15. This can be explained by a year on year increase in the numbers of service users with dementia from 6 in 2012 to 31 by 2015. There is a corresponding reduction in the people reported as 'other'.

	2013-14		2014/15		2014/15 Service Profile	2014-15 London Average
	No	%	No	%	%	%
Total referrals (excluding missing PCT)	335	100	343	100	100	100
Physical disability, frailty and sensory impairment	247	70	221	64	53	44
<i>Of Which: Sensory impairment</i>	4		3		2	2
Mental Health Needs	32	9	56	16	31	14
<i>Of which: Dementia</i>	16		31		7	6
Learning Disability	46	13	48	14	14	14
Substance misuse	0	0	0	0	0	
Other Vulnerable People	30	8	18	5	2	21

Referrals by Ethnic Origin

There has been no significant change in the data in relation to ethnicity compared to previous years. The largest number of referrals came from people who have white/UK backgrounds (78%) against a service profile of 73% with a 6% referral rate from people who have African/ Caribbean backgrounds against a service profile of 19.1 % and a 2% referral rate from people with Asian backgrounds against a service profile of 11.7%.

	2013-14		2014-15		2014/15 Service Profile	2014-15 London Average
	No	%	No	%	%	%
Total referrals	355	100	343	100	100	100
White	284	80	267	78	73	68
Mixed	4	1	3	1	1	2
Asian	7	2	6	2	6	9
Black	20	6	22	6	14	12
Other	2	1	10	3	3	3
Not Stated	38	11	35	10	3	6

Referrals by Source

Referrals by source are no longer collected as part of the Department of Health SAR (Safeguarding Adult Return). Direct comparisons are no longer possible between previous years – this is a local indicator. Available data for 2014-15 shows that as in previous years most of the referrals were made by Social Care Staff (36%) by Family members (14%) and Health Staff (12%). The number of referrals made by the Police remains at 1%; however the Police now screen the referrals to ensure they are referred to the appropriate agency.

	2012-13		2013-14		2014-15	
	No	%	No	%	No	%
Total referrals	347	100	355	100	343	100
Social Care Staff (CASSR & Independent)	131	38	157	44	125	36
<i>Domiciliary Care</i>			23		17	
<i>Mental Health</i>			12		21	
<i>Residential Care Staff</i>			66		43	
<i>Day Care Staff</i>			10		6	
<i>Self – Directed Care Staff</i>			2			
<i>Social Worker / Care Manager</i>			44		38	
Health Staff	66	19	32	9	41	12
Primary / Community Health Staff			40	11	27	8
Family member	46	13	51	14	48	14
Self Referral	7	2	11	3	10	3
Housing	18	5	5	1	12	3
Friend / neighbour	3	1	11	3	9	3
Other	67	19	35	10	41	12
Police	4	1	4	1	5	1
Other emergency services			2	1	9	3
Education / Training / Workplace / Establishment	1	0	2	1	1	0
Other service user	0	0	1	0	6	2
Care Quality Commission	4	1	4	1	6	2
Voluntary					3	1

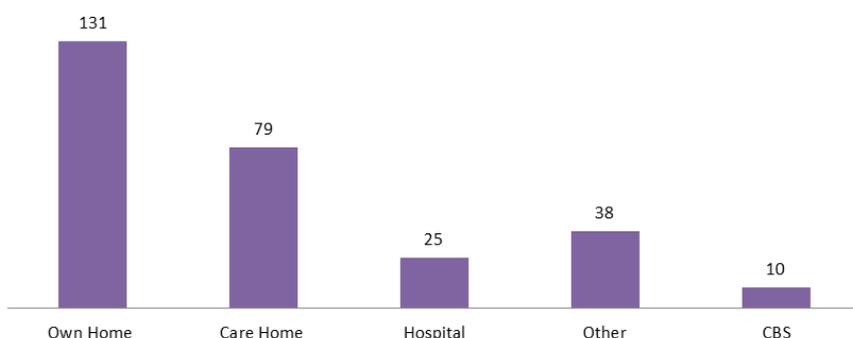
Referrals by location of incident

The majority of safeguarding referrals came from incidents that happened in the service user's own home (46%) and care homes (28%). This is broadly similar to previous years' referral data.

Referrals for incidents located in hospitals are lower than the previous year at 9% compared to 14% in 2013-14. For 2012-13 the official data reported the location of all referrals. Since 2013-14 this changed to completed referrals during the year. The data includes multiple referrals.

	2012-13		2013-14		2014-15		2014-15 London average
	No	%	No	%	No	%	%
Total referrals (excluding missing PCT)	347	100	355	100	343	100	100
Own Home	142	42	144	45	131	46	56
Care Home	111	33	94	30	79	28	22
Hospital	42	12	43	14	25	9	6
Other	31	9	29	9	38	13	12
CBS	14	4	8	3	10	4	4
Total	340	100	318	100	283		100

Referrals by location of incident 2014/15:



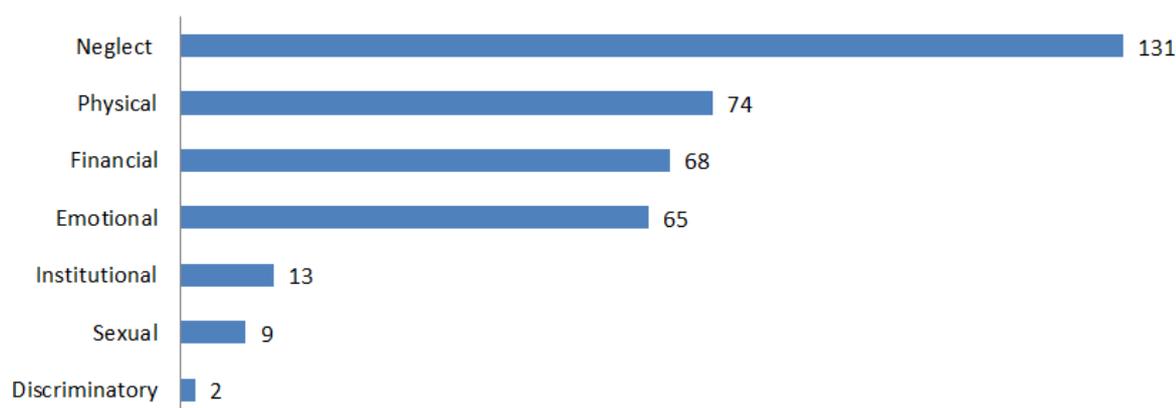
Referrals by Type of Abuse

Neglect remains the most prevalent category at 36% with no shift in trend over the past three years. The majority of cases in this category were from Care Home (51), followed by own homes (49), then hospitals (19). Incidents of emotional abuse increased in 2014-15 to 18% from 14% in 2013-14.

Referrals by Type of Abuse:

	2012-13		2013-14		2014-15		2014-15 London Average
	No	%	No	%	No	%	%
Total referrals (excluding missing PCT)	347	100	355	100	343	100	100
Neglect	168	37	170	37	131	36	32
Physical	101	22	102	22	74	20	24
Financial	88	19	86	18	68	19	20
Emotional	68	15	66	14	65	18	17
Institutional	13	3	18	4	13	4	2
Sexual	17	4	21	5	9	2	5
Discriminatory	1	0	2	0	2	1	0
Total	456		465		362		

Referrals by Type of Abuse 2014-15:



Case Conclusion

As part of the Safeguarding process the service user is asked whether the assessment delivered the outcomes they wanted. In 2014-15 49% of service users advised that the process either fully or partially met their needs with 5% of service users advising that it did not. In 45% cases (137), data was either not available or the service did not respond or lacked capacity to respond. Royal Greenwich is committed to identifying and recording outcomes and work continues to improve on this in 2015-16.

Were the outcomes of the assessment what the service user wanted:

	2014-15	
	Number	%
Yes Fully	105	35
Yes Partially	41	14
No	15	5

The Care Act 2014 statutory guidance provides the following categories for recording types of abuse in 2015-16:

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;

Domestic Violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence;

Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;

Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks;

Financial or material abuse – including theft, fraud, exploitation, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment;

Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion;

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation;

Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

SAB Membership

Jane Lawson	Independent Chair
Adrienne Stathakis	RBG Interim Senior Assistant Director Care Management
Rachel Karn	RBG Acting Assistant Director Business Support
Pauline O'Hare	RBG Service Manager Safeguarding Adults & Reviewing
Lisa Mortimer	RBG Safeguarding Advisor Adults & Older People Services
Sally Howarth	RBG Pathways and Partnerships Manager, Housing Services
Jackie Watson	RBG Trading Standards & Licensing
Ingrid Brown	RBG Principal Lawyer
Tricia Pereira	RBG Adults Principal Social Worker
Joan Lightfoot	RBG Children's Services Head of Integrated Support for Disabled Children
Ray Seabrook	RBG Assistant Director, Community Safety (joined Sept 2014)
Paul Carter	NHS England Patient Experience & Quality Manager, London Team
Sarah Moynihan	CQC Inspection Manager for Greenwich, Bromley, Bexley
Paul Hodson	LGHT SA Lead
Mary Titchener	OXLEAS Head of Nursing Greenwich Community Health Services
Jane Wells	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
Evonne Harding	CCG Nurse Head of Adult Safeguarding
Eugenia Lee	CCG GP Representative (Gallions Reach Medical Centre)
Mike Balcombe	POLICE Acting DS Crime & Operations Greenwich Borough
Bob Selby	LFB Borough Commander
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
Isabel Nyirenda	CARE HOMES REP (joined Oct 2014)
Kehinde Lipede	DOM CARE REP
Leceia Gordon-Mackenzie	HEALTHWATCH Greenwich Chair

Glossary of Terms & Abbreviations

ADASS – Association of Directors of Adult Social Services

BME – Black and Minority Ethnic

CCG – Clinical Commissioning Group

CoP – Court of Protection

CQC – Care Quality Commission

DBS – Disclosure and Barring Service

DoLS – Deprivation of Liberty Safeguards

FAST – Families Against Stress

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

MCA – Mental Capacity Act

SAMAG – Safeguarding Adults Multi Agency Group

SCR – Serious Case Review

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.

Channel

Part of the Prevent Strategy, the Channel process is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism.

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 (MARAC)

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 SAB

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.

Reporting 2014-15

This report outlines the work that has been undertaken and actions that have been carried out during 2014-15 to ensure the safety of adults at risk in Royal Greenwich.

The report will be sent to the Chief Executive and Leader of Royal Greenwich Council via Council Cabinet.

The report will be shared with the Royal Greenwich Safeguarding Adults Board and the Leadership Executive Group.

The report will be accessible via the Royal Greenwich Borough website at:
www.royalgreenwich.gov.uk

Contact Information

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

If you are worried that an adult at risk in the 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](tel:02089212304) (9am to 5pm) or [020 8854 8888](tel:02088548888) (out of hours).

Email: 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](tel:999).
The phone number for non-urgent calls to the police is [101](tel:101).